Testimonios *of* Care

Feminist Latina/x and Chicana/x Perspectives on Caregiving Praxis

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Introduction

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This book began through *pláticas* (heart-to-heart conversations) (Fierros and Delgado Bernal 2016; Flores and Morales 2021) in which we shared the courage it took to be women of color from different immigrant backgrounds in academia while becoming communal and familial caregivers. As *colegas*, friends, and mentors, our pláticas and *testimonios* facilitated presence, vulnerability, and self-reflection (Deeb-Sossa 2019; Latina Feminist Group 2001) on the authentic caring, or *cariño*, we were practicing every day with our partners, friends, mothers, or daughters. With open hearts, we listened to how our caregiving, or *cuidar*, included the work involved in navigating challenging social and physical ailments (Chabram-Dernersesian and de La Torre 2008; Facio 1995), relationships (Moraga 2019), structures, institutions, and borders. We knew we needed to document diverse caregiving experiences, as caregiving embodies the nature of the relationship (i.e., we care for a partner, mother/daughter, friend) and is also embodied in the praxis (i.e., how it is done; it is experiential). We also wanted to encourage others to share knowledge about caregiving that helps reveal how we live our cultural practices, our gendered norms, our rituals, and our *cuidado*, or care for one another. We also motivated others to take part in this volume in order to build solidarity and respond to and resist structures of oppression that promote invisibility and exclusion (Deeb-Sossa and Bickham-Mendez 2022).

In their testimonios, caregivers in this volume speak for themselves and document their own gendered relationships, cultural practices, and experiences, as both participants and witnesses in the systems of care. *Testimonios* *of Care* gives voice to those who often are voiceless in histories of caregiving. We hope this book will become a house of mirrors where diverse caregivers see themselves reflected, valued, and thus honored completely: body-mind-spirit (Lara 2002). We build on the legacy of the anthology produced by the Latina Feminist Group (2001), *Telling to Live: Latina Feminist Testimonios*, to inform our methodology. In this text, testimonios are theorized as "a form of expression that comes out of intense repression or struggle . . . an effort by the disenfranchised to assert themselves as political subjects through others, often outsiders, and in the process to emphasize particular aspects of their collective identity" (13). We also look to Gloria Anzaldúa's *Making Face, Making Soul / Haciendo caras: Creative and Critical Perspectives by Women of Color* (1990), which highlights how testimonio moves voices from the margins to the center and thereby "exposes brutality, disrupts silencing, and builds solidarity among women of color" (Delgado Bernal, Burciaga, and Flores Carmona 2012, 363).

The seeds for this volume are present in *Speaking from the Body* (Chabram-Dernersesian and de la Torre 2008), in which family members engage in care work, serve as advocates for family members and patients, and even tell the stories of those who cannot. To cite a few examples from the aforementioned volume, Yvette G. Flores memorializes her mother's struggles with dementia, providing an account and a voice that makes the testimony of this ailment possible; Citlali Sosa-Riddell and Bill Riddell intervene with their own personal caregiver observations in their mother's/wife's autobiographical depiction of Parkinson's; and Gabriela Arredondo's cancer narrative credits husband's and wife's efforts to participate in much-needed treatments in a timely way. In turn, Adela de la Torre documents the substantial changes experienced by her ailing mother (who suffers from rheumatoid arthritis) after she visits a psychologist, and Enriqueta Valdez-Curiel and Jessica Núñez de Ybarra fluctuate between their dual roles as doctors and daughters as they accompany their mothers; Dr. Núñez de Ybarra's testimonio describes her role as family member and consultant to her cousin as well. As physicians and family members, they help navigate their loved ones' healing journeys and administer different types of support. To further elaborate, *Speaking from the Body*, in which twelve Latinas voice how they deal with serious health episodes as patients, family caregivers, or friends, serves as a general source of inspiration in that those testimonios reveal how health status is shaped by gender, class, and race, and how family, spirituality, and culture can affect the experience of illness. These testimonios demonstrate how these health episodes shape every part of these Latinas' lives and how personal identity and community intersect to shape the interpretation of illness; compliance with treatment; and the utilization of allopathic medicine, alternative therapies, and traditional healing practices.

Furthermore, *Testimonios of Care* is guided by Chicana and Latina feminist principles, which include solidarity between women of color, empathy, willingness to challenge patriarchal medical health care systems, questioning traditional gender roles and idealization of *familia*, and caring for self while caring for loved ones and community. In the field of education, for example, Chicana/Latina scholars encourage us to draw upon cultural intuition (Delgado Bernal 1998). The roots of cultural intuition emerged from critical race feminist scholarship (Anzaldúa 2002; hooks 1989; Hurtado 1996; Walker 1982). Delgado Bernal (1998) described cultural intuition as "a complex process that is experiential, intuitive, historical, personal, collective, and dynamic" (567–68), highlighting how it is a process that embraces "one's personal experience to include collective experience and community memory" (563). According to Delgado Bernal, "cultural intuition" uses as sources personal experiences, collective experience, professional experiences, communal memory, existing literature, and the analytical research process (coding). Cultural intuition is constantly evolving and regularly becomes imbued with "spiritual activism"—"spirituality [that] can assist us in challenging racism, sexism, homophobia, and other forms of material psychic oppression" (Keating 2005, 243). While not included in the first description of cultural intuition (Delgado Bernal 1998), spirituality has been included for its significant role in nurturing this sight (Calderón et al. 2012). Thus, we "talk back" (hooks 1989) and "research back" (Smith 2021) against research methods and theoretical frameworks that are emblematic and support oppressive conditions and that reproduce deficit views about our communities. Given who we are and our experiences as caregivers, we use testimonios in this volume as a "pedagogical, methodological and activist approach to social justice" (Delgado Bernal, Burciaga, and Carmona 2012, 363) that engages with our collaborators in a critical meditation of their individual experience within discrete sociopolitical and economic materialities.

This co-edited book is the result of the vision, longtime collaboration, and friendship of the three co-editors, colegas who have spent years as caregivers for family members and partners as well as students. As we were working on this volume and carefully crafting this introduction, the world was rapidly changing around us with the rise of COVID-19, bringing new urgency to the topic of caregiving and foregrounding it as an essential practice and service of our time (Chatzidakis et al. 2020; Hobart and Kneese 2020).

Within the U.S. national context, news venues often reported that Latinas/os/xs[1] were an important part of caregiving, a fact that was made visible by the pandemic. The pandemic also drew attention to the multiple ways in which Latinas/Chicanas engaged in caregiving as they were strongly represented among the "essential workers" whose labor kept us fed as they toiled in fields, canneries, poultry factories, restaurants, and stores. They sustained and nourished all of us, and for those of us who had the luxury to work from home during the lockdown, they continued harvesting the food, driving the buses, cooking in the local restaurants, and cleaning our neighbors' houses. They enabled us to remain safe at home while many others risked their health and lives. This pandemic, as a result, dramatized the social, economic, and political disparities that affect Latina/o/x health and caregiving in a U.S. transnational context (Flores 2023).

However, our decision to refocus on Latina caregivers was not primarily a result of the pandemic or the fact the nation had become acutely aware of its dependency needs; rather, it emerged from a series of reflections regarding the historic importance of Latina care legacies in daily life, health, and culture and a lack of sustained critical attention to the multiple and dynamic forms of caregiving that have long existed among the Latina/o/x community amid many social crises and forms of dislocation. Together with other scholars, we contend that the spatial and conceptual separation between the public and private and the structural and ideological underpinnings of racialized social formations have contributed to the devaluing and marginalization of forms of caregiving intersected by race, class, gender, transnationality, sexuality, capitalism, and underpaid service work (see Nakago Glenn 2012).

Here we offer a correction to this state of affairs. We prioritize the communal right to tell and retell each caregiver's story and the right to be heard as individuals and as members of a writing collective and social group. We center the issue of what it is like to be a caregiver and how people produce meanings and practices out of diverse caregiver experiences and social po-

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[1] The term *Latinx* is used to contest the binaries and sexisms inherent in the Spanish language. However, we honor the authors' choice of terms in their essays.

sitions. Our work is thus fundamentally a work of representation as well as engagement and intervention. In our own rendition of caregiving, we prioritize our storied experiences, lived realities, and social practices and contexts (Nouwen 2011). We very intentionally highlight the Latinx caregiver and seek to restore a Latina feminist sensibility that inscribes Latina agencies, social imaginaries, and relational contexts, including those that are masculine. Following Suzanne Poirier and Lioness Ayres (2002), we believe that "the rich, detailed, contextual, and emotional nature of the stories bridge theory and practice" (xii). We find it useful to further clarify that we offer a partial representation—in daily life, Latinas/os/xs engage in monumental telling tasks, often in the presence of physical and emotional vulnerabilities, instances of pain suffering, worry, anguish—not to mention the structures imposed by racial, class, national, linguistic, educational, and gender privilege, all of which make the telling of something very difficult and burdensome. Yet despite these difficulties, Latinx caregiver expression continues to flourish in living rooms, neighborhoods, workplaces, community gatherings, and social relationships outside the home, wherever these caregivers converge. In this volume we capture a segment of this rich and bountiful expression, activating the notion of relationship building that has historically accompanied the *plática*, a historic form of moving into community from community.

This volume embodies the testimonios of diverse Latina/o/x caregivers in which each shares a snippet of their caregiving roles at a given moment in time. Each caregiver shares their experience, by employing testimonio, to challenge and contest the unvalued practice of caregiving that is seen as feminine and domestic labor. Centering their voices and stories challenges the invisibility, invalidation, and marginalization of the range of caregiving experiences. Therefore, we offer a breath and diversity of caregiving undertakings offered with sensibility and humility.

We view caregiving—cuidar, cariño—as authentic caring embodying the nature of the relationship (friend, partner, mother/daughter). It is also embodied in the praxis of how it is done every day in a material and experiential way. In these essays the Latinx caregivers describe their relational and embodied caregiving that is not just labor, not just transactional, but is an act of giving of themselves (ourselves).

We are giving care to a loved one, and this embodies, challenges, and reveals how we live our cultural practices; our gendered norms; our rituals; our cuidado, or care for one another. These testimonios of the practice of caregiving highlight how the act of caring is a relationship that binds the caregiver to their loved one more deeply through the witnessing of their health, illness, and pain. This caregiving relationship is complex and is shaped by the circumstances that each caregiver faces and the choices they can make. Here we celebrate one other's capability to care, underscoring how care receivers also reciprocate the care received, in their own unique ways. Everyone's caregiving is shaped by context, the nature of relationship, and mutuality/reciprocity.

So why this volume now? As caregivers, we wanted to give voice to our caregiving experiences. We also have been wounded in our relationships with the health care system as we, and our labor, have been treated and seen as disposable. We are wounded storytellers who believe that the act of telling and writing is healing. Finally, we hope that when we share these caregiving testimonios, readers will recognize themselves in them, and if so, that we can accompany them/you from afar in their/your caregiving journey.

In this volume, the first English-language collection of Latinx caregiving testimonios,[2] the expression covers multiple and diverse caregiving experiences that at times overlap and span a wide range of familial relationships, including daughter/mother (Enriqueta Valdez-Curiel, Angie Chabram), grandmother/grandson (yvonne hurtado allen), mother/son (Josie Méndez-Negrete), sister/brother (ire'ne lara silva), sister/sister (Anita Tijerina Revilla), aunt/nephew and aunt/niece (Anita Tijerina Revilla), and intimate co-care partnerships (Natalia Deeb-Sossa). In addition, the papers often register instances of self-care (Yvette G. Flores, yvonne hurtado allen), as well as caregiving situations that are rooted in professional relationships such as counseling (Yvette G. Flores, Hector Rivera-Lopez) and education (Natalia Deeb-Sossa, Mónica Torreiro-Casal). In addition, within this volume, caregiver situations are flexible, with doctors advocating for their mothers (Enriqueta Valdez-Curiel), daughters assuming caregiving roles for mothers (Angie Chabram) and siblings (Anita Tijerina Revilla), professors develop-

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[2] Other works inclusive of Latina caregiving practices generally span the fields of *curanderismo* studies (McNeill and Cervantes 2008; Perrone, Krueger, and Stockel 2012), the soldaderas of the Mexican Revolution, Latina healing (de Jesús Mosquera Saravia 2014) and psychology (Espin 1996), and issue-oriented accounts (Bruhn 2022; Nava-Schellinger 2021). In the Mexican context, Jonathan Yahalom's *Caring for the People of the Clouds: Aging and Dementia in Oaxaca* (2019) provides a regional Indigenous context.

ing community bonds that resemble familial ones (Mónica Torreiro-Casal, Natalia Deeb-Sossa), and caregivers developing strong intersubjective bonds of mutual intimacy and healing with care receivers across the board. Similarly, these caregiving situations cover a variety of ailments, including cancer, sexual abuse, trauma, chronic pain, inequality, underrepresentation, ageism, mental illness, substance abuse, and abandonment.

These caregiving narratives foreground the multiple roles and spaces the authors occupy. While offering care, the authors negotiate academic careers, often within heteropatriarchal and racist contexts; engage in social and political activism; participate in family life; and mentor and guide students and community members. Several of these authors lovingly provide care while facing health challenges of their own. Stories like these are rarely included in caregiving narratives written about caregivers who are women of color.

The authors' contributions offer examples of kinship care including formal and informal adoptions, community care, and caregiving in professional health contexts and visibilize the implicit caregiving inherent in teaching BIPOC students, which largely falls upon faculty of color, including Latinas/os/xs.

Although we understand that the knowledge base that is generated through these narrative acts is important to clinicians, doctors, and nurses, our motivation in producing this volume is not identical to books on narrative medicine that foreground the urgency of narrative competency among doctors and medical students. For us the goal is to engage in knowledge production that is generated by, for, and about the practitioners of Latina/o/x health. First and foremost, we hope to build and to publicize greater community-generated narrative competency among Latinas/os/xs with regard to these ailments, as a means to promote Latina health, wellness, empowerment, and self-determination.

Organization of the Book

The book is organized into three sections. Although several essays fall into multiple categories, we include narratives about kinship caregiving in the first section, including daughters caregiving for mothers/mother-in-laws (Enriqueta Valdez-Curiel, Angie Chabram, Anita Tijerina Revilla, Maria Angelina Soldatenko), mothers caring for their children (Josie Méndez-Negrete), the caring that emerges from informal adoption (yvonne hurtado allen, Anita Tijerina Revilla), sibling caregiving (ire'ne lara silva), and the caring that emerges in couple relationships (Natalia Deeb-Sossa).

The second section highlights community caregiving and care receiving in the context of authors' professional roles as psychologists (Yvette G. Flores, Hector Rivera-Lopez) and educators (Natalia Deeb-Sossa, Mónica Torreiro-Casal), as well as self-care (Maria R. Palacios).

The third section of our book offers the editors' final reflections as a call to action, as well as the Caregiver Bill of Rights, co-created by all the contributors to this book.

Intended Audience

Our book is intended for professional and lay audiences who will benefit from a more nuanced understanding of Latinx caregiving experiences. We intentionally invited artists and academics, community activists, and men and women to share their stories of providing care and to reflect on their experience through the lenses of their intersectional identities. We invited authors to consider their feminist ethics of care and the gendered nature of caregiving, as well as the ways in which cultural values, family context (social class, family economy, nativity, migration), birth order, gender, and family history of trauma impacted their lives and their caregiver role. We also invited their analysis, from their positionality, of the family legacies of caregiving.

Last, we invited their contributions to a Caregiver Bill of Rights that reflects the particularities of being a person of color—namely, a Latinx community member expected to adhere to cultural norms and caregiving patriarchal practices that may create stress. In this book we aimed to provide rich accounts of caregiving from a diverse group of Latinxs. We are of Caribbean, Central American, South American, Mexican, and Spanish origin. Some of us are immigrants, and some of us are descendants of original inhabitants of what is now the United States. Some of us are straight, and some of us are queer. Our identities and histories reflect the complex genealogies of peoples colonized by Europeans and impacted by diasporas. Inscribed in our bodies and spirits are legacies of trauma and survivorship. We offer these narratives as examples of resiliency.

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PART I

The Caregiver Voice

CHAPTER 3

Parenting as a Radical Act of Muxerista Caregiving

Honey and Her Honeybees

ANITA TIJERINA REVILLA

Anita Tijerina Revilla's essay testifies to the barriers between familial caregiver relations, including mental health issues, substance abuse, poverty, and lack of opportunity. In her case, a familial caregiving experience arrangement between the author and her sister's children results in a positive outcome that is achieved as a result of the sacrifices of a living professor aunt.

My cell phone wakes me up. I look at the time. It is 3:00 a.m. It is my sister, again, leaving her sixth message demanding that I answer. She has been texting me all night long. I listen to the messages. She pleads, "Anna, are you okay? Are the kids okay?" "Sister. Please call me back. I can hear the kids screaming. They are crying."

I pick up the next time she calls. "Sister, the kids are fine," I assure her. "They are safe. They are asleep."

She weeps quietly at first, then louder and uncontrollably. Her voice shrieks, "I can hear them, Anna! Don't lie to me!" She quivers and angrily yells into the phone, "I can hear them crying, yelling for help! They need me! I'm going to call the police." She hangs up and calls several times more throughout the night. I do not answer. I fall asleep but never quite feel rested, always feeling something horrible is about to take place.

She doesn't call the police tonight, but she has before. She lives in San Antonio, and we live in Long Beach. She has called the police department in California from her home in Texas to report the children being harmed in our home, even though our kids have assured her that they are safe. I have received these phone calls in the middle of the night hundreds of times. Every time, I fear that someone has been hurt. I wonder, Is someone dead? Did a fight take place? Is my sister hurt, or has my sister hurt my mother? Visions of death and struggle flood my mind. I have lived with a fear of answering the phone at night since I first went away to college and left my family.

I grew up in a home that was filled with love and affirmation, *and* rage and pain. My mom filled us with dreams and assurance that we could succeed, that we could go to college and become anything we dreamed of becoming. She believed in us. I received the message early on that I could use my "school smarts" to pull us out of poverty. I put all my energy into making sure

Today 11:18 AM

Thy found ur sister last night unconscious don't know where and they took her to the hospital as Jando she called me a while ago that she's OK and she wants to know how are you 'll n if the kids r ok

We're ok. Glad they found her. Will they keep her in the hospital? I'm about to present?

Hope they can keep her 🙏

Kids are in class. I'm on conference

I still have to go n get that order for her to stay longer

FIGURE 3.1 April 15, 2021, 11:18 a.m., text message from my mother. [My mother's text paraphrased: They found your sister last night unconscious. Don't know where. They took her to the hospital as Jane Doe. She called me a while ago to tell me that she's okay, and she wants to know how you all are, if the kids are okay.]

I could attain this goal. To be certain I could have my chance, I completed every piece of coursework I was ever assigned. I joined and became president of every after-school club that would have me: Future Business Leaders of America *and* Future Homemakers of America, National Honor Society, student council, decathlon, and more.

School has always been easier for me than home. At school, I excelled, and there was little knowledge of the pain we experienced at home. They were separate worlds, and school was my escape. With my mother's support and commitment, I was able to focus on academics. Even though we desperately needed money, she refused to make me work, because school was the most important goal I was expected to pursue. I was indeed afforded the opportunity to attend several elitist universities. Off to Princeton, Columbia, and UCLA I went, far away from the neighborhood I grew up in, including the house whose foundation was caving, the leaky roof, the faulty electric wiring that shut off every time we ran too much electricity at the same time, the yellow walls with holes in the Sheetrock from fights we had over the years, and the tiny, moldy bathroom with an unsteady toilet. When I left, I thought that one day I would buy my mom a house and that she would no longer have to live in this house, but that day has yet to come. My biggest inspiration to get to college was my mom, and activism and the fight for social justice helped me make it through the rest.

Familia

When my father was alive, he was drinking himself to death. My mom says he didn't drink water. All he drank was beer. His preferred beer was Old Milwaukee, but Bud Light was a second favorite. I don't remember a time when he didn't have a beer in his hand. He was a kind father to me. He and I read comics together—Archie and Jughead were our favorite characters in the comics. He was a smart man, an avid reader, and a poet. After college, I was excited when I found an old blue hard-shell suitcase in the shed. It was filled with poems written on old yellow paper that my mother had saved and laminated. After she became a teacher's aide, she laminated everything! He had written poems about being a Chicano, being silenced as a brown man in the United States, and being the son of a woman who did backbreaking laundry work on Lackland Air Force Base. On the other side of the poem, there was a sketch of a brown man with lips zipped shut—silenced. Another poem

FIGURE 3.2 My father, Luis Arce Revilla, age twenty-nine, circa 1979.

was titled “To My Children . . .” The line I remember the clearest was the line that stated “People will tell you that I was a bad man, the truth is that I was not meant to live in this world.”

Those poems opened up a different side of my father to me—one that I never knew or had access to. My father was a sad and angry person, one likely struggling with mental and spiritual illness. He hurt my mom and my brother, so when he died, it was no surprise that my ten-year-old brother had already learned to wield violence against us to demand “respect” in the same way that my father had demanded and taught him. The violence never resulted in us respecting either of them, at least not the violent parts of them. I was grateful my father had died. As early as when I was in third grade, the year he died, I remember thanking God that he was no longer with us and hoping that we could live more freely now that he was gone.[1] My mother was thirty. He was thirty-one years old and had been dying of cirrhosis of the liver. The vehicle he was in was struck by a drunk driver on an April night in 1981. My mom was left to care for three small children on her own, ages three, eight, and ten. She grew stronger before our eyes in my father’s absence. She went back to school, earned her GED, became independent, stopped making tortillas on demand, went out dancing to Tejano music with her sisters and friends, didn’t let anyone tell her how to live her life, and wore makeup and cowboy boots! Our lives changed, and yet some things stayed the same.

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[1] bell hooks writes, “Women and children all over the world want men to die so that they can live. This is the most painful truth of male domination, that men wield patriarchal power in ways that are awesomely life-threatening, that women and children cower in fear and various states of powerlessness, believing that the only way out of their suffering, their only hope is for men to die, for the patriarchal father not to come home.” See bell hooks, *The Will to Change: Men, Masculinity, and Love* (New York: Atria Books, 2004), 8.

My brother has two children in their early thirties, and my sister gave birth to two children, who are now sixteen and seventeen years old. I did not birth my own children. That was never my plan, but I grew up in a family that depended on all of us being active in the caretaking of the entire family. Primarily, I offered emotional and eventually financial care because I was the nerdy and well-behaved child of the family. When there was a need, I did my best to fulfill it. I did what was asked of me, especially at school. It was my goal in life to take care of my family, and that was the primary reason that I wanted to go to college. I worked hard to go to elitist institutions because of the promise

FIGURE 3.3A Family photo with my mom, brother, sister, and brother's children. Top row: my sister, mother, brother. Second row: my nephew and me. Third row: my niece on my lap, circa 1993.

FIGURE 3.3B Photo of my family taken in front of the house we grew up in on the Southside of San Antonio, circa 2012. Top row: my nephew Anthony; my mother, Delia; my brother, Luis; me. Bottom row: my niece Destiny; my nephew Michael; my niece Rae; and my sister, Dee Dee.

that these degrees would allow me to properly care for my family. I wanted to repay my mother for everything she had done for us, and I also wanted to relieve some of the pain she had experienced as a young widow.

I always knew that if something happened to my brother or sister, I would be responsible for helping to care for their children. My mother ended up taking care of my brother's kids, Destiny and Anthony, when their mother died of a drug overdose and a broken heart. I was not ready. I was still in graduate school and could not bring them to live with me. Years later, when my sister, Dee Dee, became too mentally and spiritually ill to care for herself and her children, she asked me to take care of her and the two babies, Rae and Michael, until she was better. I still was not ready to be a parent. I was a brand-new professor on the tenure track, but I could not and would not say no to her.

La Calle Vickers

This picture (figure 3.3b) was taken in front of the house I grew up in on Vickers Avenue in San Antonio, Texas (figure 3.4). We moved into this house after my father died. My mom worked hard to own and care for

FIGURE 3.4 The house we grew up in. The house my sister still lives in.

that house. My grandfather built the house, and my mom grew up in it as a child. He gave the house to his only son (my uncle Sleepy). When my uncle moved out and into a bigger house, he sold it to my mom because she was recently widowed. He sold it to her for $3,000 in payments. When we moved into the house in 1982, we were on the verge of moving into the Victoria Courts, one of San Antonio's housing projects with the harshest conditions.[2] Instead, we moved into this little house on the Southside of town, near the corner of Southcross Boulevard and Zarzamora. The house was small and falling apart even when we first moved in, but it gave us the stability and home we sorely needed. My mom gave her heart and soul to take care of all three of us. Today, my sister continues to live in that house. It is the place where madness reigns and sadness dominates, and I no longer feel comfortable entering it.

Delia, My Mother

My mother has been my biggest support in life. She is the strongest, funniest, most loyal, most fierce woman I have ever known. Michael, my nephew (and son), says his grandma is the coolest person he knows because she smokes weed, cusses, and loves him like no other. That sums her up well. He also says, "That woman is all about building relationships. She will talk to everyone, and she is always laughing and in a good mood." He becomes thoughtful and says somberly, "She is always hiding her pain." Her journey in life has been long and challenging. Today she is seventy-two years old—still an incredibly spunky and fun mom—one who triggers me regularly. She was kicked out of Catholic elementary school because she spoke out against racist white teachers, nuns from Philadelphia who regularly punished children for speaking Spanish in school and privileged white children over Brown children.

"Shit . . . I told that nun," my mom recalls, "'Why do you even ask us who wants to go to the front office for you? All these little Mexicans always raise their hands, and you *always* pick a white kid.' Her face turned red! She said, 'What are you talking about? Why do you think I am trying to learn Span-

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[2] See Living New Deal (n.d.) for the history of Victoria Courts. They were demolished in 2000. My first boyfriend grew up in Victoria Courts. He was caught in a crossfire shooting with friends and was convicted of murder of one of the young men who died in the crossfire.

ish?' I said, 'You only want to learn Spanish so you can know what we're saying about you.' She picked up her hand with a ruler in it, and she wanted to hit me with it, but I stopped her! I held her hand and told her, 'If you hit me with that, I'm gonna kick your ass.'" Needless to say, that was the end of Catholic school for my mom.

FIGURE 3.5A My *tía* Bea and my mom, ages six and five, circa 1955.

Her parents, who never had the opportunity to finish school themselves, told my mom, "We don't know why we waste our money sending you to school; you don't even learn nothing." They did not know that she struggled with an undiagnosed learning disability, anxiety, and depression. Eventually, she was pushed out of high school because she married my father. They were not allowed to attend high school as a married couple, and because she was a woman, she was the one who was asked to leave school in the eleventh grade. Because he was a man, he finished high school and received his degree. When he died, she was determined to do all the things my father and her parents did not allow her to do. She enrolled in night school and earned her GED and proceeded to become a licensed security guard.

My mom is a small lady. She is only five feet tall, but she loved the power of walking around with a gun on her belt and telling drunk men they had to leave the bar. And while I am not a gun advocate, I know how much power and autonomy that job gave her. All her life she was told that she could not do certain things because she was a woman. She could not travel, she could not play a musical instrument, she could not join the military, and she could not live an independent, autonomous life. As a woman, she was expected to get married and have children.

When my father died, my mother experienced freedom. She was free from the violence he had inflicted on her, which was rooted in the violence that he had experienced. She was also free from having to answer to anyone else. My mother gave us permission to do anything we wanted, regardless

FIGURE 3.5B My mother and me in front of a Las Vegas, Nevada, mountain with an art piece created by Vick Quezada, a lowrider-style *placa* that reads "*La Jotería*," 2017.

of our gender. In fact, her message to us was that because we were women, she was even more determined to give us the freedom to exist as we wished. It was her own special brand of feminism, even though that wasn't what we called it. She never received a formal higher education, but she decided that she would support us to pursue college nonetheless. She sold barbecue plates so I could travel to Washington, D.C., with my class in the seventh grade, and again in twelfth grade so I could buy a flight to New Jersey and start my first year at Princeton. I want to take a moment to remark on her strength and resilience, which you can visually see in her eyes and posture (figure 3.5b).

It took me most of my life to figure out that in spite of all the love and resilience we received and witnessed, there are still deep wounds that have yet to be healed. Those wounds creep up, and they slap us across the face and force us to reconcile them.

Dee Dee, My Sister

> Tell my kids I love them. Tell Mikey I love him. Tell Rae I love her. Tell them I'm sorry for being impolite. I just feel so hurt. I'm so angry. I'm so hurt by society. It's like the time the little girl went down the slide with wet clothes on. And I had to go next. I was so sad, sister. My clothes were all dirty. I just wanted to play. But I couldn't play anymore. Tell my kids I love them. I'm just so scared. Please be careful. Stay away from evil.
>
> —DEE DEE
>
> I will, sister. Pray for peace in your heart.
>
> —ANNA
>
> Even if I have peace in my heart, that doesn't mean that evil stays away from me. How can I keep the evil away? Stay away from me.
>
> —DEE DEE
>
> Pray that you can tell the difference between someone who is evil and trying to hurt you and someone who is not.
>
> —ANNA
>
> I just can't tell anymore. I just want to feel safe. Tell my kids I love them. I love you, sister.
>
> —DEE DEE
>
> I love you, sister.
>
> —ANNA
> [CONVERSATION BETWEEN MY SISTER AND ME, NOVEMBER 5, 2020, 7:31 A.M.]

My sister, who is four years younger than me, was diagnosed with bipolar and schizoaffective disorder fourteen years ago, in 2008. She had a deep mental health breakdown. Some might say that she "went mad." Quite literally, all the sadness she had experienced in her life—the loss of our father; poverty; physical and sexual abuse; racism; sexism; classism; abusive friends, family, and partners; and finally the loss of her child drove her to madness. She was pregnant with her first child and lost her baby at six months. The baby had not finished forming when she gave birth to her. The doctor said that the baby was falling apart in his hands as he delivered her. All the hurt and betrayal she had ever experienced, all the loss, could no longer be contained,

FIGURE 3.6A My sister standing in front of the Grand Canyon, 2014.

and it was released in a complete state of madness and rage. The filter that she'd had for the first thirty years of her life was slowly being ripped off, and she could no longer contain it. She could no longer hold it together, as if she were saying "Because of all of the hurt I have experienced, I cannot go one step further without telling you how angry I am at the world, at myself, and at the people around me." I saw her begin to cycle into manic episodes of extreme happiness and joy and extreme hurt and anger.

These photos exhibit some of what Dee Dee was experiencing internally (figures 3.6a and 3.6b). She is an extremely intelligent and strong woman. She was studying history and Chicana/o studies, was pursuing a career as a librarian, was on the dean's list

FIGURE 3.6B My sister in my dining room after unexpectedly deciding to shave her head, 2014.

at the University of Houston, and had just transferred to UT Austin, just a few credits short of graduation. But this illness took control of her mind and body, and the freedom to live her life is limited by the uncontrollable rage and sadness. She has not had the freedom to raise her children, which she very much wanted.

After losing her first baby, she gave birth to Rae Ana and Michael (figure 3.7). Her husband, Jason, was selling marijuana to keep them afloat, while smoking every day, all day—self-medicating. He is a survivor of childhood physical and emotional abuse. He was diagnosed with schizophrenia at the age of twelve, around the same age that his brother was murdered and took his last breath in his arms. When Rae was two years old and Michael was one, Dee Dee and her husband could no longer sustain their relationship. Jason left, and my sister started hustling to take care of herself and the kids. She took over Jason's hustle, and slowly, her world began to spin and eventually crumble. When Rae was three and Jason had left already, she was listening to an Alicia Keys song, a song that Rae and Dee Dee both loved. Alicia Keys belted out these lines:

FIGURE 3.7 Michael and Rae in the back seat of the car when they still lived in Texas, circa 2007.

No one, no one, no one
Can get in the way of what I'm feeling
No one, no one, no one
Can get in the way of what I feel for you, you, you . . .

As they listened, Rae said to her mom, "Dad broke my heart, Mom." It was a heartbreak my sister could resonate with deeply, but her pain was caused not only by Jason but by many other hardships she had experienced in her lifetime. My sister was renting the house behind my mom's house. The kids were still in diapers. They had a makeshift ladder that the babies used to climb the fence to visit their grandma. Rae was a master climber at the time. Drug users and dealers came in and out of their house, and my sister was working hard to take care of herself, the babies, my mom, and even my older niece.

My sister's voice became more and more distant. She called me less, and when she did, she talked nonstop, a million words a minute, it seemed like. She talked about Jesus, her Christian beliefs, and the harm that people were trying to do to her. There was a man she loved in the neighborhood. He was her boyfriend, and he kept hurting and mistreating her. One day, my mother called me and told me that my sister had thrown away every one of her possessions. She had put them all out on the curb—televisions, furniture, clothes, jewelry, everything. She said that she had to get rid of them because they had been purchased with dirty money. She told us that God was coming for her and that she was ready. She regularly spoke to religious and spiritual figures who either judged her or gave her advice. The delusions had begun. Not knowing what to do, my mother called the police to take her to the hospital. My sister was furious. My mom found her in the closet of her house, waiting for God to come for her.

The next incident was more severe. She was looking for her boyfriend at his house down the street. She was screaming at him and his family. She told me that they had stolen money from her or owed her money they had borrowed. Fearful of her, I assume, they called the police on her. When they arrived, she was crossing the street, Zarzamora, to go to the corner store. The police questioned her in her state of madness. I was told that she screamed at them to be left alone, and because police authorities have no mental health training, and especially didn't in 2008, they beat her with their clubs and threw her in jail.

I flew home to try to help. I went to the county jail, and for over a week, they refused to let me see her. I assumed it was because her bruises were fresh and gruesome. I tried to explain to them that she was mentally ill but to no avail. I hired a lawyer, who helped me get the charges dropped, and they transferred her to a state hospital. It was the first time she was getting officially hospitalized for her mental illness. It would be the first time she received medication beyond antidepressants. I flew back to Las Vegas to go back to work and waited. The babies were three and four years old. My sister was thirty-one years old. (She just turned forty-five.) When she came out of the hospital, she called me and said, "I'm gonna need your help, sister. I need you to take care of me and the babies." She flew to Vegas with the kids. After a couple of months, she went back to San Antonio and left me alone with the babies.

I did not want to do it. I did not want to be a parent. I had worked really hard to not become a teen parent or single parent, as many young women in my community were expected to become, and had instead focused on school and my career.[3] I had spent all my life taking care of my family—my sister, my brother's kids, and my mom. I am the only one who is financially stable and has the ability to take care of multiple family units. That I was prepared for, but I was not prepared for what it takes to become a full-time parent to two toddlers, and so began my journey of coming to terms with becoming a *tía-mamá*, or, as the kids like to call me, Honey.[4] My entire life changed. I had been a young, untenured professor who woke up at noon and went to bed at 3:00 or 4:00 a.m. My road to healing had not yet begun. I was completely focused on work, activism, and community. I loved my family and provided economically and emotionally to the best of my ability, but this would be very different. Caregiving as a muxerista parent would be the revolutionary journey I could never have imagined.

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[3] I want to make clear that I am not judging teen or single parents. As a person raised by a single mom and who is friends with several teen moms, I know their determination, resilience, and strength. I also am aware of their incredible struggles.

[4] When I was in middle school, my cousin and his girlfriend had a baby named Samantha. They were our neighbors and teen parents. I spent a lot of time helping to take care of Sammy Jo. I used to call her my little honey, so when she first learned to talk, she called me *onnie*, or "honey." The nickname stuck, and every family baby who was born after her called me Honey as well. The kids have always called me Honey, but it was a perfect term, given my status as both tía and mom to them. Since we have always been clear that my sister is their birth mom and I am their tía and their primary parent, *Honey* is a perfect compromise—it signifies that I am more than Tía but not necessarily Mother. It honors our bond and intimate connection as well as their mom's continued presence and role in their lives.

Passenger Information

Passenger Name	Account Number	Ticket#	Expiration[1]
MCMURREN/MICHAEL ANTHONY	- None Entered -	526-8511338349-0	08/24/09

[1] All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Date	Flight	Routing Details
Sat Oct 18	1981	Depart SAN ANTONIO TX (SAT) at 2:15 PM Arrive in LAS VEGAS NV (LAS) at 3:10 PM

Passenger Information

Passenger Name	Account Number	Ticket#	Expiration[1]
MCMURREN/RAE ANA	- None Entered -	526-8511337889-2	10/16/09

[1] All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Date	Flight	Routing Details
Sat Oct 18	1981	Depart SAN ANTONIO TX (SAT) at 2:15 PM Arrive in LAS VEGAS NV (LAS) at 3:10 PM

FIGURE 3.8 Southwest flight receipts for Rae and Michael's flight to Las Vegas, October 18, 2008.

Codependent Parenting No More[5]

I have to admit that while my mother is an amazing parent and fierce woman, she is also a codependent parent. Most of us have seen this kind of parenting, have lived it, or are living in it currently. It can look like trying to control other people's behavior in an attempt to help them while neglecting yourself. It can look like giving people unwanted advice and trying to change other people instead of yourself. It can look like trying to take care of everyone except yourself, at your expense.

There are many characteristics of codependent behavior, but it was not until a friend of mine was diagnosed with codependence that I learned about it. I was jokingly complaining that another friend, who was in the hospital, did not let me stay at her house when I needed a place to stay, and I joked that if it were me, I would have offered my keys and told my friend to stay at my house even while I was in the hospital. My friend answered, "Of course you would because you are codependent!" She opened up the book she was reading, and as I read through the characteristics of codependence, I was

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[5] See Beattie 1987.

horrified to see myself in them, and at the same time, I realized that I was often praised for many of the characteristics that were listed.

Typically, a codependent person is one who is overreliant on the value placed on them by a partner, usually a partner who is ill or addicted. The codependent person's value is determined by their ability to "save" or help their partner. I have experienced this in a romantic relationship, *and* I have also seen signs of codependency in my friendships, activism, and familial and work relationships. Because my family struggles so much with mental illness, as well as racism, poverty, patriarchy, and other forms of structural abuse, I have often prioritized their needs above my own, and I have felt the need to "save" them, even when they did not ask to be saved. I have questioned my value and felt guilty when I have not been able to help them, even if I myself am struggling and unable to get help for myself.

I witnessed codependent partnering and parenting from most of the women in my life—my mom, grandmother, aunts, and cousins. I witnessed my mom in a codependent relationship with her parents. Even though her mother and father often criticized her and rejected her sense of self and freedom, they loved her and depended on her to help care for them, especially as they aged and became ill. My mother was my grandmother's caretaker until the latter's recent death. Both my sister and brother are emotionally abusive to my mother at times (which is complicated because both of them experienced abuse growing up), and my mother enables their behavior and is loyal to serving their needs. Her value as a mom is determined by how much she does for them. When I have told my mother that I do not want to follow these practices, she has felt betrayed and unloved. I fall out of favor when I voice these feelings. She has fully internalized the codependent parenting model. It is affirmed by all, even outside our family, in pop culture and the mainstream. A good mother is self-sacrificing. Her value is embedded in the ways that she serves her family, so my mom was mostly confused by my rejection of codependent parenting.

My mother sacrificed herself to ensure that we were cared for. She never remarried. In fact, she sabotaged relationships with potential partners so that she could focus on our needs. Often she would boast that she told men to go to hell: "I told him, 'My kids come first!'" As a result, she entered old age with much loneliness. She lost sight of her desires and need for pleasure so that she could give us all her attention and the limited resources she had. Many people say that the best kind of mother is a self-sacrificing mother, the kind who will not focus on her own needs so that she can meet her children's needs. However, there is a thin line between the ideal all-loving, self-sacrificing mother and the patriarchal expectation that a woman/mother should not value herself or her needs but should instead focus on her husband's/partner's and children's needs. This kind of woman should not be an independent, autonomous person. She should have no space for fun or love that is not connected to her children or partner.

For instance, my mom would not even go out to eat at a fast-food restaurant without us because she felt so much guilt. To this day, she continues these practices even though we are all grown, living our own lives and enjoying simple pleasures without her. Today, she struggles to figure out how to live her own life independently of her children and grandchildren. Even for fun or a meal, she cannot bring herself to partake without considering everyone else's desires and needs. She is having a hard time figuring out what might bring joy to her life, which is increasingly important because her mother just passed away and my sister's illness worsens daily. Instead, she often stays in a place of sadness and isolates herself when she is not providing care for others. She no longer dances or goes out to listen to music. It makes her too sad because she cannot dance without being in physical pain, but she also is always too busy taking care of others.

I realize now that my mother parented us through lenses of wounding and codependence. She did not have a model for healing and had no idea that she could prioritize her own physical and spiritual health while parenting us. As I became a parent, I sought a different model of parenting. I worked to identify the patriarchal patterns and expectations of women, mothers, and parents and tried to do the opposite. My mother had already laid some of the groundwork for me at a young age. With the help of a former partner and my muxerista and *jotería* community, I found and co-created a model for parenting that was rooted in self and collective healing. It is very much connected to the social justice vision that I have outlined in my academic work on muxerista and jotería community.[6] Muxerista and jotería parenting is Chicanx/Latinx feminist, queer, radical caretaking rooted in loving and healing the self and the collective. Moreover, muxerista and jotería caretaking practices harm reduction and antiviolence in and outside the home and

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[6] See the tenets of muxerista pedagogy and jotería identity and consciousness and apply to parenting and family building.

seeks an end to patriarchy, racism, homophobia, transphobia, ableism, and codependence.

Parenting Is a Radical Act of Muxerista Caregiving

Today, I am still working to do my best to raise young human beings who are deeply connected to a foundation of love, healing, authenticity, and humanization. I am no longer resisting being a parent. I am honored to have had the opportunity to raise these fierce beings and to be their Honey, tía, and parent. I have fully consented and embraced my role as their parent and caregiver in partnership with my sister, my mom, and my community. Rae and Michael do not want me to replace their mom. They want me to help their mom raise them because she is sick, heartbroken, and spirit murdered. I do my best to help her while keeping in mind that I also need to balance her care with my own care. I pay for her housing costs. I try to keep her as safe as possible, given her life filled with madness and addiction, and most important, I am the primary caretaker of *our* children. I have never told her or had the desire to tell her that Rae and Michael are my children and not hers—to do so would be to shatter the last bit of hope and love left in her heart. I am clear with the teens that their mother, my sister, will always be their mother. She loves them deeply and has made the biggest sacrifice a mother can make when she is too ill to care for her children: to choose a safer caretaker for them than herself. She entrusted them to me because she knew they would be safe with me. They are *our* children. I am both tía and legal mom. I adopted them last year to ensure that our legal rights were secure and that no one could take them from me and my muxerista-jotería community if something were to happen to me.

Rae just turned eighteen years old. She is graduating from high school, wants a VW Bug, and is trying to get her license. She loves her new puppy, Gio—she is a huge animal lover. She is testing her limits and trying out being an adult. She is deciding between Cal State Fullerton or Long Beach for college. Michael will turn seventeen this month. He loves metal music, is currently curious about Hinduism, and wants to become an entrepreneur. He wants to own a music store one day and design guitars. He is very close to Rae. I am not sure what he will do when she moves away for college. Both were hit hard by the pandemic and lost interest in school, but they are working to bring up all their grades. Luckily, this year, their friends are reconnecting with them. Both hesitate to identify as feminists, but they have a sophisticated feminist critique and social justice foundation that guides them to be better people, and they are far more healed than myself growing up.

My mom is finally acknowledging that she is also codependent, after several years of denying it. She is still taking care of my sister, my brother, and her grandkids in Texas, often at her own expense, but once in a while she will take a day off and let me know she is tired and needs to "stop being a codependent." She laughs and starts all over again the next day.

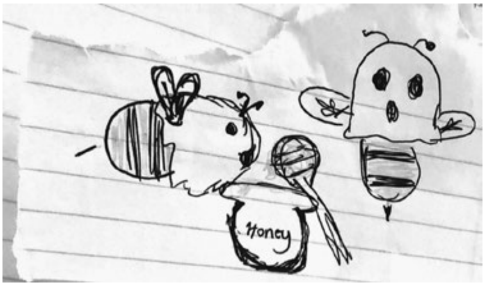

FIGURE 3.9A A drawing by Rae that represents me and her and Michael, 2021.

FIGURE 3.9B The kids and me at our first protest in defense of gay marriage / queer community, 2008.

Sadly, this is not a story that culminates in a happy ending. There is no resolution in this story. I often wake up sad and go to sleep sad with my sister on my mind, wishing for a different reality for her. Her illness is at its worst. The pandemic hit her the hardest in our family. She has not received proper health care. Her psychiatrist broke up with her at the beginning of the pandemic because she screamed at him, which is a symptom of her illness, so she has not been on the medications for her diagnosis for almost three years. This has led to increased delusions, paranoia, and aggressive behavior that resulted in an arrest. We are awaiting her court day, hoping she is not further criminalized for her illness. I feel like I am watching her slowly die, maybe even slowly kill herself by self-medicating with unauthorized drugs. I don't know what else to do except to keep providing her love, food, housing, medical care if she will accept it, and a deepening commitment to the caretaking of our children. I miss my little sister. I miss her laughter. I miss her joy, and I am grateful to her for teaching me so much. She has taught me how to love deeper and be

FIGURE 3.9C Veronica (my partner), Michael, me, Rae, and our dogs, Mona and Mabel, visiting family in San Diego, 2020.

vigilant about my healing and our family's healing. Ultimately, she is responsible for me learning how to become a radical muxerista caretaker.

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Caregiver Bill of Rights

The collaborators to this volume co-created this Caregiver Bill of Rights. This list was modified from Jo Horne's Caregiving: Helping an Aging Loved One. *We invite the reader to create their own statement of rights using this list. Read the list to yourself every day.*

• • •

I have the right to the following:

to acknowledge that caretaking is deeply rooted in patriarchal, homophobic, and transphobic models of caretaking in marriage, childbearing/childrearing, and family units;

to work to dismantle patriarchy, homophobia, and transphobia when I caretake;

to expect that my positionality and identities are respected;

to create a culturally competent health care system, oriented and informed by social justice, that recognizes and acts on social disparities and differences;

to develop and nurture queer, muxerista, intersectional communities that will help teach those who care for others;

to practice radical feminist self-love, self-care, and collective love and care;

to be rooted in a loving, healing, and compassionate practice;

to identify the impact of mental and spiritual illness and focus on healing to prevent this illness;

to be a better caretaker of myself and others;

to expect that caregiving responsibilities are not placed on my shoulders alone;

to expect that others will care for me in healthy ways as I care for them and others;

to tell my story, and to have it listened to and acted on;

to receive outreach from others and to advocate for my care recipient and myself;

to celebrate my own individual and community forms of caregiving;

to receive consideration, appreciation, and acceptance for all I do for care recipient, family, friends, community, and society at large;

to take care of myself so I may retain the capacity to care for my care recipient and myself;

to seek help from others, as I recognize the limits of my own endurance and strength;

to resist conscious or unconscious attempts by my care recipient to rely on guilt, anger, or depression;

to receive consideration, affection, forgiveness, and acceptance from care recipients when I offer them in return;

to take pride in what I am accomplishing and applaud the courage it has taken me to meet the needs of my care recipient;

to prioritize myself and maintain facets of my own life that do not always include the person I care for, just as I would if they were healthy;

to protect my individuality and my right to make a life for myself that will sustain me in the time when my care recipient no longer needs my full-time help;

to expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers;

to occasionally express anger and other difficult feelings regarding the caregiving situation I am in and to experience a peaceful and calm atmosphere while giving care;

to secure systemic support from institutions and the government to take care of others;

to partake of a society that values, support, and nurtures caring;

to connect with those who care for others and care within community;

to live in a society that values caring for all and that encourages all to be caregivers of our children, youth, and elders; and

to be treated with, and to treat myself with, dignity and respect, and to give thanks for being alive and for being given the opportunity to caretake another day.

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Reflection

A Call to Action

ANGIE CHABRAM, NATALIA DEEB-SOSSA,
AND YVETTE G. FLORES

We conclude this volume with an invitation to readers to document their caregiving and healing stories. It is imperative that we develop archives that will provide lessons of advocacy, relationality, and community agency and interpretation if we are to gain an understanding of the breadth and depth of Latina/o/x care experiences in the global period and beyond. From our standpoint these archives cover a wide range of geographical, social, and creative forms of expression that are plentiful in everyday life, although not always recognized.

These archives are also an extension of community knowledge making; they contain valuable lessons, *consejos*, and insights that cannot be found in mainstream renditions of caregiving. They inscribe caregiving in meaningful community contexts that shape health and healing processes. They draw our attention to all the unforeseen places where instances of care work can be found. They identify forms of care work that are not usually associated with this practice within society. They extend care to social processes such as immigration, education, and nutrition. They encapsulate the new ethnicities and *latinidades* of our time; they unite the Americas with a larger worldwide village of care workers and receivers. They provide hope that something can be done even when it appears that this is not the case. They are replete with caregiver *soldaderas* who extend human rights to the area of social care and in so doing deprivatize one of the world's oldest professions. They shine a light on the essential care provided by women who are often characterized as carers without attention to their contributions or the ways in which they selfconsciously assume this work or modify gender relations. Most important, they rewrite themselves into the caregiver narrative by insisting that they not only provide but also receive care and that their labor also includes self-care. These *testimonios* represent multigenerational narratives of women and one man who engage in diverse forms of employment in addition to care work, contrary to the stereotype of Latinas who are homemakers and mostly do care work. Most of the contributors come from working-class backgrounds, are first-generation college students, and have made a commitment to using their academic work and writings to advocate and elevate their communities.

These testimonios also embody and highlight the importance of the disability justice framework, which understands that all bodies are unique and essential; all bodies care, work, and have strengths and needs that must be met. All *testimonialistas* are, in their own way, doing disability justice work. When doing disability justice work, it becomes impossible not to look at disability, not examine how colonialism created it, and not see that disability is evident in Black and brown, queer and trans communities. The message and vision of the volume is liberation that understands that the government will not care for our loved ones because it was created to erase us (Piepzna-Samarasinha 2018, 182). The testimonialistas also ask, If we do not have family or social networks rooted in activism and solidarity, who is going to be there for me?

This volume is mixed genre and includes pieces of personal testimony and poetry, meditations, and a mix of tools that worked for the authors. We hope you can learn from the stories shared and care for each other while caring for yourself. Most important, these testimonios and archives often answer the following questions:

- What happens when there is no doctor or nurse around?
- Who is at the helm of care?
- Who delivers vital forms of care that are necessary for survival?
- Who can be counted on when doctors don't understand, when there is no health care, or when the need surpasses the doctor's visit?
- Who can serve as interpreter, not only of language but of the health beliefs and cultural values that create nuance in the experience of illness and caregiving and receiving?

- Who will hold our memories and speak to our needs when aging, dementia, or cognitive decline takes away our ability to advocate for ourselves?
- Who will look after our elderly family members who can't afford to live independently?

Representational archives provide a presence to community members at the margins of society who are in need of two-way dialogues and a circulation of critical forms of knowledge and practice. For this reason, we urge our readers to reenter the field of narrative work with an open mind and a commitment to gathering and producing caregiver narratives that surround every significant human ailment, including the isms we are all too familiar with: racism, classism, sexism, ageism, fatphobia, ignorance, and heterosexism.

As we reflect on our journey of caregiving, we foreground the ways in which *cultura*, gender, intergenerational histories, and traumas manifest in our care practices. Our testimonios present in unique ways how we can resist health care models that dehumanize, marginalize, and disregard personal agency, that prioritize medical expertise over a person's knowledge of their body. The authors challenge the patriarchal order and contest and transform gendered scripts that idealize *familia* and are rooted in precarious *familismo*—that is, a family-centeredness that privileges cisgender straight men and overburdens women and queer Latinxs who have no children of their own. In the caregiving context, precarious familismo mandates caring for family members through the sacrifice of some. These testimonios also offer self and community advocacy and model community care and self-care. They ask the questions, Who is going to show up? How do we transcend the difficulty of asking for help when we have been brainwashed by bootstrap individualism?

The authors also highlight the resiliency of the human spirit, manifested in the narratives of our contributors, like in the cases of ire'ne lara silva and Maria R. Palacios. Enriqueta Valdez-Curiel utilizes the cultural capital her medical degree affords her and her transnational experience as a child of immigrants to navigate her mother's care in Mexico and the United States. Recognizing the privilege her education affords her, she lovingly provides care for her mother while advocating for quality health care that ultimately saves her mother's life. Similarly, Angie Chabram, availing herself of her mother's teachings of familial co-caregiving and employing her cultural capital as a University of California professor, caregives for her mother, with support of her sister and brothers. Natalia Deeb-Sossa witnesses her partner's struggle with the medical establishment and moves beyond a caregiver role of providing emotional support to become his advocate, challenging the medical system and fighting for appropriate care while navigating her own health struggles. Both of these testimonios underscore the importance of self-care and the toll caregiving can take on the health and emotional well-being of family caregivers.

In each of the testimonios, we see the authors' contestation of gendered cultural scripts and a contestation of precarious familismo. Josie Méndez-Negrete must balance her love for her son and her activism for him to obtain the care he needs with her career and other family responsibilities. Her testimonio and Anita Tijerina Revilla's visibilize the impact of mental illness on the family and the ways in which caregivers must step up and take over decisions and choices for the affected individual to protect them. Anita Tijerina Revilla's testimonio demonstrates a Muxerista feminist praxis of care as she becomes her niece and nephew's guardian and mobilizes a community and social system to raise the children into well-functioning adults while advocating for her sister, who is not receiving the care she needs.

Anita Tijerina Tijerina Revilla poignantly describes the ravages of addiction and mental health and the trauma it causes across generations, as well as the limitations of a capitalist health care system. Her testimonio also invites us to reflect on traditional kinship roles and the importance of community, whether we are providing care for our children; raising our grandchildren, as in yvonne hurtado allen's case; or caring for an in-law, as in Maria Soltandenko's case. Gender-based expectations concerning who should provide care are contested in each of these testimonios.

Our focus was to include caregiving practices often ignored in narratives of care. Natalia Deeb-Sossa and Mónica Torreiro-Casal offer us insights into their commitment to support minoritized students and create a space of belonging for those who are often disenfranchised in academic settings. This is an added tax, often invisible to the larger institution, on being a Chicana faculty member who not only instructs and mentors but also protests. These faculty members' caregiving of students is an act of love, resistance, and empowerment. Inés Hernández-Ávila's testimonio denounces the racist, capitalist academic systems that are designed to exclude working-class, minoritized women and people of color from its student ranks and that assault the bodies, psyches, and souls of faculty of color. Giving voice to the macro- and microaggressions women of color who are academics experience, Inés Hernández-Ávila challenges us all to interrogate our internalized self-deprecation that can and often does lead women of color to turn against other women of color. Inés Hernández-Ávila also provides valuable insights on self-care and how to survive the toxicity of academic spaces.

The caregiving narratives also include those by professional caregivers who transcend their training. The testimonios foreground the ways in which professional care providers Hector Rivera-Lopez and Yvette G. Flores resist Western models of "appropriate" psychotherapy and rely on a culturally rooted ethics of care (Flores et al. 2009) that humanizes care and breaks down the power imbalance inherent in psychologist-client relationships. Hector Rivera-Lopez's testimonio offers a nuanced view of men's reliance on women for their own self-care and their neglect of their own health as they attempt to fulfill their masculine role of provider, which results in early death and disability. His testimonio highlights the ways in which men learn to care for themselves, at home and on the streets, and how through loving therapeutic encounters, he helps the men understand the burden of their masculinity, their entitlement to health, and their unconscious expectations that the women in their lives should be in charge of their health and well-being. Both Yvette G. Flores and Hector Rivera-Lopez underscore the importance of self-care while caring for others in their professional roles.

We see the authors' narratives as efforts to break intergenerational patterns of exclusion, trauma, invisibility, pain, and silence. Whether struggling with the ravages of diabetes, cancer, dementia, disability, addiction, or historical trauma, the contributors shed light on how their intersectional identities—working-class origins, family histories, and current positionalities as academics, poets, activist scholars—provide resilience and a road map to navigate complex systems and challenging situations.

We then invite our readers to share their testimonios or archives of caregiving with friends, family, and other caregivers through *pláticas* (heart-to-heart conversations) in which they can share the courage it takes to be a communal and familial caregiver. Our hope is that this volume will encourage others to share their knowledge about caregiving to build solidarity and respond to and resist structures of oppression that promote invisibility and exclusion in the medical-industrial complex.

Finally, we hope that in *Testimonios of Care: Feminist Latina/x and Chicana/x Perspectives on Caregiving Praxis* we have given voice to those who often are voiceless in histories of caregiving and that diverse caregivers see themselves reflected, valued, and thus honored completely: body-mind-spirit (Lara 2002; Facio and Lara 2014). The testimonios of caregiving highlight a loving relationship that binds the caregiver to their loved one through the attesting of their health, illness, and pain. The testimonios underscore how care receivers also reciprocate the care received in their own unique ways.

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