IN 1993, Mary Chung, a 26-year-old Korean immigrant, founded the National Asian Women’s Health Organization (NAWHO). Believing in the need for Asian American women to become advocates for their health and reproductive rights, Chung set out to make visible the health needs of Asian and Pacific Islander (API) women and to influence health and reproductive rights policies that affected them. Chung is a dedicated and strong leader, who writes:

Sometimes I think it’s inaccurate for me to be called the “founder” of the National Asian Women’s Health Organization. Because, in many ways, I think the organization—or at least the need for it—found me.¹

As we shall see, Chung created an organization that is a distinctive combination of grassroots and national organizational styles and politics. NAWHO has mobilized thousands of API women at both grassroots and national levels. It has also created partnerships with mainstream and community-based health institutions. NAWHO has exposed the damage done to API women’s health by stereotypes and cultural norms (see Chapter 9) such as those which tell API women to put everyone before themselves. Chung drives home the dangers: “Why should we be surprised when a 65-year-old Chinese American woman in Chicago who has breast cancer drinks bleach trying to kill herself so that she won’t be a burden on her family?”² Chung and NAWHO challenge these stereotypes and make it possible for API women to acknowledge their own health needs, feel that they are entitled to seek care, and become their own advocates. Speaking out is the first step. For Chung, this was a deeply personal mission. She
had experienced firsthand the cost of community silence and the oppressiveness of the model minority stereotype. Chung broke her own silence at NAWHO’s first conference with a very personal report:

These are the statistics that make the work of organizations like NAWHO necessary and critical. But as the women’s movement has always said, the personal is political. So I want to share with you my reason for starting this organization. When I was 13 years old, I lost my older sister to suicide. She was just 17. NAWHO is for my sister and others just like her.3

Getting Started

Like the other groups in this study, NAWHO’s vision of women’s health was ambitious and inclusive. NAWHO set out to be a community-based health advocacy organization committed to improving the overall health status of Asian women and girls. NAWHO develops and implements a broad agenda for Asian women’s and girls’ health, addressing the numerous factors that impact the physical, emotional, mental, social, and spiritual well-being of Asian women and girls. Through on-going activities, NAWHO provides a foundation on which women can proactively determine and advocate for our health, our lifestyles, and ourselves—on our terms.4

Mary Chung wrote that “NAWHO was formed to address the health needs of the diverse populations of Asian women. The founders of NAWHO recognized the absence of comprehensive and proactive research and the lack of programs focused on Asian women’s health needs.”5

Chung was inspired by the organizing that surrounded her in the Bay Area. Her first job was as a bookkeeper in an Asian American civil rights organization, and she had volunteered for the National Organization for Women (NOW) in San Francisco and for Korean American women's projects and battered women's shelters. Through this work as well as her time at Asian and Pacific Islanders for Choice (APIC), Chung was connected to other women of color organizing for reproductive health. Byllye Avery and Julia Scott of the National Black Women's Health Project (NBWHP) and Luz Alvarez Martinez from the National Latina Health Organization (NLHIO), among others, supported her vision to create a national Asian American women’s health
organization. They gave advice and support on a daily basis; Alvarez Martínez even opened her office space to Chung.

These influential and experienced activists introduced Chung to potential funders. Initial financial support for NAWHO came from two smaller foundations. As it developed, NAWHO attracted funding from government, corporate, and nonprofit sources—including pro-choice, feminist, and health foundations. Today, NAWHO is one of the best-funded reproductive rights and health organizations for women of color.

Chung was committed to pan-Asian organizing, recognizing both similarities and differences among API communities. "The needs and concerns of Asian women are at the same time specific and diverse, and they must be addressed within community, cultural, and linguistic contexts." Building a strong movement of women of color was another priority for Chung, and she saw NAWHO as part of that effort. This was reflected in the diverse composition of its original board of directors: Sia Nowrojee, Luz Alvarez Martínez, D. Tosi Sasao, Grace Sison, Bilye Avery, and Mary Chung herself. This was a group of professionals with backgrounds in activism, policy work, politics, and research. They were well-known leaders who brought credibility, experience, and skills to this new organization and shared Chung's vision of a racially and ethnically inclusive movement.

Organizing an Asian American Health Constituency

Chung knew that improvements in the reproductive rights and health of Asian American women would come about only when they became a vocal and visible constituency. To help Asian American women articulate their own priorities, NAWHO organized two major national conferences on Asian and Pacific Islander women's health. These gatherings attracted large numbers of API women, generated awareness and visibility about their health issues, and helped set an API women's health agenda. Perhaps most important, women who attended experienced a sense of collective empowerment about the possibilities for change and their ability to create their own health agenda.

In November 1995, the first national conference ever held on the health of Asian and Pacific Islander women, "Coming Together, Moving Strong: Mobilizing an Asian Women's Health Movement." It was attended by 300 API women in San Francisco's Japantown. Chung articulated the organization's goal in her opening statement: "It is our vision that this conference will foster a movement that will maintain this focus on the health needs of Asian American women, that we will no longer allow the marginalization of our community
in the national health care agenda.” 10 Miriam Ching Louie, a longtime activist, expressed the tremendous achievement that the conference represented: “Even being able to have this Asian women’s health conference is something that absolutely could not have been imagined 10 or 15 years ago, when the US women’s health movement and the way it cut issues were very, very different.”11 Louie was pointing to the growing consciousness of the diverse health needs and issues of women of color as well as the US women’s health movement’s inability to adequately incorporate race. At workshops and plenary sessions, discussing health issues also meant discussing healthy environments, substance abuse, and mental health. An array of government officials, health professionals and advocates, community leaders, and members of the greater Asian American community participated, giving the conference legitimacy and making it an inclusive initiative.

The importance of breaking silences was a key theme: “The conference provided an unprecedented forum for Asian women to discuss a range of health issues that are rarely discussed in our communities.”12 Poet Janice Mirikitani powerfully expressed the significance of the gathering:

...We are not silent in dark closets and barns and bedrooms, fondled, raped, battered, incested, molested, murdered. My words will shield my sons from bullets and war, my protests still cradle my daughters from pimps of self hate, generational poverty, perversion, prostitution, unwanted pregnancy, diseases and infant mortality.

I break this cycle of oppression. My body belongs to me.13

The conference accomplished for API women what the NBWHP conference had done for African American women almost 15 years earlier. “It gave us a gathering place, [it gave] us the space to recognize the reality of our problems, our needs, our pain, and to work together to find solutions to better our own lives as Asian American women.”14 The participants reflected a range of politics, ethnicities, and socioeconomic positions. Radical and mainstream voices were merged and mobilized into a powerful constituency for Asian women’s health.

For the first time, health information on a wide range of issues affecting API women was brought together. The synthesis provided a sobering and angering picture, which revealed inadequate insurance coverage as well as deficits in every aspect of health care from routine
health checkups and prenatal care to information about HIV/AIDS. Failure to attend to the needs of specific API communities, as well as economic barriers, had led to lower rates of using health services. Thus, although cervical cancer is more pervasive among Chinese and Southeast Asian women than among white women, and the nationwide rate of breast cancer in Asian American women is approaching that of white women, few Asian women use screening services for cervical or breast cancer. API women had lower rates of Pap test screening, mammography, and clinical breast examination than any other racial or ethnic population in the United States. Studies cited by researcher Sia Nowrojee showed that only 18 percent of Chinese American women had an annual pelvic exam, which allows for early detection of abnormal cells and the potential to avoid developing cervical cancer or at least benefit from early diagnosis.

The health needs identified at the conference became the focus for subsequent programs organized by NAWHO and others. Several ideas for action emerged which informed NAWHO's future agenda, including the conviction that API women should define their health needs and work for implementation of appropriate government policy; the importance of API women organizing themselves in opposition to welfare reform and other damaging public policies; ensuring that women's sexual health is a priority in national and Asian women's health agendas; increasing funding for services, education, and research; and raising awareness about the existence and needs of API lesbians.

In 1997, NAWHO organized a second conference, "The Quality of Our Lives: Empowering Asian American Women for the 21st Century." Chung credits Patsy Mink, the first Asian American woman in Congress and a NAWHO supporter, with providing the impetus for a conference that would bring together API women in political leadership. The second conference had the specific goals of making elected officials advocates for API women's health and building a network of leaders who could support each other and the next generation of leaders.

NAWHO was committed to developing grassroots leadership. At the conferences, it trained Asian women to be effective community leaders and advocates. Panels focused on partnerships and other forms of activism at the national, state, and community levels. Scholarships were given to 100 immigrant and refugee women and girls, and the NAWHO National Leadership Network was born.

The second conference was oriented toward having an impact on public policy. Two-thirds of the panelists were office holders, public health officials, or researchers. There were letters of support from elected officials, including President Clinton, the governor
of California, the mayor of Los Angeles, and several members of Congress, who, along with state legislators, were featured speakers.

Both conferences played a crucial role in developing an Asian women's health movement and integrating API women's needs into the reproductive rights movement. They also drew the attention of policy-makers to the health needs of API women and established NAWHO as a significant force both in the women's health and pro-choice movements and in government health research and policy-making organizations. As a result, NAWHO went on to create significant partnerships with the Centers for Disease Control and Prevention (CDC) and played a role on Capitol Hill and in the White House on the issue of racial disparities in health care.

Reproductive Health and Beyond

When NAWHO began, there was a profound lack of awareness and information about the reproductive and sexual health of API women. Organizing to pressure the government to increase information and access to care for API women was especially complex given the diversity of a population comprised of over 40 distinct cultures with many different languages and dialects. In addition, non-Asians had masked these differences and needs by applying the model minority stereotype to all API Americans.20

NAWHO addressed this complex situation by employing a multi-pronged approach that included conducting community-based research; working in partnership with state and federal organizations; producing and disseminating research reports with findings and recommendations; and training health professionals in culturally competent approaches to API communities. NAWHO has added to the public's understanding of "culturally competent":

Cultural competency refers to the continually developing ability to respond to individuals of different cultures in a way that is sensitive to and respectful of the differences that exist between cultures. In a health care setting this requires providers to be aware of the cultural values and beliefs of clients and to understand how these factors influence their health-seeking attitudes and behaviors.21

NAWHO has brought together policy-makers and community activists to identify the health problems of API communities, which include cancer, depression, diabetes, heart disease, and smoking—in addition to inadequate reproductive and sexual health. All of NAWHO's activities have raised awareness about the health status of Asian and Pacific Islander American women. Based on its research, NAWHO
has published a series of reports on sexually transmitted diseases, reproductive health, heart disease, and breast cancer. These studies broke new ground in data collection on API health and were the foundation for new intervention programs. For example, NAWHO’s study of smoking was the first national multilingual smoking-habits survey. The results were given to the federal government, which led to more accurate perceptions about tobacco use among API Americans, a necessary step towards achieving more culturally specific avenues of intervention to increase health.

Similarly, NAWHO’s South Asian Women’s Health Project, which documented the difficulties women have when they try to obtain health services, was also a first. Using personal narratives based on interviews with 85 women, NAWHO examined South Asian women’s perspectives about their own health needs and problems, the influence of their cultures on their perceptions, and how women, health advocates, and providers can overcome barriers to addressing South Asian women’s specific needs. The project recognized the importance of supporting South Asian women’s advocacy on behalf of their own health. It recommended that health policy-makers and service providers work with South Asian women “to collect gender, cultural, generational, and income disaggregated information on the health needs of South Asian communities.” Based on the notion that health must be approached comprehensively, the study identified broad areas requiring attention, including mental health, nutrition, occupational health, violence, and reproductive and sexual health issues. This was one of the first studies to identify specific health concerns of lesbian and bisexual women who, in addition to experiencing problems common to API women, suffered alienation from their families and isolation from the community. These recommendations can be generalized to other communities.

In all, NAWHO has published over 20 research reports. Initially, its research focused on reproductive rights, but its agenda quickly expanded to include other women’s health issues and ultimately men’s health too. NAWHO recognized that the absence of knowledge about the reproductive health practices and behavior of API men had a profound impact on efforts to promote women’s health; in 1999 NAWHO released Sharing Responsibility, the first study of API men’s reproductive health attitudes and behaviors.

With insight into API men’s health and its data on API women, NAWHO has been able to construct a comprehensive account of API women’s health. Its work demonstrates the value of ethnically/racially and culturally specific research. It highlights health problems that are of very high incidence in Asians. Because these conditions do not show up in the general population, mainstream providers would
not be likely to look for them in the absence of NAWHO's important work.

From Research to Action

NAWHO used its research to advocate for improving API health outcomes. Its findings and recommendations have been used by many agencies to create new intervention programs and have motivated institutions and API communities to take action to eradicate racial and ethnic health disparities. Challenging prevailing understandings about access to services, NAWHO connected the lack of information on API women's health to the fact that culturally competent health services were inadequate or nonexistent. The low usage rate of health services by Asian and Pacific Islander Americans had been interpreted by mainstream health institutions as a lack of need for these services rather than a lack of access. NAWHO's work led to a very different conclusion. For example, NAWHO argued that the fact that API Americans do not use mental health services does not mean that there is no need for them. Instead, lack of usage reveals barriers to access that can be overcome by creating culturally appropriate services, better outreach, more insurance coverage, and extending free care where possible. The following quote illustrates NAWHO's perspective: "My mom was in a deep depression and she wouldn't talk about it. Asian American families don't realize that women are depressed, so [Asian American women] won't seek help...In Asian cultures you're not supposed to express your feelings. You're supposed to keep them inside and deal with it." 28 NAWHO drew attention to the previously unattended problem of API women's mental health.

To ensure that API health issues would be addressed, NAWHO made it a priority to work with federal and state officials and agencies to raise awareness about the need for, and increase access to, health services. While critics felt that these activities came at the expense of community building and grassroots organizing, the organization was extremely successful in this area. For two years (1998–2000), NAWHO had a second office in Washington, DC, to facilitate its national advocacy work. Ultimately, it decided to close the office and consolidate its resources in California, this effort contributed to building its national presence. Chung was one of only ten Asian American leaders selected to represent Asian American health concerns in a White House meeting with President Clinton and Vice President Gore. She served on the Steering Committee of the National Initiative to Eliminate Racial and Ethnic Health Disparities, a partnership between the Department of Health and Human Services and the American Public Health Association, and she was invited to Clinton's weekly radio address
when he publicly cited the fact that Vietnamese women have five times the rate of cervical cancer of white women.

NAWHO played a leadership role in developing a plan to address the breast cancer issue among API women. In 1996, NAWHO convened the first National Asian American Breast Cancer Summit to create a comprehensive national plan of action. Subsequently, NAWHO formed partnerships with state-sponsored cancer control projects, funded by the CDC, national cancer agencies, and local and regional community-based organizations, to improve screening outreach and cancer education for Asian American communities. NAWHO set up a toll-free number in five languages to inform women about the importance of early detection screenings such as mammograms and Pap tests. NAWHO has been working with health department directors in eight states on improving access to services and cultural competency and raising awareness among API women about the importance of screenings.

In similar efforts, NAWHO has created agreements with the CDC to work collaboratively on a range of issues including diabetes, immunization, and tobacco control. These efforts have brought visibility to API health issues at the national policy level. And NAWHO’s work is now part of an important body of research on API health, which has led to improved awareness among health care providers who work with API communities. NAWHO has raised a great deal of money for further research by the CDC for screenings for breast cancer and diabetes and other health issues affecting API women and communities. Between 1998 and 2004, it gave $1.4 million in grants to grassroots API organizations and expanded the research pool for API health. NAWHO was the first organization to have multiple federal partnership agreements in areas such as breast and cervical cancer and immunization.

**Working with the Pro-Choice Movement**

NAWHO consistently worked within the movement in order to raise API women’s visibility, address issues pertinent to them, and fight against their marginalization and isolation. Although Chung was critical of the mainstream movement for not being more focused on the needs of API women, she was seen as an important ally and leader. She served on several boards of leading pro-choice organizations and worked closely with leaders of major pro-choice groups.

Chung collaborated with other women of color who were leaders of reproductive rights organizations to enhance the visibility and position of women of color in the movement. She and the other leaders saw the need to join together both to support each other and to
have a greater impact on both the movement and public policy. In 1992, Chung was one of seven leaders who founded the Women of Color Coalition for Reproductive Health Rights (WOCCRHR), and in 1994 NAWHO took over the coordination of the group. Through WOCCRHR, NAWHO participated in both the International Conference on Population and Development (ICDP) in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995. The coalition played a critical role in ensuring that US women of color were heard in both domestic and global negotiations and that other Asian health groups were also included. For the first time, API perspectives on immigration, reproductive and sexual health and rights, violence against women, community organizing, and sustainable development were represented in national and international policy dialogues.  

These coalition partners and other organizations worked together again in 1998, when NAWHO organized a policy briefing on women of color for media representatives, foundations, and health advocates at the National Press Club in Washington, DC. NAWHO invited other women’s health groups to participate including the National Abortion and Reproductive Rights Action League (NARAL), the NBWHP, and the National Latina Institute for Reproductive Health. NAWHO presented a paper detailing recent congressional actions on reproductive rights and their impact on Asian American communities. The briefing was part of NAWHO’s overall goal of protecting and advancing the reproductive health rights of API women and their families.

NAWHO staff members have spoken at national demonstrations, press events, and many conferences and panels sponsored by other organizations. They trained leaders of federal agencies and representatives of the Clinton administration to work more effectively and sensitively with the API community. In her history of the women’s health movement, Sandra Morgen describes NAWHO’s role: “Now, like the other women’s health movement organizations that offered support and encouragement, NAWHO was playing a key role in creating and building on linkages among women’s health organizations and between these organizations and the women, the health professionals, and the public policy makers it hoped to influence.”

NAWHO leaders see these efforts as having made important changes in API, women of color, and mainstream movements. “We feel we have become equal partners and that mainstream groups have an understanding about the need to include Asian Americans in reproductive rights issues.” NAWHO staff believe that their work has made it impossible to exclude API women from any gathering on reproductive rights. They see NAWHO as having established a solid presence in mainstream consciousness and activism.
Development of Youth Leadership

Developing the leadership of young women has been a priority for NAWHO from the beginning. Because of the challenges she faced as a young leader, Chung talked about being especially sensitive to the need to trust in young leadership. Her youth distinguishes her from virtually all the other heads of national organizations in the pro-choice and women’s health movements, both mainstream and women of color. NAWHO staff, all women in their 20s and 30s, talk about Chung as an important mentor and role model for them as young women.

In 1997, NAWHO created the Leadership Network in order to more systematically support and develop new API community health leaders. The network brings community-based health and social justice advocates together as a national body to promote improved health policies. Young women and men are recruited to the network from around the country with the overall goals of empowering emerging Asian American leaders and giving them the skills to become effective health advocates at national, regional, and community levels; establishing a strong, cohesive national Asian American health network; fostering social changes at the community level; and having an impact on relevant institutions in order to promote the health and well-being of Asian Americans.

NAWHO held training conferences in 1998, 1999, and 2000, each time bringing 100 young API leaders from across the country together for networking and skill building. These gatherings were opportunities for young participants to meet established leaders and laid the groundwork for future relationships which would support community-level work. The significance of NAWHO’s Leadership Network was affirmed when the White House Office of Management and Budget and the director of the National Institute of Mental Health co-sponsored an executive branch briefing for the network to discuss new policy commitments that would have an impact on Asian American communities.

The network functions in an ongoing way and has been successful in helping emerging leaders become more effective advocates in public policy and community health. Network members have obtained state funding for health outreach programs, research in their states, and support for API medical students and have been appointed to National Institutes of Health panels. In Michigan, affiliates organized a statewide Asian women’s health day and held discussion forums. In Seattle, network members organized meetings with policy-makers to discuss language-related health issues. In Los Angeles, members started meeting regularly after NAWHO’s second national conference.
UNDIVIDED RIGHTS

The network includes over 170 leaders from 19 states. By being part of the network, they learn about health disparities, grassroots organizing, and the policy-making process, gaining valuable skills and knowledge that lead to community empowerment and improved health. Representatives of the network serve on NAWHO's National Policy Council, which works with the NAWHO board and staff to formulate policies and define principles grounded in the needs of their constituencies to guide those making health policy at the state and national level.

NAWHO's Contributions

In only 11 years of existence, NAWHO has grown tremendously, and has an impressive list of accomplishments. In a relatively short time, NAWHO has become an important advocate for API women's health within the mainstream pro-choice movement, in policy circles, and among major health policy organizations, including the CDC. NAWHO has helped to give API women and men a voice in the political system and has raised the priority of dealing with API health issues among government, foundations, health care and research institutions, and other nonprofit organizations. Its research on health problems ranging from breast cancer to tobacco use has brought API issues to state and national attention. NAWHO can also take credit for increasing cultural competency among health professionals, substantial leadership development, and expanding resources for API health concerns. It has 4,000 members and supporters and it provides significant grants to community-based health organizations. Central to all of its projects is building capacity at the community level. The organization has trained hundreds of API women and men around the country in advocacy and policy work.

Within the reproductive rights movement, NAWHO has been both a gadfly and team player as it brings together ideas and strategies from the mainstream organizations and more radical and community-based groups. For example, its positions in opposition to population control and coercive contraception and its understanding of the need to include reproductive rights in the broader context of health distinguished it from the mainstream pro-choice movement. At the same time, NAWHO has been highly visible on the abortion issue and its focus on policy and legislative change is more typical of mainstream groups. NAWHO conferences, which featured established politicians and heads of agencies, also included many radical and grassroots activists from the Asian American community who determined the programs and developed the policy recommenda-
tions. Thus, NAWHO effectively combined mainstream and radical voices.

From its inception, gaining the attention of politicians and other influential people has been a consistent NAWHO strategy to combat the invisibility of API women in politics and policy. For example, a highlight of the first conference in 1996 was a town meeting chaired by Congresswoman Patsy Mink. Furthermore, the San Francisco Board of Supervisors declared the days of NAWHO's first conference as Asian Women's Health Days. At the conference NAWHO highlighted the fact that Asian American women were a political constituency:

There are those who believe that the Asian American community is apolitical, that we do not vote, that we have no interest in organizing around the very issues we will be discussing this weekend. But by our very presence here today, we will prove them wrong. It is here that we begin a dialogue among Asian American women, health care providers, advocates and policy makers, to break down the barriers of stereotypes, of racism, of sexism, and of silence, that stand between Asian American women and healthy, safe lives. 41

In 1997 NAWHO organized "Silent Epidemics: A National Policy Summit on Depression and Asian American Women." This first gathering of mental health experts to focus on Asian American women's health sought and attained the recognition and attention of the mainstream reproductive rights movement and influential politicians in California and Washington, DC.

NAWHO was one of the only organizations in the API community representing a cross-section of API women that had the capacity to work in this way. Congressman Robert Matsui spoke about the importance of NAWHO's role:

What NAWHO is doing is larger than representing the issue at hand—they are demonstrating that Asian Americans are leaders, are involved, and have the influence to challenge or support the policies of this country. This presence is the factor that will create a significantly different future for our children. 42

NAWHO has been a magnet for a younger generation of Asian women interested in reproductive rights and political advocacy. Almost immediately after NAWHO was founded, younger women from this rapidly growing population volunteered their services in order to help their communities and to develop their networking and political skills. NAWHO also attracted the support of Asian American
politicians who could identify with its mission and who were keen to gain the support of this burgeoning constituency.

The breadth of issues NAWHO works on and its extensive research and publications record are impressive. It has been able to branch into new areas of concern as they arise. “Even though there are tensions when allocating time and resources among advocacy, health education and research, we see all of our work as organically connected...Research generates the need for advocacy and the energy to make it happen.” As we have seen, NAWHO’s research reports spotlight health disparities and include concrete recommendations for change. NAWHO created partnerships to help effect the changes it champions. For example, after holding community forums and other educational and policy activities about breast cancer, NAWHO worked with the CDC to create Communicating Across Boundaries, the first cultural competency training and curriculum for health care professionals. Originally NAWHO had eight state health departments as partners to pilot and test the training; it is now being used in 22 states.

When NAWHO began, even the most basic health information about API women was sketchy when it existed at all. “Our research agenda is huge and growing, because the health needs of our communities have been so neglected, we have to prove to the public that they exist.” Unwavering in its commitment to continue to fill these gaps, NAWHO has demonstrated an ability to follow needs as they arise rather than work from a preconceived agenda. For example, in attempting to “uncover and document an accurate picture of the reproductive and sexual health status of Asian American women,” NAWHO organized a focus group to examine the life and health experiences of immigrant women in their countries of origin, which follows the women as they move to new countries.

For eight years, founder Mary Chung was the driving force of the organization, as well as its public face. In 2001, she stepped down as executive director and was succeeded by Afton Hirohama, who brought seven years of experience with NAWHO to the leadership position. This was a challenging and significant transition. Like some of the other organizations documented here, NAWHO has been very much identified with its founder. For eight years Chung was the driving force of the organization as well as its public face and voice. While changes in leadership present difficulties, as we have noted elsewhere it is also critical to develop new leaders.

NAWHO has had a tremendous impact on public health policy circles, in health service delivery, in the pro-choice movement, and in the lives of API women. It has built a constituency for API health advocacy and made sure that the needs and concerns of API com-
munities are visible. It has more than fulfilled the hopes and needs expressed by Sia Nowrojee, NAWHO’s board chair, speaking at the organization’s first conference:

Through your participation, we believe that you will contribute your important voice and experience to a movement that desperately needs to hear from you. We also hope that when you go home, you will share this experience with the women in your life who were not able to be here...Asian women of all communities, of different ages and immigration status, from all over the country, are coming together to say we are important, we will no longer be separated and we will no longer be silent.⁴⁶
NOTES


2 Ibid., 83.


5 Mary Chung, letter to Marlene Gerber Fried, October 9, 1993.

6 Others included Cynthia Newbille-Marsh of NBWHP and current director (as of 2004) of Planned Parenthood of the Golden Gate, Dian Harrison (Chung Hayashi, *Far From Home*, 44).

7 Ibid., 45.

8 The early small foundation support came on behalf of the Jessie Smith Noyes Foundation and the Moriah Fund via program officers Jael Silliman and Shira Saperstein, respectively, who were committed to supporting the activism and leadership of women of color.


18 Chung Hayashi, *Far From Home*, 51.

19 Ibid.

20 Ibid., 10–11.

21 Ibid., 89.


23 Ibid.

24 Ibid., 22.

25 Ibid., 12.

For example, they drew attention to problems specific to API women, including Hepatitis B (a precursor to liver cancer), which is five times more prevalent in Asian Americans, and Thalassemia, which can result in still births and is a genetic condition carried by about 10 percent of Chinese and 40 percent of Southeast Asians.


NAWHO, *National Plan of Action*.

In 2002–2003, NAWHO initiated several campaigns, including the National Asian American Immunization Program, the National Asian American Diabetes Education campaign, the National Collaborative for Asian American Women’s Mental Health, and a violence prevention project working with student leaders and college administrators.


These organizations include Planned Parenthood, NARAL, Alan Guttmacher Institute, NOW, the Reproductive Health Technologies Project and the Pro-Choice Resource Center.


Hirohama, memo.


Mary Chung, interview.

Chung Hayashi, *Far From Home*, 57–58.

Ibid., 17.


Mary Chung, interview.
