On International Women’s Day, March 8, 1986, four Latinas pooled their collective strength to found the National Latina Health Organization (NLHO). The NLHO combines direct service with public policy and health advocacy and was modeled on the National Black Women’s Health Project (NBWHP). The group promotes self-empowerment for Latinas through educational programs, outreach, and research. The women have built a nontraditional organizational culture which, together with the programs, reflects a direct understanding of and appreciation for the complexity of the roles and status of Latinas, their family health and reproductive issues, and their socioeconomic realities.

Prior to creating the NLHO, each of the founders had previous experience working to improve the health of her community. Elisabeth Gastelumendi, a Peruvian immigrant, was a longtime community activist. Alicia Bejarano was a health educator at Planned Parenthood where she designed the sex education program Entre Nosotros (Between Us) for Latino families. Luz Alvarez Martinez worked at IBM but maintained connections to the women’s health community and was on the board of Berkeley Women’s Health Collective. Paulita Ortiz was actively involved in Re-evaluation Counseling (RC). She grew up translating for her Spanish-speaking parents, who were migrant farmworkers. Doing this she realized the need for bilingual and accessible health care:

I was the interpreter in the family very early on...As a child, it always felt like a big project to communicate for

**This chapter was researched and written by Elena R. Gutiérrez.
the parents. So I remember I was feeling like it was a matter of life or death, and I wanted to make sure my mother and father got the health care we needed...Children have to take care of their parents.¹

Through working at the Berkeley Women's Health Collective (BWHC), Alvarez Martínez heard Byllye Avery speak about the upcoming first national conference of the National Black Women's Health Project in 1983. When Alvarez Martínez learned that the conference was being created for African American women by African American women, she knew that she had to go. She borrowed money from a fellow BWHC board member and made her first trip across the country. For Alvarez Martínez, the conference was a life-changing experience: "It was amazing to see workshops facilitated by African American women—women of color were doing everything, although I don't remember seeing any Latinas. I kept thinking, why am I here?" As she has come to believe, Alvarez Martínez was there to experience and meet people who would eventually be instrumental in establishing the NLHO. At the conference, Alvarez Martínez learned about the group's model of Self-Help—women telling their stories and coming to realizations about their own lives. The women were using Self-Help as a model to connect the personal and the political, the micro and the macro. After the conference, Alvarez Martínez attended a gathering hosted by Avery, where she got to know several women more closely and maintained strong ties with them after the conference. Oakland happened to be one of the places where the NBWHP was developing a state chapter of the organization. Alvarez Martínez would attend NBWHP events and often volunteered for the project. She was close to several of the organization's local members. Although she was invited to join as a founding member of the NBWHP-Oakland chapter, Alvarez Martínez declined because she was not African American. As an advocate for coalition and solidarity work, Alvarez Martínez implicitly understood the value of race-based organizing. She supported the work they were doing to create an African American women's organization, not a women of color organization.

Following Lillie Allen's recommendation, however, she joined a women's group based on RC in Oakland. There she met Paulita Ortiz, who was a trainer of the Self-Help process. When Alvarez Martínez moderated a panel on women of color and reproductive health for International Women's Day in 1986, she invited Ortiz to attend with her. Alicia Bejarano, who worked at Planned Parenthood, was also in the audience. After the panel Bejarano ran up to Alvarez Martínez, very enthusiastic about the idea of women of color directly addressing their own health concerns that the panel had generated. She wanted
to see something similar happen for Latinas, in Spanish. Bejarano, Alvarez Martínez, and Ortiz had lunch together later that day, and shared their vision of creating a space where Latinas could address their own health concerns. From that moment, the NLHO grew from an idea into an organization.

A few months later, Alvarez Martínez and Ortiz met again with Alicia Bejarano and Elizabeth Gastelumendi (who had heard of the group's vision and wanted to join) to discuss how they could create such an organization and what it would look like. At the first meeting in May 1986, the founders acknowledged the need for Latinas to tell their own stories. They thought this was particularly important, as Self-Help was really about women taking an active role in their own healing. Strongly committed to using Self-Help as a technique for transforming internalized oppression into action for social change, they planned to incorporate Self-Help in both their programs and the group's organizational culture.

After meeting for four months, the group developed a written statement of purpose and goals. According to Alvarez Martínez, "once we started, it took on a life of its own." Their founding statement reads:

The National Latina Health Organization was formed to raise Latina consciousness about our health and health problems. The NLHO promotes Self-Help methods and self-empowerment processes as a vehicle for taking greater control of our health practices and lifestyles. We are committed to work toward the goal of bilingual access to quality health care and self-empowerment of Latinas through educational programs, outreach, and research.

In addition to promoting Self-Help as a tool for individual empowerment and social change, a primary goal of the organization was to raise consciousness among Latinas, their families and communities, and the general public about Latina health. The NLHO intended to fill the void left by the medical establishment, which ignored Latina health issues. Beyond raising consciousness, the group aimed to "act as a catalyst for all of us to take control over our health and our lives." In response to the lack of Latina health professionals, which contributed to poor health care, it also promoted a model of "Latinas helping Latinas." Based on many of their own experiences in the health care field, the founders believed that Latinas would respond affirmatively to improving their physical, mental, and emotional health and well-being if the information, training, and program content were presented to them by other Latinas.
The four women believed that Latinas faced discrimination in receiving health care. They knew that most Latinas did not even have access to bilingual or culturally proficient health care information. Directly attributing current Latina health disparities to living in a racist society, they wrote:

The history of Latina women is filled with struggle to preserve our families, our communities and our own identity... As daughters, we are the unwelcome ones; as wives we lose our identities and become second class citizens; as members of our society we are trained to take a decorative and servile role. Moreover, as members of a prevalent white society, we are considered incapable of being anything but domestic servants. Even our language has been used to humiliate and oppress us.

Citing the higher rates of sterilization abuse, death rates, and unequal medical treatment in Latina experiences, they wanted to emphasize “the connection in the health care we receive and our general state of health to the racism that is practiced in this country against people of color.”

The NLHO not only called for bilingual services but a much broader definition of what is necessary for an individual’s true access to good health.

NLHO’s definition of good health is holistic and includes not only freedom from disease but a wellness approach that encompasses access to quality education, the right to jobs that are environmentally safe and afford us the economic means to good, safe housing; the fundamental right to accessible quality health care and services that are culturally sensitive and language appropriate; and physical and spiritual well-being. Most broadly, health is about the self-empowerment of Latinas. Learning that the way to effect change and improve our physical, mental, and emotional health is to initiate the process ourselves.

Despite their focus on the discrimination Latinas face as a group, they were well aware of the diversity among Latinas, as the four of them came from different migratory, country, and class backgrounds.

By November 1986, 15 women had joined the NLHO. They were “teachers, lawyers, housewives, farm workers, health care workers, students, businesswomen, domestics, and other professionals.” They declared, “Some of us were native born, some are immigrants and some refugees. We are Puerto Ricans, Cubans, Mexicans, Chicanas, South Americans, and Central Americans.” Their diversity meant
that they had to work especially hard at the beginning to get to know each other. Despite their differences, as the founders had predicted, health was an issue that could and would draw many types of women together to organize for social change. When differences arose, they were able to rely on Self-Help to see them through.

**Self-Help**

Women in the NLHO see Self-Help as integral to the process of social change. Believing that women must first change themselves if they are to change society, they see Self-Help methods and self-empowerment processes as a way for Latinas to take greater control of their own health practices. Self-Help is not individualized; it is a collective process which makes possible, and is simultaneous with, combating structural oppression.

The founders’ adoption of Self-Help theory was not just theoretical, or intended for their “clients,” but a working practice that they themselves relied upon. From the outset, the founders realized that they needed a process that would support their working together to develop the organization. Paulita Ortiz, with her strong background in RC, became primarily responsible for developing the NLHO’s Self-Help model. She explained:

> We believed that as long as women were communicating from a place of being aware of themselves and their surroundings, we could succeed in making social change. Because many of us had seen and experienced what envy, our own needs and hurts can do to an organization, we wanted something in place to help us during those times. The more we processed the more it evolved and the more natural it becomes... Early on we didn’t understand Self-Help as we do now. But we knew we had to make a commitment to have a process to keep ourselves working together, because we had seen how things can fall apart... We didn’t know what we meant by it or how we were going to use it; we just knew we needed it.

According to Alvarez Martínez, Self-Help really helped her and the other women to be able to continue the hard work of the organization in the early years. As none of the founders had experience running an organization, it helped them to work through their own fears and emotions about taking leadership and to negotiate internal relationships.

The NLHO also integrated Self-Help in all of its educational programs. This meant that women not only received health information
but were also given the opportunity to evaluate the information in terms of their own lives. Women were encouraged to share their stories with each other in a supportive, nonjudgmental group setting. As the founders imagined it early on,

The groups will give women the attention we have never gotten; it will give us a place where we can feel safe enough to tell our own story...what has been causing our stress and affecting our health. Our life stresses can cause us high blood pressure, ulcers, heart conditions, etc. Stress can cause us to eat badly, smoke or abuse drugs...These in turn can cause health conditions. We are not used to others wanting to listen to us. It is amazing what heavy burdens we can unload by verbalizing what we may never have been able to talk about before. Something that we may have thought no one else would understand.\(^\text{13}\)

As women began to realize their agency in creating their life circumstances, the Self-Help process has had a significant impact on many who utilize it. Ortiz states, "We have often said that the more we become aware of and know our own self-worth the more we will make an informed, healthier life choice and the more we will contribute in whatever situation we are in."\(^\text{14}\) Rather than tell women what nutritional choices they should make, or overloading them with sexual health information, the NLHO believes that women will come to the best decisions for themselves when they have been listened to and supported, and realize their own power.

Moreover, support groups provide a space where Latinas can discharge their feelings and express their joy, pain, anger, sadness, or whatever emotions arise as they explore topics such as poverty, oppression, health, and family. This is critical, according to the NLHO, because Latinas are often so busy taking care of others and struggling to survive that they do not have the opportunity to express themselves and be heard. The very act of two or more women expressing themselves and listening to each other provides an interruption in this pattern, and often in and of itself can be meaningful.

When combined with educational information, or self-empowerment curricula, Self-Help is used to encourage individuals to process how what they have learned is meaningful for their own lives. Laura Jiménez, a staff member for many years, pointed out that because Self-Help emphasizes personal and emotional response to any given issue, it actually facilitates transformational learning. Jiménez explains how this works with an example related to sexual health:
I sat in a group of women who said, "This is herpes; this is how I got it." Hearing that changes the way you think and conceptualize sexually transmitted diseases and the work we have to do. It takes things out of the rhetoric, abstinence—protection—safe sex and just makes it very personal, and shows that it is not that complicated. It is about bodies, desire, and health.\textsuperscript{15}

A powerful transformative experience, Self-Help is the tool that would guide both the organization's educational efforts and internal relationships. As such, all who are involved closely with the organization or its programs are expected to train in and practice Self-Help.

The Early Years

With an initial grant from the Ruth Mott Foundation, in April 1987, just over a year after the women first met, the organization opened its offices in the Spanish-Speaking Unity Council building in the heart of the Fruitvale neighborhood in Oakland. Up until that time, the founders and a number of volunteers had established the organization while working full-time in other jobs. In October 1987, Alvarez Martínez was awarded a Social Service Leave of Absence: she was given full pay for nine months from her job at IBM in order to become the full-time director of the NLHO. Paulita Ortiz also joined the NLHO staff as a half-time administrative assistant.

The board took on an increasingly local composition at this time, as all founding members believed that the organization should be directly responsive to the needs of their immediate community. Having a local board also allowed for a directing body upon which Alvarez Martínez could rely to accomplish some of the everyday tasks of the organization, and most volunteered significant time. Carmelita La Roche contributed her services in the office twice a week for over five years and served as the organization's treasurer. Like many other women, La Roche dedicated long hours to the organization to help take care of her community. Although essential to the organization's sustenance, maintaining a dedicated local board that can represent a national agenda has been hard.

Local Programming

During the spring of 1988, NLHO began co-sponsoring classes and workshops that covered a variety of health subjects in the Latino community through Merritt College in Oakland. One course, Latina Health Issues: Better Health Through Self-Empowerment, addressed topics such as mental health, patients' rights, birth control, sexuality,
curanderismo (a form of traditional healing), cancer prevention, sexuality, homophobia, teen pregnancy, HIV/AIDS, domestic violence, and alcohol abuse over a series of classes. Led by Latina health professionals and community members, the course integrated the Self-Help process into every class. After hearing a speaker, each woman would have a chance to share how the information impacted her own life. The NLHO programs were successful and became increasingly popular. The NLHO had created a space that allowed women to speak, share their stories, and receive support. Plus, free childcare was always provided, making it all the more accessible to participants. For some women, participating in an NLHO program was a gateway to their becoming members of the organization. It was through these classes that the Self-Help process became more directed to helping Latinas understand and utilize health information and integral to the organization’s programming. Based upon her own educational experiences, Ortiz designed an alternative model of health education, one in which women could deal with the realities of their daily lives and respond to the information they were receiving. Ortiz recalls,

I went back to school and took two classes at Laney College. I took a Chicano studies class. I would go to class and get all this information about oppression, and I would feel bad... I would say this isn’t right—and I stopped taking classes. And I remember thinking, “And we want our kids to go to school and learn? We want them to go to those classes?” And that’s where I got the idea for “better health through self-empowerment.” At every meeting we would have a facilitator and we used the process. It got real clear to me that women were not going to listen to health information when they have to worry about their life—if they don’t have food, or money, they couldn’t learn about AIDS. ¹⁶

Not only did utilizing the Self-Help process as an educational tool help women to understand their oppression, but hearing the experiences of others also helped NLHO members to understand what kind of information and resources community members needed. Through developing the course curricula, members gathered existing information on Latina health, built up a network of Latina health specialists, and ultimately developed a resource library on Latina health. Moreover, they drew hundreds of women and their families to learn, think, feel, and speak about their health.
The First National Conference on Latina Health Issues

Shortly after its founding, the group immediately focused on meeting its first goal: planning a national conference on Latina health issues. It recognized that there were many other Latinas throughout the country who were devoted to Latina health issues. The conference was geared toward bringing together Latina health professionals and activists to share and learn from one another. It focused on education and consciousness-raising, which the NLHO considered the first step to health improvement.

To plan a conference that was truly national in scope, the NLHO extended its outreach widely to ensure broad representation. They received much support from women all over the country, and members of a national advisory board actively helped shape the conference agenda. Individuals and groups across the country co-sponsored the conference, helped recruit participants, and participated in the workshops.17

Ads in both English and Spanish language media advertised the conference to local women:

Good health is not a privilege for the few. But it can seem that way if you are poor, Spanish-speaking and female. As Hispanic women we face special health care needs that too often have not been addressed by existing health care systems. It’s time for us to meet our own needs. On September 23rd Hispanic women from across the country will gather for the first National Conference on Latina Health Issues. Latina health professionals will join forces with Latinas who need health care to find new approaches to issues that threaten our communities: epidemic teenage pregnancy, drug-abuse, AIDS, poor nutrition, and job safety in high-tech and agricultural industries...Good health is not a privilege for the few.18

Over 350 women came from all over the country to learn, discuss, and strategize about issues affecting Latina health. All of the workshops were run, organized, and presented by Latinas—not only by professionals or those women with degrees, but also curanderas, parteras, hierbas,19 and others with valuable information to share. Workshops provided participants with health resources and information on how to access them. The conference also presented an orientation to Self-Help, creating an opportunity for women to consider how this information impacted their own lives. All sessions and keynote speakers were directly translated in either English or Spanish. Food and childcare were provided to enable Latinas and their families to
attend the conference. The conference was a historic milestone. It was
the first time Latinas from across the nation came together to learn
about their health concerns. The gathering promoted a strong feel-
ing of solidarity among many attendees and facilitated connections
between women who shared similar concerns. At the same time, ten-
sions arose around issues of sexuality. The conference included work-
shops and panels related to lesbian health and sexuality. However,
lesbian participants expressed disappointment that their issues were
often segregated and their panels not widely attended by heterosexual
participants.

Following the conference, the group’s efforts were spent in net-
working and outreach activities across the nation. Through her strong
connection with Bylye Avery of the NBWHP, and the women she met
at their first conference, Álvarez Martínez became involved in nation-
al reproductive rights circles, and she began traveling nationwide to
meet with other activists. She joined the board of the National Abortion
Rights and Action League (NARAL), constantly advocating for the
inclusion of more women of color in the organization and expanding
the abortion issue to address other reproductive health issues and in-
clude the needs of women of color. Álvarez Martínez quickly became a
national spokesperson for Latina perspectives on reproductive rights.
While the NLHO developed a national reputation, its members also
concentrated on developing their educational programs in California.
It was during a presentation on reproductive health for the Bay Area
Network of Latinas (BANELA) that the momentum to start Latinas
for Reproductive Choice (LRC) gained force. During her talk, Álvarez
Martínez expressed her belief that Latinas must take a stronger role in
reproductive rights issues because their perspectives and experiences
needed to be voiced. A number of women began meeting and formed
LRC, which ultimately became a project of the NLHO. The primary
mission of LRC was to break the silence among Latinas about abortion
and other issues of reproductive choice. The main message that they
wanted to convey was that many Latinas are pro-choice.

Latinas and Abortion Rights

The NLHO was explicitly pro-choice in many ways, although
reproductive health issues have not been central to the organization’s
programming. This commitment is highlighted in Latinas for
Reproductive Choice (LRC), a short-lived program of the NLHO,
and its coalition work with other mainstream and women of color
organizations. At a press conference in October 1990, the NLHO
announced its intention to “break the silence on reproductive rights
issues within the Latina community.”20 On the 13th anniversary
of Rosie Jiménez’s death, the group declared that Latinas “will no longer stand on the sidelines and let others decide our fate.” Instead, they would express their reproductive attitudes without fear.21 As the NLHO worked to break the silence, Rachel Vargas joined the LRC. Vargas had recently been excommunicated from the Catholic Church for being clinic administrator at the Reproductive Services Clinic in Corpus Christi, Texas. Vargas believed that her treatment was intended as a lesson to pro-choice Latinas not to defy the church’s position. Using her excommunication as a platform, the LRC encouraged dialogue about reproductive health, and abortion in particular, in Latina communities. The women of LRC were boldly pro-choice. Through openly talking about abortion themselves, they hoped to “help women to be open and talking about it and making it a public issue that we can do something about. We need to be open about it if we’re going to keep it legal in this country.”22 They strongly believed that Latinas needed to become more active in order to keep abortion legal.

In order to do this, they put considerable efforts into serving as a link between Latinas and the larger pro-choice community. LRC/NLHO was one of the strongest voices advocating for mainstream organizations to address the needs of Latinas. “We have given our support to pro-choice activities and organizations with mixed emotions because we often feel that we are not really incorporated into the defining, articulating, planning, and decision-making of those organizations. For too long we have been mere tokens.”23 They demanded that the mainstream reproductive rights movement protect the bodies of all women and worked to place more Latinas on the boards of reproductive rights organizations to make sure their perspectives were included.

They joined other women of color organizations in calling for the redefinition of choice to include the range of reproductive needs, from contraception to prenatal care. As they put it:

Access to abortion is only half the issue for Latinas. Reproductive choice for us is much more than abortion—it is the ability to have healthy babies, when, and if, we want. It means the freedom to have one child or ten. Or even none. Reproductive choice means access to culturally relevant, quality health care and information, education about sexuality and contraception for our daughters, and access to alternative forms of birth control, regardless of cost.24

LRC also wanted to bring attention to the inequities Latinas face in relation to health care and spoke out on the historical reproductive abuse of Latinas.
We are subtly and sometimes overtly coerced to believe that sterilization is the only alternative to the inferior, degrading reproductive health care we receive, which often denies us access to safe and effective contraception or to abortion. Sometimes a woman must agree to sterilization in order to receive an abortion. We are sterilized by doctors who regard excessive childbearing by poor women and women of color as deviant or inappropriate.25

In addition to its education and outreach programs, LRC planned to increase representation and participation of Latinas in other health organizations. LRC also gathered signatures from more than 40 prominent pro-choice Latinas across many fields to demonstrate that Latinas were pro-choice. After this initial effort, however, LRC did not continue as a distinct project of NLHO. Faced with dwindling resources and increasing member burnout, the NLHO opted to continue its reproductive rights work in coalition with other national organizations.

The NLHO worked almost exclusively within networks of women of color to accomplish its reproductive rights agenda. It was a founding member and active participant in the Women of Color Coalition for Reproductive Health Rights (WOCCCHRHR), which began as an informal network in 1987 and was formalized in 1992 to influence public policy, research, and education on reproductive health issues. It was through this network that the NLHO spearheaded a petition drive to call for a moratorium on the usage of Depo-Provera. In November 1993, it organized Defend Women's Health! Day of Outreach and Community Mobilization to Stop Depo-Provera, did community organizing, and met with the commissioner of the Food and Drug Administration (FDA) and representatives of the Department of Health and Human Services to directly express its concerns on behalf of women of color. Though a moratorium was never called, the publicity around the event was an opportunity to educate Latinas and other women of color about the dangers of Depo-Provera.

Throughout the following decade, the NLHO was involved with a broad range of women’s health issues, as it struggled to establish itself as a national organization. Because there was such a dearth of resources on Latinas and health, the organization’s presence was sought in many arenas outside of reproductive health, including tobacco prevention. As the only full-time staff member, Alvarez Martínez increasingly represented the organization and became critical to its operations.
Las Jovenes

During the mid-1990s, the NLHO began youth programming, which has become the hallmark of the organization. The NLHO was awarded funding to work with 11- to 14-year-old girls from predominantly Latino neighborhoods on a campaign to make smoking unacceptable and unattractive to youth and prevent experimentation with tobacco. With this charge, the NLHO designed a holistic program that focused on health education, building self-esteem, and incorporating the Self-Help process. In January 1994, the NLHO started a group of 11- to 14-year-old girls at Horace Mann Academic Middle School in the Mission District, a predominantly Latino neighborhood in San Francisco.

NLHO staff member Susana Renaud developed a holistic, culturally proficient curriculum that integrated consideration of ethnicity, culture, social, family, and school environments. In addition to learning about physiology, all aspects of tobacco information, and how advertising targets girls, the girls also explored their own cultural identity through arts and exercise. For example, a Native elder from the community visited the group and introduced the sacred, healing, and indigenous symbolism of tobacco use. The program aimed to prevent girls from using tobacco and provide them with methods of self-empowerment.

The girls launched a successful letter campaign to a tobacco company that advertised on a billboard located near their school. Their efforts led to the ad’s removal, with the NLHO drawing much praise, media attention, and further funding for a six-week program during the summer. Because of their work, several of the girls were asked to participate on panels, television talk shows, and at city council meetings to share information about tobacco and alcohol dangers. This experience ultimately provided a blueprint for the several youth programs that the NLHO currently runs. All the youth programs incorporate Self-Help and self-empowerment theory and provide supportive group settings in which to discuss the health curriculum.

Political Alliances

During the mid-1990s, the NLHO was increasingly less national in scope and more tied to the Bay Area and California political context. Similar to many other Latina organizations, the NLHO devoted most of its energies to defending its community against right-wing attacks. The NLHO’s task was all the more serious in California, where a number of policy measures targeting immigrant communities were pushed. For example, the NLHO opposed Proposition 187, an initiative to end all health, educational, and social services for undocumented immigrants. It was active in supporting grassroots
and legal challenges to the initiative and worked with local, state, and national organizations “to stop the inhumane, racist action of Governor Wilson, the creators of Proposition 187 and all those that support the initiative.” Despite massive resistance, voters passed the act and the first executive order Governor Pete Wilson made was to discontinue prenatal care to undocumented immigrants. However, the law was eventually prevented from being enacted, largely due to critics who challenged its constitutionality. Proposition 187 provides a powerful example of why it is important to have a Latina voice dedicated to supporting reproductive rights. The NLHO’s efforts directly respond to critical community needs that perhaps do not fall under the traditional purview of reproductive health and help to illuminate to both Latino community activists and reproductive health activists alike that Latinas’ needs are crucial to consider.

Despite its growing visibility, during the organization’s first decade, it had more and more difficulty getting all of the necessary work done. During these early years, the organization experienced significant stress due to decreasing financial resources coupled with increased programs. The organization focused on much of the day-to-day work to keep current programs running and was not able to develop its infrastructure or fundraising.

The late 1990s brought greater financial stability to the organization, as it received significant funding for the development of Latina adolescent programs. The NLHO has received a lion’s share of current funding from state and national programs geared toward decreasing adolescent pregnancy. For example, the California State Department of Health granted the organization significant funding for the development of Latina adolescent programs. While the intended goal of the program was to delay the initiation of sex, the NLHO drew from its early tobacco prevention initiatives to develop a holistic program stressing mentorship and empowerment: instead of focusing programs on girls’ sexuality, it stressed the correlation of adolescent pregnancy with the socioeconomic and educational status of the girls and their families. Their program was designed to reduce the incidence of pregnancy during teenage years through providing teens with the information, education, skills, and support they need to make the best decisions for themselves. Unlike mainstream directives that insist that the cultural norms of the youth must be changed, NLHO programs draw from a basis of self-knowledge which emphasizes the positive aspects of culture and ethnic consciousness in empowering young women.

Recalling the needs of the youth they first worked with in San Francisco, the NLHO staff knew that Latina girls are not only at risk for pregnancy, but also at risk for abuse, violence, educational
deprivation, and neglect. Moreover, they often lack the support of a compassionate adult in their lives. The staff wanted to provide a program that could respond to these realities. According to Laura Jiménez, one of the program’s designers and coordinators, the girls were up front in saying that they needed the guidance of an adult in their lives. Toward this end, the organization developed a one-on-one mentorship program matching Latina youth from area schools with local Latina volunteer mentors. Managing the logistics of one-on-one mentorship proved difficult given limited staff, and the program ultimately developed into an on-site school group program in order to reach more girls, called Nahui Ollin Teotl (the Essence of the Four Movements).

Created for young Latinas in middle school and high school, the program aims to give the participants the skills and support they need to make healthful life decisions for themselves. The program particularly focused on raising their awareness of issues that put them at risk for pregnancy and sexually transmitted diseases; its goal was empowerment. The curriculum included topics such as drug and alcohol use, racism, sexism, and spirituality; it also included guest speakers, projects, field trips, and activities.

Alongside the health education curriculum, the Self-Help process was used to create a safe environment where the girls could build trust between themselves, their peers, and the program coordinators. Perhaps because they were provided with an opportunity to talk honestly about subjects that directly impacted their lives, such as environmental racism, adultism, and tracking in schools, the groups grew in popularity and the program expanded to six schools in Oakland, including alternative high schools for parenting teens. The groups have been very successful in impacting the girls’ lives; at one school of 59 girls participating in the afterschool program, 100 percent of them reported improvements in their grade point averages.27

**Haciendose Mujeres: The Intergenerational Latina Health Leadership Project**

The organization’s financial stability was significantly boosted when it became a founding member of the SisterSong Women of Color Reproductive Health Collective in 1998 and formed Canción Latina, its Latina subgroup. Because SisterSong has secured long-term funding, it is able to make more significant planning decisions, as it is less driven by financial insecurity. The NLHO then began collaboration with the Chicana/Latina Studies Working Group at the University of California at Berkeley to design a course entitled Redefining Latina Health: Body, Mind, and Spirit. The course was first taught at Berkeley
in the fall of 1998, by University of California at Berkeley ethnic studies students and NLHO staff. Students learned about health issues from a variety of perspectives and were introduced to the Self-Help process. Providing a holistic introduction to Latina health, the class was designed to promote participatory education, and some students were able to intern with the National Latina Health Organization as well.

Assured of funding over three years, Álvarez Martínez wanted to finally realize a goal she had set after the first conference that the organization held in 1988: a multigenerational reproductive health conference for Latinas. Focused on youth, the sessions were designed to celebrate their learning and talking about their reproduction and sexuality with each other, their families, and peers.

The conference was held in April 1999 on the campus of the University of California at Berkeley. More than 300 women and men of all ages participated in workshops on desire and the erotic, power and sexuality, health rights education, substance abuse, intimate violence, and youth empowerment. Laura Jiménez, who first began working with the NLHO in 1996 after she graduated from college, organized the conference. She remembered that it felt groundbreaking for many of those involved, because the sessions opened up dialogues between women, friends, sisters, mothers, and daughters:

I think a lot of young people, a lot of people period, talked about things that related to sex and reproductive health that they had not before felt comfortable or [been] given the opportunity to talk about. And it was presented to them in a natural way so that it wasn't irritating, intimidating, or embarrassing. I think it was successful in that we were able to bring so many people from the community to the university and make them feel that they belonged there. It was successful in that we had families come together. It was successful in that we had a group of teen moms that came from L.A. We had a young man that came from inside the Youth Authority to the conference. 28

The conference was a huge success and offered many lessons. Chief among them was that planning a conference was hard work; clearly it would be a significant challenge to organize other conferences in locations outside of the group's home town. In the fall of 1999, Laura Jiménez moved to New York City to establish the organization's New York office, which was located at Hunter College. 29 When Álvarez Martínez and Jiménez first spoke to officials from the college's departments of women's studies and community health to tell them about the Latina health course and sponsoring a conference, their response was overwhelmingly enthusiastic. Álvarez Martínez recalled that
one faculty member said, "It would be like bringing water to a dry place."\textsuperscript{30}

The NLHO drew upon its connections to collaborate with many others and pull off the East Coast conference held in October 2000 at the City College of New York.\textsuperscript{31} Although there were fewer participants at this conference than the one in Berkeley the year before, more workshops were youth led. According to Jiménez, it was a challenge to move to New York City as a West Coast-based organization because the group had not established legitimacy in the community, or with funders. She recalls:

Some of the funders wanted to know what our track record in New York was—we had none. They wanted to see proof of our work in New York, and we didn't have any yet. I think they saw us as an organization that came to New York and just started a project as an isolated incident. And we weren't in the community, serving the community. Trying to say we were a community-based organization but working out of the university was not good.\textsuperscript{32}

Learning from this experience and drawing upon its strength in developing youth programs, the NLHO hopes to collaborate with other organizations in New York City to continue establishing a bi-coastal presence. However, given current government budget cuts to health programs and the NLHO's inability to hire a grant-writing fundraiser, it is uncertain when a fully operational New York branch of the NLHO will be realized. Nevertheless, conference outreach and multidimensional coalition work have been invaluable in building a national Latina reproductive rights agenda—both in determining issues and establishing networks.

Through their involvement with Canción Latina, the NLHO has continued to build strong relationships with other women of color organizations. These networks have not only facilitated community building but strengthened the NLHO's understanding of and commitment to a pan-Latina organization. Working with groups such as Casa Atabex Aché (South Bronx, New York), Grupo Pro Derechos Reproductivos (Puerto Rico), and Women's House of Learning and Empowerment (Oxnard, California), the NLHO collected information on Latina's health in those particular communities. As the resulting policy brief emphasized, despite their differences, Latinas across ethnicities voiced similar concerns:

From the clinics of Oakland, California, to the streets of Loíza in Puerto Rico, Latinas of all backgrounds tell us they suffer consistent violence and abuse, that they
remain unaware of how to protect themselves from unplanned pregnancies and sexually transmitted diseases. Furthermore, they both shun and are shunned by the very institutions that supposedly exist to prevent and respond to these issues.33

Since joining SisterSong, the organization has focused on health education. Outside of its work with SisterSong, the organization has finally received funds to build on its previous work in reproductive health policy and develop an infrastructure. Since April 2003, it has cultivated a national advisory board of experts in Latina reproductive health that meets monthly, via teleconferencing, to discuss national reproductive health policy matters and their implications for Latinas.

Stability and Evolution

Since its inception in March 1986, the National Latina Health Organization went from being a shared dream of four women in Oakland to a bicoastal, nationally recognized organization. Perhaps one of its greatest achievements is its longevity. At times operating with very low funds, the organization has functioned since it was founded and celebrates its 19th birthday in spring 2005. Given the difficulties of funding, the lack of support for general and reproductive health work in Latino communities, and the broad scope of its mission, the NLHO’s resilience is a triumph. That its success was accomplished while promoting alternative models of health and offering a nontraditional organizational culture is particularly noteworthy.

The NLHO has unequivocally brought Latina voices to national reproductive rights politics and expanded the focus of reproductive rights beyond abortion. Through their 18 years of organizing, NLHO members have played a significant role in helping the reproductive rights movement and Latino communities understand that reproductive health is experienced differently among Latina subgroups and compared with white women and other women of color. They have also been able to educate their constituencies. The NLHO has made it clear that reproductive health is a significant issue in Latinas’ lives.

The organization has also advanced a Self-Help training program specific to Latinas and implemented the Self-Help process at all levels of its operation. With the training of a core group of Self-Help facilitators in preparation for its national conferences, at one point the NLHO was running several weekly support groups consecutively throughout the year. Although the number of groups has significantly decreased since the late 1990s, the organization’s continued collaborations with other groups have helped the process spread. This alternative perspective has provided a tool for hundreds of women to
be empowered to improve their own health. Providing discussions which are based in women’s realities, rather than on the myths which so often inform policy, is the deliberate way in which the NLHO hopes to make social change.

While many women who have trained in Self-Help say it has made a significant impact in their lives, there are many other community women who are unable to participate in these groups because of the time commitment they demand. Because both Self-Help and including all women in its programs are priorities, the organization continues to make efforts to acquire funding that will allow it to specifically develop Self-Help work. Although it is written into almost all of the grant applications (costs such as paying facilitators, paying childcare, meals for women who come in for trainings), the NLHO has never received funding for this specific purpose. Despite this, the organization maintains a steady number of facilitators and groups often run on their own steam because women are committed to each other and the process. Many women commit many hours to Self-Help work without pay, because they believe and experience positive effects in the work.

In this way, the work and vision of the NLHO, “is unstoppable. There is always going to be a group going on somewhere. It’s gotten past the organization because other groups are now using the process and crediting the organization for teaching those tools.” According to Alvarez Martínez, it is simply the only way she can imagine working, because it embodies the core principles of the organization’s foundation—to empower women to do what is best for their lives:

Well, we are very clear that this is the core. If you are going to work here, you have to use it. And for some people it takes a long time to commit and see the importance of it. But it keeps us grounded. So this is the only way I know that it will work. It’s how we keep our personal and organizational integrity.

As Alvarez Martínez’s statement indicates, Self-Help is central to the organization’s identity and the key to making the group’s programs work. As the organization continues to follow this vision, significant challenges remain to ensuring that the NLHO will grow and become the national organization that its name implies.

Challenges

The continuous challenge of being a community-based but nationally focused organization has been most evidenced by the difficulty in maintaining an effective board of directors. The NLHO was founded
as a grassroots organization and was built from the ground up by a group of energetic and resourceful women. All of its founders were doing professional or volunteer health work in their communities and became members of a working board for the first years of the organization’s existence. However, the organization’s vision and mission was national in scope, and as such necessitated a national board.

Although a national advisory board was constituted to plan the first National Conference on Latina Health Issues, and over the years several high-profile experts in women’s health have served on the board, limited resources made it difficult to bring a national board together on a consistent basis. Trying to effectively plan the organization’s direction through conference calls has at times contributed to an ineffective board. At different times this has led to the development of a local board serving as the de facto national board, because local boards are easier to convene and community interests are always represented. However, a local board for a national organization severely limits the organization’s scope. A local board composition is additionally challenging for the organization when it applies for national funding. Alvarez Martínez feels that the board composition puts the organization in the position of “trying to please everybody”—meaning that local board members feel required to answer to communities where they live and at the same time have a vision for transformative change on the national level, a level of focus that runs the risk of making local organizations feel alienated or insignificant.

Having participated in national boards herself, Alvarez Martínez has witnessed groups that are well funded and able to effectively involve board members. While it would be optimal to have a national board that could come together regularly, at this point, she has been forced to recognize the funding limitations of the organization. The NLHO’s current board is composed of locally based advocates, activists, and professionals.

It has been a struggle to find members with fundraising skills. Moreover, because of the NLHO board’s instability, the organization has often lacked leadership and vision other than that of its executive director. There is no larger body responsible for fundraising or accountability. Not only does this amount to added pressure for Alvarez Martínez and her staff, but the long-term result is that the organization has not developed to its potential in the 18 years of its existence. As the group itself recognized in its 1995 annual report, “Our significant challenge continues to be developing the means to create a stable infrastructure.” Given the constant challenges of scarce resources and funding in the context of a wide array of local and community needs, the NLHO is stretched incredibly thin for a national organization.
Beyond the boardroom, the NLHO is further challenged with developing identities as both a national and a local organization. For example, because it is largely West Coast and California based, the group overrepresents women of Mexican origin. If it is to continue its status as a national organization, it must clarify its priorities in this regard. Straddling both national and community concerns will likely continue to overwhelm the organization unless strategic decisions are made.

The lack of organizational infrastructure along with the competing demands of local and national organizational agendas may also be having a long-term impact in the form of low retention of women who come to the organization to volunteer. The organization has had difficulty developing a national membership base and over the years has seen many women pass through its doors. Unfortunately, the majority of these women do not maintain long-term contact, especially those who do not want to be involved in the Self-Help process. The NLHO appreciates that in order to realize its goals, it must tap broader constituencies, access more resources, and promote a more national scope and vision.

While the organization was originally run by a cross-section of women of varying ages, its current staff is largely between 20 and 30 years old. Many of the women are still in the process of completing their education and do not stay long. Although the NLHO provides full health benefits for its staff, its budget makes competing with jobs with higher salaries difficult. After the connection between the NLHO and Berkeley was established, a large number of NLHO staff were current or recently graduated students from the university. While this provides NLHO with well-prepared interns and staff, it also tends to be a fairly consistent revolving door. Inevitably, students return to school, seek further training, or move on to employment with increased pay and benefits.

The National Latina Health Organization is committed to social change and demands that Latinas achieve their needs on their own terms. With a holistic vision that truly centers on women’s empowerment, the organization challenges the mainstream frameworks that shape current funding patterns and traditions. Although the NLHO sometimes struggles to keep running within this context, it has consistently offered programs that help women and girls improve their lives.

By continuing to build its powerful educational and Self-Help programs and its commitment to youth, the NLHO has already helped empower the leadership that can push its visionary agenda forward.
NOTES

3. Ibid.
5. NLHO, Ruth Mott Foundation proposal (organizational files, November 24, 1986).
7. NLHO, “First Leaflet” (organizational files).
8. NLHO, “Essential Principles for Responsible Health Care Reform” (organizational files).

As Luz Alvarez Martinez wrote in one of their early statements, “I am first generation. Paulita is second generation Mexican American. Alicia is from Ecuador and came here as an adult. And Elizabeth is from Peru and also as adult here...Paulita grew up as a migrant farm worker with her family. I grew up in San Leandro, which is a pretty white area. So we were pretty different. Paulita grew up in the fields, I grew up in this white city, and the other two grew up in their own countries. It was very interesting.” Alvarez Martinez as quoted in Sandra Morgen, Into Our Own Hands: The Women’s Health Movement in the US, 1969–1990 (New Brunswick, NJ: Rutgers University Press, 2002), 57.

9. NLHO, Ruth Mott Foundation proposal, 3.
11. Ortiz, interview.
12. Luz Alvarez Martínez, interview by KNBR radio, transcript, n. d.
13. Ortiz, interview.
15. Ortiz, interview.
16. Outreach expanded to MADRE, an organization of 28,000 members in New York; the National Conference of Puerto Rican Women Inc., an organization with 15 chapters throughout the Northeast; Taller Salud in Puerto Rico; Chicano Advocates for Equality; NOW; COSSMO; United Farm Workers; Amigas Latinas en Accion pro Salud; and more. The conference planning committee included women from Texas, New Mexico, California, Illinois, Massachusetts, Colorado, Florida, Wisconsin, New Jersey, Pennsylvania, New York, and Puerto Rico.

17. NLHO, “Free Speech Message” (organizational files).
18. Literally translated to mean “healers, midwives, herbalists.”
20. Ibid.
23. Latinas for Reproductive Choice, leaflet.
26 NLHO, press release (organizational files, 1995).
27 Alvarez Martínez, interview.
28 Jiménez, interview.
29 The office space was donated by El Centro de Estudios Puertorriqueños at Hunter College.
30 Alvarez Martínez, interview.
31 Co-sponsoring organizations included Casa Atabex Aché, SIECUS, the Institute for the Puerto Rican and Hispanic Elderly, and the Dominican Women's Development Center.
32 Jiménez, interview.
33 Canción Latina, "In the Eye of the Storm: A Latina Women's Health Action Agenda" (organizational files), 12.
34 Alvarez Martínez, interview.
35 Ibid.