

Asian American Reproductive Justice Oral History Project
Sophia Smith Collection, Smith College
Northampton, MA

SORA PARK TANJASIRI

Interviewed by

JUHEE KWON

July 14, 2013
Irvine, California

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Narrator

Sora Park Tanjasiri (b.19xx) is Professor of Health Science and Director of the Health Promotion Research Institute at California State University, Fullerton. Her research focuses on health needs of Asian Americans and Pacific Islanders, specifically in terms of breast and cervical cancer.

Dr. Tanajsiri received her bachelor's degree in Biochemistry from University of California, Berkeley in 1986 and her master's degree in Behavioral Science from University of California, Los Angeles School of Public Health in 1989. She worked at the T.H.E. Clinic in Los Angeles before returning to UCLA to receive her doctorate in Community Health Sciences in 1996. She received a fellowship in cancer research for her doctoral studies and worked under Virginia Lee, researching tobacco prevention in the Asian American community. Following her doctorate, she worked as the Director of Health Education for Koryo Health Foundation, a community clinic in Los Angeles serving the Korean American community. She joined the faculty at California State University, Fullerton in 2003.

Dr. Tanjasiri's experience also grounds her in local community organizations. She has served on the board of Women's Organization Reaching Koreans (WORK), Asians and Pacific Islanders for Reproductive Health (APIRH), and Orange County Asian Pacific Islander Community Alliance. She has also served a consultative role in the founding of National Asian Pacific American Women's Forum (NAPAWF) and Khmer Girls in Action (KGA).

Interviewer

Juhee Kwon (b. 1991) is an undergraduate at Brown University, studying Biology and Ethnic Studies.

Abstract

This oral history interview traces the educational and professional path of Dr. Sora Park Tanjasiri from her undergraduate degree and health education work at Los Angeles community clinics to her current position as Professor of Health Science at California State University, Fullerton. She explains how her academic work has always been rooted in community organizing work and the needs of the community. Specifically, Dr. Tanjasiri shares her experience with various community organizations. She explains the tensions following the discontinuation of the HOPE project by Asian Pacific Islanders for Reproductive Health (APIRH) in 2002 and the subsequent founding of Khmer Girls in Action (KGA); the top-down model of National Asian Women's Health Organization (NAWHO) founded by Mary Chung; and the first convening of Asian American women, which eventually led to the founding of National Asian Pacific American Women's Forum (NAPAWF). Finally, she ends the interview by emphasizing the need for the Asian American women to give greater attention to Pacific Islander issues and the recent advancements in biotechnology.

Restrictions

None

Format

Interview recorded in MP3 file format using Olympus Digital Voice Recorder VN-702PC. One file: 1 hour 33 mins 15 secs.

Transcript

Transcribed and edited for clarity by Juhee Kwon. Reviewed and approved by Sora Park Tanjasiri.

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Transcript of interview conducted July 14, 2013, with:

SORA PARK TANJASIRI
Irvine, California

by: JUHEE KWON

KWON: All right. So this is Juhee Kwon, and today is July 14, 2013, and I'm currently here at Professor Sora Park Tanjasiri's house in Irvine, California for the Asian American Reproductive Justice Oral History Project. I was wondering if you could start a little bit with an intro and then covering a little bit of the academic work you do at Fullerton.

TANJASIRI: Okay, okay. So I am currently a professor in Health Science at Cal[ifornia] State [University], Fullerton. I've been there for ten years, and the work that I do—so oh, I guess I should back up. I've had a probably circuitous path to the community work that I've done, but the public health work that I've done and the relationship of that to reproductive health has been fairly straightforward.

I did an undergraduate degree at U[niversity of] C[alifornia], Berkeley in Biochemistry. At the time, I was searching for what I wanted to do with a Biochemistry degree besides medical school and found public health. They have a very strong public health program [at University of California, Berkeley]. I collaborated with, who was then, a doctoral student going through the program. She was an instructor in a class I took. [I] was fascinated by public health, finished that class, did an independent studies with her, and the topic of the independent studies was the health of Asian Americans in—at that time, just sort of in the local community.

KWON: Oh wow. That's only possible in California.

1:43

TANJASIRI: Yes. Absolutely. Absolutely. But at the time, really no one was doing it. This was back in 1985, when I was interested in it. And I developed a survey, all these kinds of stuff that as an undergraduate, it's all the fun stuff to do. And then after that, realized I really wanted to go out in Public Health. So went to UCLA [University of California, Los Angeles] for two years, from '97—no, from '87 to '89 with a clear focus on Asian Americans. I really wanted to do Asian American health, and so during that time, sought out and worked with the T.H.E. [To Help Everyone] Clinic. They had an Asian health project. The director, Kasuze Shibata is

now the Executive Director and Founding Director of the Asian Pacific Health Care Venture.

And then I finished my master's, came back for my doctorate in 1991, and then specifically sought out to work at a clinic in Koreatown, and worked at a place called Koryo Health Foundation. And my director at the time, Mia Choi, who has since passed away, was a Founding Board Member of Asian Pacific Health Care Venture, and so when Causeway moved from T.H.E. Clinic to the Health Care Venture, I worked at Koryo, which is one of three organizations that helped to found the Health Venture. So Chinatown Service Center, Koryo, and T.H.E. Clinic. So I worked at Koryo for several years, while I was finishing up my doctorate, and through that, got exposed to a lot of the women, public health, organizer/health program creators. So, at the time—and this is going very far back, but—Lisa Hasagawa was working at Asian Pacific Health Care Venture, was wondering if she should go back to get her master's. We said, Yes. Go, go, go, but go to Harvard. Or go to the East Coast because she had the opportunity. She's since then went through—she worked at the White House Initiative on Asian Americans [and] Pacific Islanders, and then at NCAPACD. So it was sort of a time, when a lot of us got together and were working together under the guise of health, but doing all this community organizing and community development stuff.

KWON: Yeah. So what was exactly your role at Koreyo? Kore-o? Koryo. Okay.

TANJASIRI: Mhmm. I was the Director of Health Education.

KWON: Oh, okay. So you did health education classes for the community?

4:29

TANJASIRI: Well, no, although that would've been lovely, because I don't speak Korean.

KWON: Oh, okay.

TANJASIRI: So I actually specifically sought that out, because I wanted to be on the side of program development. So that's where I honed all my grant proposal writing, and I wanted to help the organization—and similar organizations like T.H.E.[Clinic], which I had worked with in my master's, and Health Care Venture, which was just getting started—look at what were the health program needs, how do you get them started, who are the staffing, how do you do the evaluation, where are the grants—and I actually remember when Lisa Hasagawa started.

So I was working at Koryo, and then she was working at the Health Care Venture. The first set of funding was really around the area of sexual health among youth and kind of that tension between abstinence only versus sexual health education, and the need to develop real sex[ual] ed[ucation] classes for Asian American youth. And so Lisa Hasagawa was

one of the first people to develop that curriculum, and we were all—since the three clinics were involved in founding the Health Care Venture, we were all involved in, Well, how do you do this in Asian communities that are not open, where you just can't talk about these things? And then how do you develop curriculum? Because we had obviously models of curriculum, but they weren't developed for Asian American youth—because there was the issue of both what do the youth need, what are the parents supportive of and the conversations around that, how are the schools organized to promote those things. And at that time, it was a fairly progressive time, and so clinics were being developed in the high schools that were offering contraceptives, you know, condoms and things like that. And so how do you get Asian youth to be involved in these things and be empowered and educated? How do you manage that intergenerational conversation with the parents, who need to know that this is important if their children are going to be successful in the United States?

And then how do you manage the politics around all of this? Both the Asian politics, because at the time, there were a lot of non-profits that didn't want to touch this issue. So how do you get visibility and collaboration and support? And then how do you gain the visibility with organizations that were set up to actually to promote these things? On a national level, any of the young women and—well, girls and women's empowerment organizations, the mainstreams ones were—Asians were completely invisible. I'm sure Peggy Saika talks about that and Cyndi Choi talks about that because that was—so there were multiple levels. Because of my maybe being at the right place at the right time, but also my intense interest in Asians and the coming together of these organizations, it was a really exciting time in terms of community development and things like that.

Also as a complete aside, I knew I was interested in community organizing, too, when I did my master's. And so for one of my classes, I reached out to T.H.E. Clinic and worked with Kazue. But for my internship, I wanted a classic health organizing experience, and so I reached out to Meredith Minkler over at Berkeley. And I said, "I want to work with"—at the time, she had something called The Tenderloin Senior Organizing Project [TSOP], and I said, "I really want to work there. I will come up, I'll work for free, et cetera," and so I did this. This is one of her signature early community organizing efforts, and I didn't work directly with her. I worked in The Tenderloin with, at the time, her executive director—or the executive director of TSOP, and spent a summer learning how to do community organizing in single room occupancy hotels with essentially very very poor seniors. And we were doing organizing around health and safety, around tenant rights at the time, and peripherally, around social support and how that empowers—how that helps promote health outcomes in seniors. So again, it was public health oriented, but the classic elements of community organizing and development and things

6:50

like that. And so I did that back in nineteen eighty—was it nineteen eighty—hmm, '88, I guess it was.

And so came back after that, with all of these kinds of interests. Like I said, what's been common across all of these things—oh, then after I finished my PhD at UCLA, I did my postdoc[toral] at UC Irvine and created an Asian American health class and research methods, et cetera, and then came to Cal State Fullerton. So the public health has been the constant but—the end focus on Asian American health has been a constant, but the involvement in community organizations has really grown and developed as I moved and the context of the environment at that time.

KWON: Right, so whatever the community needs are.

10:10

TANJASIRI: Right.

KWON: Yeah.

TANJASIRI: I was remembering actually—and this is a bit of a tangent but—at the same time that a lot of the health clinic work was going on, the development and the growth of these [clinics] for Asian Americans, a lot of the community organizations for social justice were also coming online. So APIRH [Asian Pacific Islanders for Reproductive Health] was one of those national—actually a state-wide organization.

But you may or may not remember that the El Monte Thai slavery incident—you should really look this up—was right around—it was before NAPAWF [National Asian Pacific American Women's Forum] was [founded] and before—gosh, it must've been right around the early 1990s. Thai women were being held as slaves in El Monte. One had fortuitously escaped, the police found them, and then bingo, there were no social support, social justice organizations for the Thai community. So Julie Su from APALC [Asian Pacific American Legal Center], which is now Asian Americans for Justice [Asian Americans Advancing Justice], I think, and Chancee [Martorell]—and I do not remember her last name. This is a very long time [ago]—came together to advocate for—obviously not only just the legal [aspect with] the prosecution but all the associated [social issues]. For example, these women were in this country illegally, because obviously they came, they overstayed their visas or whatever, and they were enslaved. What's going to happen to them? They have a right to be here, but again, who was going to help to translate for them? Who was going to—and many of them were not incarcerated, but they were held in this sort of limbo—so who was to bail them out? Where were they going to live? The Thai community was embarrassed by this and didn't want to talk about this sort of garment—they were all enslaved to be part of the garment industry, and that's an unpretty part of all of our communities. And so it was a really—so there were many organizations that were

percolating and developing at this time, specifically actually in Los Angeles. And it was during that time that I was doing my master's and my PhD, and happened to be involved in so many of these efforts. So it was exciting. It was very exciting.

KWON:

That's so timely. Yeah. What kind of work do you do right now?

12:44

TANJASIRI:

So what I do is I focus on the cancer-related health needs of Asian Americans, and I should say Pacific Islanders. A lot of my work is right now with PIs [Pacific Islanders]. Over the past ten, fifteen years, I've focused specifically on breast and cervical cancer and worked primarily with Asian and Pacific Islander women, although that has expanded over the years. In the beginning, when I was just doing my postdoc—so this would've been in 1997—and came down to UC Irvine, it was all about trying to assess the needs. Breast and cervical cancer, if you can imagine, are highly stigmatized diseases where women—well, number one, women are very uncomfortable about talking about cancer, because we're talking primarily immigrant women [whose] community also does not talk about death and dying, and certainly not about cancer, which is like—you know, everyone whispers if someone learns about cancer. And then the procedures that are in place to be able to prevent or detect those cancers are also uncomfortable for women at the time to talk about. So we're really talking about breast self-exams, mammograms, and pap tests. I started my career researching what are the needs, what are both the individual women's knowledge, attitudes, beliefs, and behaviors around cancer health or cancer prevention and women's self-health. And then also trying to understand what were the contextual issues. How much did providers know? And it turns out that Asian providers were not promoting basic health screenings for women. In fact, women were less likely to get recommended to get a pap test or mammogram if they were seeing an Asian doctor.

KWON:

Wow.

TANJASIRI:

Because again, these are not comfortable things to talk about. So Asian doctors felt like, Well, if women are uncomfortable, better not bring it up. Ironically. And obviously I'm sure at the time, they didn't feel like they were doing any harm, because there were so many other concerns for Asian women. But clearly not a best practice in medical care now.

[My research was] also [on] what were organizations doing around this. And it turned out that at the time, a lot of the community clinics—and remember I had just come out of a Korean and Asian community clinic perspective—because doctors weren't doing the screenings, they were not as proactive as they could be. And it was only a few select clinics, like the Health Care Venture, like Chinatown Health Center, like T.H.E. [Clinic] that were promoting—that were saying, No, no, no. This is not right. We

must be doing this. Let's find the providers who are willing to do this or let's work with the mobile vans. So they would work with UCLA, [their] mobile van to come out and do mammograms, and it was a first foray into the Asian communities.

So ever since then—ever since my postdoc at UCI—I've continued this. But now we don't just look at needs anymore, because those are well documented. We develop programs to educate women, their husbands, communities in changing norms, and then providers, doing a lot of provider training and just doing a lot of what we call the social ecological model of health. Also trying to promote access to screening programs—low cost or no cost screening programs—and that takes advocacy. Working with providers to make sure that when they see an Asian that they're able to ~~do~~ not only promote health services but do it in culturally competent manner. So that's language, that's cultural knowledge, and norms, et cetera. So I've been doing that now for the past—since 1997, and specifically since coming to Cal State Fullerton, doing a lot of—so we've had many multi-year projects.

16:18

KWON:

Mhmm. That's so interesting. I actually took a class on race and biology, and it was largely about public health. So it covered Tb [tuberculosis] in Baltimore Maryland for the Black community, and it spanned all the way to LA and Mexican and Chinese public health propaganda. How they stigmatized the community into thinking that they were dirty and then would pull funds, and therefore make their living situation actually horrible. But one of the books I read was about cancer, and how it was a really interesting measure of access, because it's such like—a “social disease” is what they called it. Can you speak a little bit to that, and maybe why you chose cancer as the focus of your research?

TANJASIRI:

Sure. When I went back into—and got accepted to—I took a few years off between my master's and my PhD, and when I went back, I was offered a fellowship in cancer control by—then the only Chinese woman professor at UCLA—Virginia Li, and a real pioneer too. She came out of Johns Hopkins, where she was one of the first to start a lay health-worker training program. When I went back in 1991, she was an advisor to the country of China in doing their lay health educative programs. Her daughter pioneered a technique called PhotoVoice—Caroline Wang—and tested it out in China. I mean, these were just—Doctor Li was just a pioneer in this regard. So she offered me this fellowship and said, “We will pay for your doctorate if you focus on cancer.” And I thought, Mmmm. Why do I want to do cancer? At that time, before that, I wasn't focused just on cancer, but (unintelligible) sexual health, all sorts of things. I said, “Mmm. I don't know.” And she goes, “You know what? Come and work in cancer. I think you'll find that you can address nearly every community issue through the lens of cancer.” So I agreed. Obviously a benefit, because I had my entire doctorate paid for. And at the

18:09

time and throughout my studies, I found it to be absolutely true that you can relate cancer to nearly anything and everything, from both a prevention to an early detection to a survivorship to advocacy, community norm change—everything. And so when I first took the fellowship, I thought, Okay. I'll just do this for a few years, and then get out of it.

KWON: Yeah, that's how it always starts.

20:00

TANJASIRI: Right?

KWON: Then you get sucked in.

TANJASIRI: (laughs) And then I realized the wisdom of her ways. I actually did my doctorate on tobacco prevention, because cancer prevention. Because at the time, there were some really exciting things going on with the new tobacco tax that was passed in 1989, right before I got back into doing my doctorate. And I thought, This is a wonderful opportunity to see how do Asian organizations and individuals organize and advocate for access to a lot of tobacco control money that's coming down through the State. This was the first five-cent sales tax on a pack of cigarettes that was funding an enormous amount of health promotion. And Asian populations had some of the highest levels of smoking, and yet it was completely invisible to State—to state legislators, policy makers, public health directors, et cetera. So we had to advocate to have a seat at the tables to decide how those funds would be spent and where they would go, and that they should go to community organizations. So I learned that I could do really anything and everything using the lens of cancer. I could be involved in political advocacy, and I could be involved in health education development and evaluation.

Now, I don't focus as much on the Asian Americans as much as the Pacific Islanders. I would say that over the last twenty, thirty years, we've had huge shifts in the amount of visibility the Asian American have. And it's now our Pacific Islander sisters and brothers who are really invisible; because for better or for worse, we have an Asian Pacific Islander racial category, and it's now the Pacific Islanders who are completely invisible to that.

KWON: Is there a large Pacific Islander community in SoCal [Southern California]?

22:01

TANJASIRI: Absolutely. We have over 120,000 Pacific Islanders in Southern California. There's, I think, 230,000 Pacific Islanders in the state of California alone, and we're just talking about California. I mean, obviously huge populations are in Hawai'i, in Washington, in Arkansas—I mean, spread out over the country—in Utah. But because they're so dispersed geographically, [they're invisible]. So in Southern California, if

you think about 110 or 120,000 in an area that is easily—what is it—twenty million? They're invisible. And so a lot of the work I do now is taking the things I've learned with Asian American communities and saying, "Okay. Wait a minute. We need to be working for the exact same things for Pacific Islanders."

KWON:

Are there any other kind of issues that you need to keep in mind though, when you're working with Pacific Islander communities versus Asian American ones?

23:01

TANJASIRI:

Absolutely. Even though there are a lot of similarities obviously, in terms of *major* cultural values, the cultural interaction, the social structures, the political influences are completely different. So if you just look at, for example, immigration history of Asian Americans, in general—and these are still gross generalizations—East Asians, Southeast Asians, South Asians, there's some similarities in immigration or refugee experiences as people came to the United States. With Pacific Islanders, this isn't the case.

So Hawai'i is one example of—which was actually—the United States forcibly removed the queen at the time, then in a sense, colonized Hawai'i and then has now made it a state with all rights and privileges. Citizenship, et cetera, voting, elections, representation.

Now, go to a place like Guam. Colonized by the Spaniards, a big issue during the World War II in the Pacific. We then, the United States, got rights to rule there, and they are essentially a territory. So they have rights of free travel—without needing a visa because they recognize that—but no rights to representation. So even though they have a governor, and they have a seat—yeah, they have a governor, et cetera, and they have elected officials, there's no voting representation in the U.S. Congress.

And then you look at an island like Tonga, which is its own independent kingdom. Or Samoa, where half of it is a U.S. territory, and half of it isn't. Or the Marshall Islands, which is a freely associated jurisdiction. So there's no commonality. So when we talk about, for example, the immigrant experience that only relates to Tongans as immigrants. All the rest of the Pacific Islanders, the major Pacific Islanders, have rights, and they're not immigrants. But what does that mean though, because they don't have political status—and then all of the associated health problems that come with that. So do they qualify for Medicaid? Do they qualify for Medicare? Do they qualify for Affordable Care Act? We've made promises to them in the treaties and et cetera, and the compacts of free associations, but the implementation is a completely different story.

So it's a completely different population of communities to work with, but the commonality is the necessity to work from the ground up. There are numerous Pacific Islander organizations that have been founded over the last ten, fifteen years in Southern California with enormous ties to

their communities. But what they lack is—or what they’re growing and developing is—their visibility with legislators, their abilities to write grants and get important health funding to grow their organizations. They’re going back to the drawing board and doing needs assessments with the community. So when I came, starting in about 2003 was the first needs assessment I was involved with, working with the Tongan and Chamorro communities in Southern California, and saying, “Okay. I did this before with Chinese and Hmong and everything, and now let’s do a needs assessment with [Pacific Islander] women around breast and cervical cancer.” So that started in 2003—actually even before that [in] 1998, and then since then, developing programs and services. So it’s different, but the trajectories are very similar. But Pacific Islanders are so far behind Asian Americans right now that there’s a real need to concentrate. Yeah, so that’s the work that I do now.

KWON: I just asked that because I know API and the category of Asian American Pacific Islanders is often a problem. And I’m not sure if a lot of organizations consciously focus on that, because I noticed that especially with APIRH changing to ACRJ [Asian Communities for Reproductive Justice]—I don’t know if they noticed, but they dropped the “PI”—

27:38

TANJASIRI: Oh, I’m sure they noticed.

KWON: from the Asian—Yeah. I didn’t understand what kind of services API organizations supported or provided to the Pacific Islanders, or if that was just a tag they put on without really being conscious of it.

TANJASIRI: Exactly. That’s exactly it. And a lot of it again is because the federal government defines us—

KWON: As API.

TANJASIRI: As APIs. And so we’re kind of lumped together automatically, and it takes a real thoughtful reflection on what do we really do. APIRH never worked with Pacific Islanders.

KWON: Oh, even though it was API originally?

28:38

TANJASIRI: Yeah, they never worked with Pacific Islanders. And I don’t think it wasn’t because of a lack of trying, but because of the model—the approach was developed with Asian Americans in mind. So how can you just say, Well, now we’re going to include Pacific Islanders. We do community organizing. Here come join us. That’s not the right approach.

It’s a big challenge these days for—there are many organizations that still have Pacific Islander in their title. I point to, for example, AAPCHO. Association of Asian Pacific Community Health

Organizations. And they have been very intentional to recognize that the work with Pacific clinics—and they've got several, mainly in Hawai'i that they're working with—is different than the work with many Asian American clinics. And it's been nice to see. Jeff Caballero, the director of AAPCHO, was one of my first students.

KWON: No way.

TANJASIRI: Uh-huh. In a class when I taught at UCLA.

KWON: Wow.

TANJASIRI: I remembered him.

KWON: They're all grown up now.

TANJASIRI: Yes, they're all really [grown up] and amazing. But you know, [he] really got it. When we talk about doing things in a disaggregated or a culturally competent and culturally tailored, it doesn't mean just for Asians. It means for Pacific Islanders, too.

KWON: So when did you get involved with APIRH? You were involved in '97?

30:17

TANJASIRI: Right. I came on the board when Yin [Ling Leung] came on. She expanded the board. But before then, I was working in 1994 to 1995 with a lot of the people who were on the APIRH board. Cyndi Choi, most specifically. Even before 1995, the Beijing Conference, Cyndi and I worked in a group called WORK: Women's Organization Reaching Koreans. I think that was around 1992 or 1993. So I knew of APIRH through [Cyndi Choi's] work, but Cyndi and I and Jae Lee Wong and many of the kind of Korean health and community developers and organizers were working in several different things at the time.

KWON: And you were a board member for APIRH in '97?

TANJASIRI: Yeah. So in 1997, I joined the board with Yin as ED [Executive Director]. I stayed on until 2002. Yeah, actually you know what, I want to double check that because I'm not actually sure if I'm being entirely—I knew of when Yin came on board, but I'm not sure I joined the board right at 1997. But I've got it right here. (Typing on computer)

KWON: So you saw the HOPE project develop and—

TANJASIRI: Mhmm. Yeah, so hold on a sec. I joined APIRH in—oh, it was 1997. Okay, good.

KWON: Okay.

TANJASIRI: Yes. So at the time, APIRH—although they called themselves statewide, their programs were all in Northern California.

KWON: In the Bay Area, right there?

32:06

TANJASIRI: Mhmm. As they should be. They were doing some wonderful work [with Asian Pacific Environmental Network] under the leadership of Peggy Saika, supporting a lot of the Laotian organizing and programming. At the time I came on board, myself, Cyndi, several of the people in Southern California said, You really need to work with Southern California. You should be working—and obviously they were working with girls at the time. Adolescents and young adults. We said, There are organizations doing that down in Southern California. You need to be doing it. And one of the first groups that we put them in touch with was Lillian Lew at St. Mary's Medical Center. She runs the Southeast Asian Health Project [now called Families in Good Health], and at the time, they had something, and they still have it, called EM3.

KWON: Oh yeah, it's Men—

TANJASIRI: Empowering Men for Meaningful—

KWON: Messages?

TANJASIRI: Messages. Thank you. They were working with young Cambodian men. I knew them, because I had known Lillian and her work for a while, and they had said, You know what? There are plenty of Cambodian girls that would be interested in starting a program that's similar [to APIRH's Bay Area programs]. I remember that—I guess this is much longer. HOPE [Health, Opportunity, Problem Solving, Empowerment project] didn't develop until the transition right between Yin and Eveline [Shen]. And Eveline came down—I think it was Eveline—and met with the EM3 boys and said, "What could we do? What could we do to support your counterparts, the girls?" And that's how HOPE started.

I remember thinking, Wow, this is going to be great. Number one, APIRH has a presence in Southern California now, which is important because, again, harking back to all my work with visibility and the reproductive rights area, we needed a national or a state group that had aspirations to be at the table at national organizations. But to do it right, which is to start with the community. And so they did their homework. They talked to existing organizations. They reached out to [those organizations] and said, How do we kind of convene girls to get this started? And what should this look like? They brought on-board fabulous people at the time. You know, young activist folks who were saying,

Yeah, we want to do this. We want to be working and helping you do this, and brought them on-board as consultants and staff. And I remember when that [HOPE project in Long Beach] was launched, I felt like, Yes! This is great. We're being true to our name, but more importantly, we're being true to the community. Because it's different in Southern California than it is in Northern California, and APIRH was going learn that. And of course, unfortunately, it unfolded, and they learned it and they learned that they couldn't do it.

KWON: So did APIRH have a branch down here [in Southern California] separately?

35:24

TANJASIRI: Yeah.

KWON: Was it that the Northern California one was the headquarters and this was just a branch down in Southern California? How did it work?

TANJASIRI: At the time, it was conceptualized that APIRH—and this would just be the start. APIRH was going to do this across the state. But at the time, it was that APIRH had these programmatic activities. One of them was working with APEN [Asian Pacific Environmental Network] and Laotian girls, and then one of them was down in Long Beach, working with Cambodian girls. For the Cambodian girls, they opened up a very small office with staff, collaborating with other community based organizations. It was called a program. Just one of several programs. And we were going to open this in other areas, in Fresno or in San Diego.

And I think, quickly, what we learned was, again, to be true to our word about doing things deeply community-based. You need more than program staff. I mean, it wasn't enough to have the right program staff. They needed support. And Eveline and—she actually had a co-director at the time. Oh, who was her co-director? I can't remember. When Yin left, I thought that there were two co-directors.

KWON: Oh, with Yin?

TANJASIRI: No, Yin was the sole director, I think. Then didn't Eveline come on-board with another Director?

KWON: Maybe. Because Yin was talking about co-directors Cyndi Choi and Karen Chen, but I'm not really sure.

TANJASIRI: Before Yin, right?

KWON: Oh, they were before. Okay.

TANJASIRI: Yeah. That wasn't after. And then Eveline came on board. What Eveline and her co-director would do would be to fly down here [to Southern California]—and again, remember, this is before Skype and all those kinds of stuff—or program staff would fly out, but it wasn't enough to understand the nuances of Southern California. Those of us who were on the board in Southern California knew that you've got to do things differently.

37:21

KWON: Oh, so you had separate boards as well?

TANJASIRI: No, no, no. The board had representation. It was one board with representation from people in Northern California and those of us in Southern California. And that would be myself, Lisa Ikemoto, Cyndi Choi—at some point, Doreena Wong came on board, although I can't remember when. Oh, Mary Anne Foo came on board. And we said, No. You've got to make sure to do things differently down here. It's a different political environment. It's a different community activist orientation. Because of the work of Peggy Saika with APEN for so long, the communities up there were really politically engaged. But down here, we were dealing with very different set of community readiness, history of advocacy, inclusion versus exclusion of Cambodian and other Southeast Asians from the Asian advocacy that's going on. We're like, You can't just be administrative. We've got to have a better presence. Many of us that were Southern California board members had that [mentality], and we'd go to the events, we'd do the trainings, we'd support the girls and what they wanted to do, and stuff like that, and obviously, identified and begged the people who would be great programmatic staff to come and work with us and stuff like that. But APIRH never quite got it.

KWON: Yeah. I was talking to Sophya [Chum] at KGA [Khmer Girls in Action], and she was telling me—and she was just a member when they broke off—but she was telling me that it started with them imposing a program for teen pregnancy, which wasn't really a program that they themselves had wanted to work on. And it backfired. [APIRH was] raising empowered women, and so [the HOPE girls] were empowered to speak up and they would say, No, and it broke off. But to what capacity were you involved in that in APIRH/HOPE/KGA at that time?

39:29

TANJASIRI: So I was still on the board up until 2002 when they parted ways, and it was really an interesting time. I would say I probably learned the most being part of those discussions. Because as a board, we were most concerned about the integrity of the organization to be able to do what it says it can do. So when the co-directors at the time said, "Yes. We can do this, and in fact, we want to expand the HOPE program," our questions, at the board level, were more things like, Well, what's the sustainability plan? How are communities involved in this to support this vision? It

wasn't at the programmatic level, because obviously program staff had that. So about the capacity, readiness, the interest, and all that kind of [stuff], that was program staff. The board, we were more thinking, Okay. Long-term. If you're going to initiate something, how are you going to sustain it? And at the time, the executive directors were very well-spoken. They said, Here's the structure. Here's what we want to do, and stuff like that. And so as a board, we thought, Okay. If you've got buy-in, you've got support, you've got a plan for initiating sustaining, as board members, that's our job. It didn't come apparent though until the [program] staff started reaching out to the board members, and saying, You know what? This is wrong. We're not feeling—not only are we feeling that this is a different direction, but we're not feeling supported in what we're currently doing. So sure, the agency can come back and say, We want you to do this program. In fact, look, we got funding to do this.

KWON: The best.

TANJASIRI: Which is—right? The best and the worst, because clearly they circumvented any, check-in with the communities around that. But [the program staff] said, Not only is it an imposition of an agenda that we don't believe in, but what we're also being told is that the things that we did start are not going to be supported anymore. And a lot of those were the art-focused activities. So they said—so essentially what we were finding out was that the directors were communicating, Do this. And by the way, completely stop that.

KWON: Oh wow. That was a huge part of their program like art, theater. Healing was really big.

42:27

TANJASIRI: Big. Exactly. Exactly. And at the time also, APIRH was trying to solidify their “organizing model”—in quotations—which they published on. But this organizing model came out of what they learned, and it was also the vision of the directors at that time. Did they adhere to that organizing model? No. And that's why I think a lot of the things that were written from the APIRH perspective completely ignored everything else that was going on, because they were trying to advance an agenda of, This is our model. This is how we approach things. Here are our successes to brand themselves, et cetera, and completely forgot that if you're going to do organizing, you have to start from the community and work up.

So that's when things started fraying. At the time, there were people on program staff, Que Dang, RiKu Matsuda, et cetera, who were saying like, This is not right. You guys have to come down here and see what's going on. And, I'm sure you've already heard, then culminated with—we had a board meeting in Southern California, and the demand by the HOPE girls that we meet with them, and sit and listen to everything that was going wrong. Every decision that had been wrongly made.

Leading up to that, the Southern California board knew that this was coming and were pushing the directors [saying], We *need* to meet them and talk. And the directors were saying, No, we don't. Board meetings? We do not need to meet. We're going to go. We're going to meet and then we're going to leave. And we're like, No, no, no, no. You cannot do that. And you know what—Or you can do that, but we cannot do that. These are our friends, our collaborators, our long-time community allies. No. We're going to be sitting and listening to them.

And it was probably the hardest meeting I've ever been at, to be at a meeting where essentially we were being seen as part of the board and being told every single thing that we had done wrong. And half of us completely agreed. We're like, Yeah. We need to be regrouping. I don't know if anyone's talked about this, but after—so we met at the HOPE offices, and then after that meeting, the program staff and the girls were excused. You may leave now. And the board met right afterwards, and the take away messages were completely different. For the Southern California [board members], we were like, Wait a minute. We need to revisit our plan, again, program implementation, the funding, sustainability, the community relevance, all these things. Everything has to be revisited. And the director staff saying, We're going to cut them off. We don't need to work with them anymore. Why work with them, if they don't want to follow what is essentially the—

KWON: the model. . .

45:44

TANJASIRI: This is what—again in quotes—what we “supposedly” are doing. If they're not going to do it, they're going to rebel, then we don't need to do it. We don't need to have them. I remember then the follow up meeting. [It] was probably—I don't know—a few weeks, maybe, later? It was in Oakland, and we sat there and listened to the executive directors saying—actually, you know what, no, no, the follow up meeting was several weeks later or several months later, because in the meantime, the EDs shut down HOPE.

KWON: They did it?

46:18

TANJASIRI: They shut down HOPE. They said, Okay, you know what? Your funding is cut off. You have X amount of *hours* to vacate the office. Don't think about taking anything. That's not yours. Can you believe that? Can you believe that?

We were called, the board members were called—actually Cyndi was [there]. I'd be curious to know what she remembers about all this—up to Oakland, and it was then that the board members say, You know what? What's done is done. And in one respect, we respect it because, you know what? APIRH, you cannot work in Southern California. That's clear. But on the other respect, we quit. And we tendered our resignations at that

board meeting. I remember it was being facilitated by—oh, Miano. Lauren Mayeno, who was brought in as a consultant to work on our organizational development.

KWON: Oh, she was third party?

TANJASIRI: She was third party, but she has, I think, been a long time collaborator with what APIRH went on to do. I think if I remember correctly, she even thanked me after I resigned for having the clarity to see that my aims were not in line with APIRH's. And I don't think that anyone ever realized that our resignations were in protest (laughs). You know like, You guys are messing up, and we disagree with this.

KWON: Instead, they thanked you.

TANJASIRI: But you know, okay. And in retrospect, I think, absolutely. That was the right choice, and APIRH needed to go and do what they needed to do, and we needed to do what we needed to do. But and so—

KWON: So what was the next step?

48:20

TANJASIRI: Was to figure out what HOPE girls and staff wanted to do. There was a lot of anger and pain—and rightfully so. Because they'd essentially been told to get out. After all of this cultivation, after all of this “supposed” community organizing, [and] working for empowerment, when they used their power to voice their concerns and their demands, they were essentially cut off. And that took a while to figure out—I mean, there was just a lot of healing that needed to go on. Just a lot of—so a lot of us just talked and et cetera.

And I can't remember, it's probably in the book chapter where it says when we finally came together. And we came together here in this room. Cyndi facilitated. We invited all of—no, we didn't invite. Sorry. The girls organized this, and they defined who would be there and whether or not they were going to involve adults. And if they're going to involve adults, whether they were going to involve any past board members of APIRH. And so we had to essentially wait for them to decide all these things, and we said, Absolutely. This is your decision. This is your organization, if it's going to be anything. And at the end, they said, Yes. They wanted us to be involved, but we could be there to support and facilitate but not run—and we said, Absolutely. That's exactly the model that should be done. And I remember us meeting here for a day. We did a day-long retreat, where they—you know, through a series of discussions, debriefs, all of us ranting, it was forged. The essential question was, Did HOPE want to continue? And if so, how? And that's when they decided. They wanted to become their own independently run group.

Now, how they would get there in terms of non-profit status and fiscal sponsorship, it was completely—did not need to be defined then. Because a lot of people were like, Why should we? We've poured our hearts and souls into this, just to have this happen? I came to this retreat just to be angry, but I don't want to work on this anymore. I've got better things to do with me. But through a series of revisiting, what were those original aims, what were those accomplishments, how did you do it, what was the real model that was going on here, and is there value in that? I was so proud after that, that they decided to do that.

KWON: How many girls were at the meeting?

TANJASIRI: Oh my god. God, I want to say there was maybe fifteen or twenty?

KWON: Oh wow.

TANJASIRI: But that might be a lot. Because at the end—no, no, no. Yeah, because the girls were still in high school, right? And the staffing—the staff, again. The minute that the girls said that they wanted to have adults there, the first adults they wanted were the staff. Because those were the staff that were by their side the whole entire time. So Riku was here, and Que and—oh god, I can't remember who the other person that came with—oh, Diep, and all—were the adults. And I want to say maybe twelve to fifteen girls? The majority were girls, not adults. Essentially that's how it started. They were very selective about which—they wanted to make sure that as they developed, they didn't want to have too many of us who were coming from the old APIRH model. And so only two of us, so it was Doreena and Mary Anne, I think. And by the way, I want to be clear, Lisa Ikemoto—and she probably said this—stayed on APIRH.

51:17

KWON: Yeah, she did.

52:23

TANJASIRI: Okay, she did. And I'd be interested to know what her perspective was, but she never had the community organizing kind of perspective that myself, Cyndi, Mary Anne, and Doreena, we all shared. So she always saw things a little differently.

So only Doreena and Mary Anne continued on in this sort of new leadership—what would eventually become the board—and Cyndi was the first person to be the director, because people recognized she brought an enormous talent to getting an organization off the ground. Yeah, and the rest of us just became supporters. Not just. I'm very proud of that fact (laughs). We need all kinds of allies, and they've—yeah.

KWON: Yeah. What kind of work did you do? I know Sophya was talking about living out of the ED's car trunk and meeting at malls to do meetings and do facilitation and things like that? Were you involved in that as well?

TANJASIRI: No, not at all.

KWON: Yeah, she was telling me—

TANJASIRI: I had no idea.

KWON: Yeah. She said the girls had met after they had shut the place down, they were trying to get in and they changed the lock code, right?

TANJASIRI: Yepp.

KWON: And so they met at the mall instead—

TANJASIRI: Oh my god.

KWON: And they would just eat food and do work there at the mall. It was so inspirational. Yeah.

TANJASIRI: They couldn't even get—I think, someone told me that they owned the rug. They donated the rug—

KWON: Oh, yes.

TANJASIRI: And they couldn't—that was taken and donated, given by APIRH to someone else. To another organization.

KWON: She did mention that.

TANJASIRI: It was her personal rug.

KWON: Yeah. She carried [the story] with her all these years. Yeah, she told me about that, too.

TANJASIRI: And as important was all the work they had done, so if you—and it's probably the same way now, if you walk in the KGA office, but back then when you walked into the offices, they just would have walls of pictures of their communities, of their strategic ideas and plans. It was a very visual [space]. A lot of the work they were doing that time, especially with girls about—and so the girls would go and take these pictures of their communities and bring them back. They couldn't even get that.

KWON: Oh wow.

TANJASIRI: And APIRH never used it. They knew they weren't going to use it. Why wouldn't they give it? So it was absolutely the definition of how not to

53:37

separate. It could have been done with a lot of grace, and it was done (inaudible)—

KWON: Are you still involved with Khmer Girls in Action?

55:02

TANJASIRI: Only as a supporter. Going to their annual events or providing financial support and things like that. Yeah, yeah.

And actually that's probably true for a lot of the organizations I'm involved with. So I think I'm one of those people that likes to go and find communities that need that initial start. That's why I joined the board of OCAPICA in 1997, when Mary Anne started the organization. The Orange County Asian Pacific Islander Community Alliance. That's why I was a part of the NAPAWF starting, but when we developed chapters, I had then sort of moved on, you know what I mean? But again, I'm a long time supporter of NAPAWF, and I'm very very happy and proud to continue to be a supporter and completely responsive to whatever Kiran [Ahuja], at the time, and then Miriam [Yeung] [needs]. [She] calls me, and I'm like, "Yes. I can do that." Yeah, so I think it's definitely—my role I see is to be part of the development, the infrastructure, the programming, and things like that. And I feel like I'm doing a lot of that now for our Pacific Islander communities.

KWON: Yeah. Did you go to the Beijing Conference before NAPAWF, is that how you got involved?

56:32

TANJASIRI: No.

KWON: How did you meet the women that started the organization then? At the [first NAPAWF] conference?

TANJASIRI: So Jai Lee Wong went to the Beijing Conference, obviously as did Peggy Saika and many other people. Cyndi did or did not? Did not, right?

KWON: I don't think she did.

TANJASIRI: Yeah. Jai Lee Wong came back and was very close with Cyndi, and said—this is hearsay, but basically said—"We were one of the countries with the least amount of organizing going on among Asian women." Yeah.

KWON: Oh no.

TANJASIRI: Exactly. I mean, we're talking about—they were blown away by the amount of organizing that was going on in developing countries and developed countries alike. And they came back and said, This is an embarrassment. And so we got together—they convened the first meeting.

I remember because a lot of us that were involved in WORK, the Women's Organization Reaching Koreans, attended that meeting. Cyndi kind of—Jai Lee Wong was part of work, et cetera. But other people [attended the first NAPAWF conference], too. Who? Oh, it wasn't just Jai Lee. Who else was at the first [meeting]? Did Cyndi say? Who was at the first meeting?

KWON: Yin said she was there. Yin Ling Leung.

57:52

TANJASIRI: Okay.

KWON: I don't remember—

TANJASIRI: I remember we were sitting around in a group. In a—this is probably wrong, but I want to say it was KYCC [Koreatown Youth & Community Center], but I don't think that was right. It was at some community organization. Oh maybe it was a church. Ah. Can't remember. Anyway—and essentially, Jai Lee and—was Peggy down here? I can't remember. Did she mention it if she was there? I cannot remember.

KWON: I didn't interview her yet.

TANJASIRI: Oh, ask her.

KWON: Okay.

TANJASIRI: Ask her. And all they did was say—for the first part they said, This is what we saw at the Beijing Conference. And that was amazingly motivating, then the second part of the meeting was, Okay. What the heck are we going to do now? Because we can't wait till the next women's conference and not have more to say and do, and so that's when we started—it wasn't called NAPAWF at the time.

We hosted that first conference, and we said, Okay. What we want to do again staying true to community, then we need to reach out to others and find out, what are the interests that we have, what are the needs, what are the opportunities. And we said, We can do a convening. We've done that all the time, right? That's easy. So let's pull the people together. God, yeah, so we held it somewhere in downtown LA. I can't even remember, and again through—it was completely volunteer [run]. Through a whole host of people, reaching out and inviting people and trying to figure out, if there were to be areas of interest, what would they be? So health was one of them, but there were other areas of interest—

KWON: Oh, the platforms.

TANJASIRI: Yes, that would eventually become the platforms. But we were trying to figure all that out. What are our needs? Yeah, and then we put on this conference. Bowled over by the number of people who came. I can't even remember how many people came.

God, I remember everything from developing the invitations to stuffing the envelopes, because there was no email back then, right? Everything had to be done [by hand]—all those kinds of stuff. And then to finding a hotel site and all the logistics around that, to trying to figure out the media around this, bringing in people who would be speakers. Of course, Helen Zia. [People] who knew Helen would call her, and I remember at the time, Phoebe Eng was writing her book, hadn't finished her book, and so she came and wanted to be—and these were people from out of Southern California, right? Because we wanted to make sure we were as inclusive of everywhere. So Phoebe came from New York, and Helen from Northern California, and all these kinds of things. And we're like, How can we—and the big thing was, What do we want to do? It was only partly about, What are the needs? but it was more about, What do we want do? And how are we going to do it? I remember at the time, they brought in someone who was a—rather than the normal scribing things—

KWON: A graphic facilitator?

1:01:12

TANJASIRI: Yes. They did.

KWON: Was it Karen? Karen Ijichi?

TANJASIRI: I don't even remember who it was.

KWON: Maybe, yeah.

TANJASIRI: I'm notorious for having a horrible memory about names. As we were talking, she created essentially a mural of what would be—I don't know what happened to this, it was—

KWON: Yeah. I think it might've been Karen. Because she was talking about it. She's actually the one that's going to put together my timeline.

1:01:35

TANJASIRI: Oh my gosh.

KWON: Yeah, so this is the outline she gave me, and then she's going to do like mountains and suns and links and post-it notes, right?

TANJASIRI: Wow.

KWON: Yeah, so she does that a lot for the—

TANJASIRI: And she remembers doing it at the first conference?

KWON: She talked about a lot of connections with NAPAWF.

TANJASIRI: Okay. So that would be fabulous, if she was coming and doing this. Because it was, again, that doing it visually and being as creative as we could be, making sure that it involved as many perspectives as we could, and just trying to see what would happen out of that. And the first thing that happened was that we needed this convening group. Eventually this governing—[what] would eventually become the board of directors, but early on it was just this governing council, and who would be part of that? Because we needed a smaller group to take all these ideas and develop some ideas of structure and then to bring it back and to get buy-in. That's how they develop the chapter, which was a beautiful structure, just a beautiful structure. Yeah, so that was all at the conference before NAPAWF was officially launched.

KWON: How long were you involved with NAPAWF? Are you still involved?

1:02:55

TANJASIRI: No. I mean, again.

KWON: Supporter?

TANJASIRI: I give every year, and I'm happy to support. Went back to their—when they do their convenings and conferences, and just happy to support them in any way that I'm needed. I probably stayed involved with NAPAWF—let's see. We had a second convening. Didn't we?

KWON: Oh.

1:03:23

TANJASIRI: Did we only have one? Mmmm. I can't remember. I can't remember.

But I was involved with NAPAWF as we were trying to figure out the structure. I wasn't part of the original governing board. I think what we really wanted to have were people who had a certain amount of savvy in building a national organization, of which I didn't at all. And that was the right—I mean, it was such a great move to do it that way. I would say maybe for about, maybe two years until they developed the first board. I was part of helping to develop definitely their platforms. I don't think I did any specific writing, but helped—since health was one of them, to help them think about and find the literature. I shared with them all the stuff that I had written up until then, because at the time, I was constantly called to do things like develop white papers or needs statements for different foundations, so I amassed all of that and gave it to NAPAWF and said, "Here. Don't start from scratch. It's all here. You'll find it here." And so kind of more of a maybe consultative, volunteer consultative role? But

when they started developing as an organization, then I really stepped off. Then I stepped away. It was going in a direction that they didn't need the kinds of skills that I had, which was great.

KWON:

Could you speak a little bit about the model of organizing that NAPAWF does, with the local chapters and then also using reproductive justice as a lens for broader social justice? I'd never heard of it before until I met NAPAWF organizers, and I just thought it was really interesting that the Founding Sisters came up with that.

1:05:18

TANJASIRI:

Mhmm. Again, this was informed by a lot of the work that we had done leading up to this. So again, the idea was that we needed to be looking at women's health not from the side of health services and who's going to meet our needs, but from empowerment, right? So this was in a sense what the HOPE model was all about and all these—and OCAPICA was founded on the idea of the empowerment being the key. It was different though with NAPAWF, because quite quickly in that first convening, we recognized that all of us were doing things in our local areas. I mean, fabulous things going on in New York, in Minnesota, in D.C., you know, local things. But what we were missing was a voice to be at the same table as the National Organization of Women, to be—and so when it turned national—and again, it has probably changed quite a bit since then, but then I remember we were thinking that we should take something like reproductive rights, which is a clearly an empowerment issue, with both individual, community needs, but also visibility, access, all sorts of things like access to contraceptive services, abortion rights, and all those kinds of things were woven in. But we need to be strategic about ensuring that we informed a—we made the asks about what kinds of policy changes we needed and we wanted. And I don't think any of us had really done that—at least I hadn't, actively. You know, I was so involved in the community level needs that if anyone ever turned to me and said, Okay. Sora, if you could do one thing at the national level what would it be? I would probably be like, "Whoa. Wait a minute. I don't know!" And so it took us thinking more about what it is that we wanted collectively, and it's not just enough to say visibility, because everyone wants visibility. But we wanted justice, right? So we wanted to ensure that the people who were making decisions around allocation of resources had appropriate Asian Pacific—or it was primarily Asian American at the time—representation. We wanted to make sure that as the federal government was investing in community clinics, that they were taking a close look at the Asian community concerns. Again, this is not just reproductive rights. It's just like cancer; it's not just [cancer]. But under the auspice of reproductive rights, we could hit all of these issues.

I remember at the time, I was also writing a chapter on abortion among Asian Pacific Islanders and starting to take a look and see what the policy decisions and the ongoing legal struggles were. And what were we

1:08:42

saying would be essentially progressive agenda needs to ensure that Asian women have access to abortion rights? The clinic I worked at in Koryo, it was in the same building as a private medical doctor, and they provided abortion services. Their abortion services were only open in the evenings, at night, when women wouldn't be seen coming in and out of that clinic for their services. And they needed it.

And so again, I don't know—I've got this strangeness of my life that all these things sort of come together and I just say—so I remember at the time thinking, This is great. What we need is to inform a policy agenda with an organizing approach, but not to *take* an organizing approach, right? A national group could not have a presence in every community, and that's in a way why there's the chapter model. Because it's the chapters who do the organizing, but then they inform the policy platform, and that's the ground-up approach that's needed.

Yeah, so I've always been more on the technical side, just because I'm more of the health researcher or have done a lot of the organizational capacity building and start-ups and stuff like that. So I helped in the early days when NAPAWF was just trying to get a lot of that off the ground. And I can't even remember off-hand what were the other policy areas. Do we have three or four policy—

1:10:17

KWON: You had six (laughs).

TANJASIRI: Oh my gosh. I don't even remember what they were. I just remember health, because, again, I was most involved in that aspect.

KWON: Yeah. I know there was immigrant rights, I don't know what the other ones are.

TANJASIRI: Economic and housing?

KWON: Yeah, yeah, yeah.

TANJASIRI: Maybe something like that?

KWON: They're very broad, very inclusive.

[*Editor's note:* The six platforms are (1) Civil Rights, (2) Economic Justice, (3) Educational Access, (4) Ending Violence Against Women, (5) Health, (6) Immigrant and Refugee Rights]

TANJASIRI: And again, it was informed because we had people who represented all those things come together. Yeah, so I'm sorry, you can tell I can speak a lot, so I don't even know if I answered your question—

KWON: No, no, and it's great.

TANJASIRI: About how long I was involved.

KWON: Yeah.

TANJASIRI: And I remember when the governing board then found Kiran.

KWON: How was that like? How did you find her?

1:11:21

TANJASIRI: I don't know. I don't know. I do—I would love love love to know.

KWON: She is wonderful.

TANJASIRI: Oh my god. She was amazing when she came to NAPAWF. The clarity of her vision but the inclusiveness of her process. That's a rare combination. You find either people who are really good at articulating and driving towards things but sometimes forget to include, or you find people who are really good at including and things like that but don't have that pinpoint ability to then distill it all into "Here are the key messages," and she's just gifted in both. Hence, that's the reason why she's—

KWON: She's in the White House!

TANJASIRI: Yeah. As she should be. As she should be.

KWON: Yeah. We need her up there.

TANJASIRI: Yeah, yeah. Absolutely.

(Her child walks down the stairs)

Hey.

KWON: Oh, he's so cute.

TANJASIRI: Can you do me a favor after you're done? Okay, finish up and then—go first and then I'll ask you.

KWON: He's adorable. Oh my gosh.

Yeah. (Pointing to APIRH, NAWHO, and NAPAWF on timeline) So my timeline's based on these three organizations as well as others, but I was wondering if you could speak a little bit to NAWHO [National Asian Women's Health Organization], because no one else really has any knowledge about it—even though it's second-hand, I know. Maybe the amount of interaction you had or the lack of between APIRH and

1:12:18

NAWHO? And really what NAWHO's role was, because they took a national approach or supposedly, right?

TANJASIRI: Yeah, so again—you know what, thank goodness NAWHO was there because we saw the model we didn't want to follow in *any* of these efforts. Whether it was, at the time, APIRH when I was on the board or NAPAWF or OCAPICA that I'm still on the board of or KGA.

NAWHO was completely top down. Mary Chung was living in the East Coast—I want to say, D.C. She had a political agenda. She wanted to have visibility for her agenda, and she realized that there was a vacuum—as we all did, there was a vacuum at the national level for people to talk about Asian women's health. So she seized on that. Yeah, supposedly had some convenings. I don't know of a single person who went, so I don't know.

KWON: It was a different community?

1:13:37

TANJASIRI: I think it was policy makers who again didn't understand community needs or community capacities. What [NAWHO] did well was bring visibility to Asian women's health issues. She did a great convening report after this. It was probably the most beautiful report I've ever seen of a process that I still have no idea what happened. And they did a series of brief reports on the state of Asian women's health. I can't remember what they were called, but they had a few of them where they looked at—and essentially what they did was they synthesized a lot of demographic data on Asian women. So talked about who they were, what their needs were, they looked at—I'm guessing that they looked at what available literature there was, which was not a lot, and they may have hired an analyst to do some data collection. You know, go essentially to the people who came to the convening and ask them, probably. And then package them beautifully. So I remember actually looking at them and thinking, These are beautiful. They're fairly meaningless, but they're beautiful. But again, people in D.C., who I think Mary Chung was trying to influence, didn't know that. And so to the degree that it helped to say like, Oh, Asian women have health needs? Great. But everything else was—it sort of became—I mean, I was involved in community organizing for many many years before then, but it became the model of what not to do. Because none of us believed in that approach, so.

KWON: That's so interesting. Because she was involved with APIRH before, right? She was an ED.

TANJASIRI: Yes, she was.

KWON: That's so interesting how she got involved with a very community-based organization.

1:15:42

TANJASIRI: Since you haven't talked to Peggy Saika, I would specifically ask her to talk about what—APIRH has had at least two major huge problems in their organization. One was the departure of Mary Chung and the challenges she left that organization in, and the second one was the departure of HOPE. Actually, I think they've had even a third. I don't know if you're planning on talking to Eveline or anyone, but they've had another major "challenge," we'll call it.

KWON: After 2004?

TANJASIRI: Yes. After 2004, that's from what I heard.

KWON: Yeah. I am interviewing Eveline. She's my last interview.

TANJASIRI: Good. Good. So you can ask her about the thing, but APIRH—yeah, no. Mary got the idea for a national women's health [organization] from APIRH.

KWON: Right. That's where she was.

1:16:32

TANJASIRI: Yeah, right. Actually, that's right. It was called APIC.

KWON: Asian Pacific Islanders for Choice.

TANJASIRI: That's right. But Peggy Saika was part of the initial thing, so you'll find out all that history from Peggy and she can—

KWON: Everyone's like, Talk to Peggy.

TANJASIRI: Talk to Peggy. She'll say it, I'm sure, beautifully. Yeah, so I can't speak to that.

KWON: Yeah, there's not a lot of people that can. I need to find [Mary Chung]. Do you know anything about SisterSong as well, I know it's a little broader with women of color, but—

TANJASIRI: No. Not at all.

KWON: Mmm. Okay. Yeah.

TANJASIRI: (Looking at timeline) Oh, look at all these things.

KWON: Any of the events that I'm possibly missing on the timeline other than the NAPAWF Conference?

TANJASIRI: The NAPWAF Conference.

KWON: In '95?

TANJASIRI: 1995, right. You know, it's interesting because all of this was happening within the context of a greater national Asian movement. And so because I have that—I'm sorry. National Asian health movement. And because I have that lens, a lot of the groups that I've worked with over the years aren't women specific.

(Looking at timeline) But I think—yeah that makes sense. Asian Women's Shelter. Definitely APEN. Obviously, you have KGA on there. I would definitely put OCAPICA on here because OCAPICA helped to—it was really Mary Anne Foo who with Lillian Lew first brought the opportunity to develop HOPE together with APIRH. And since I've been working with Mary Anne since 1997 on OCAPICA—Mary Anne used to be the Program Director at St. Mary's Foundation. Oh I'm sorry, it's not the Southeast Asian—oh god, this is terrible. You're going to have the hardest time with this transcript. Lillian Lew leads a group called Families in Good Health at St. Mary's Medical Center, and Mary Anne, before she became Executive Director of OCAPICA, she was a Program Manager over at Families in Good Health. Mary Anne also used to work at Asian Health Services, and et cetera, so she knew a lot of the beginning of [the HOPE project]. And when I started with Mary Anne, before 1997 to start OCAPICA, it was at the same time when—Lillian's well-known in the community and stuff, and so we were all talking about all these things, and how there's a wonderful opportunity to work more with girls on health issues. And so I would—so OCAPICA started in 1997 at the same time as Yin came to APIRH. And is there anything else missing? I don't know. I'm sorry, but I do not know.

KWON: It's all right.

TANJASIRI: I would love to make a photocopy of this though and see if I can dig in through some of my files. I think I've still got a file somewhere.

KWON: That's what everybody says. They're like, Oh, I should've dug through my files.

1:19:50

TANJASIRI: Yeah. Exactly.

KWON: Yeah, it was a long time ago.

TANJASIRI: Yeah. Okay. Who else are you talking to? Did you talk to Kiran or Miriam?

KWON: No. Miriam, I talked to on the phone briefly for my paper for my class, but Kiran, I'm having a little harder time getting in contact with her. She's very important.

TANJASIRI: A little busy? Yes. You've talked with Sophya?

KWON: Yes. I thought she would be best of the staff, because she's been there for a long time, and I was trying to get the history rather than the current Khmer Girls in Action perspective.

TANJASIRI: Good. Good, good, good. You're going to talk to Eveline?

KWON: Yeah.

TANJASIRI: You talked to Yin?

KWON: Yeah.

TANJASIRI: You talked to Cyndi, already?

KWON: Yes, and I'm also talking to—I don't know if you know her—Beckie Masaki from Asian Women's Shelter.

TANJASIRI: Yeah. Oh yeah. Fabulous.

KWON: She's been there forever.

TANJASIRI: Yes. Oh no, she would be great. Yeah, I think in terms of the reproductive rights people, this is probably the right group.

KWON: You were talking a little bit about Asian Health Movement and was that in the early nineties or mid-nineties?

TANJASIRI: Mhmm.

KWON: Could you speak a little to that, because I've noticed that all of these organizations had their starts in a very similar timeframe.

TANJASIRI: Right. You should put into context that before the nineties, we had very limited disaggregated data on Asian Americans, and that's a lot of it because there just wasn't data from the federal government. Starting with the 1990s, we were able to do a lot of work in terms of disaggregation of data and looking at the health needs or employment needs and stuff like that. And so that's why I think a lot of organizations came online right around there. Because we just—much more was getting known. And so I'm trying to think. The Health Care Venture started—no, but T.H.E.

1:21:06

Clinic, Chinatown Service Center, a lot of these are right around eighties and nineties. You'd have to look at when Asian Pacific Islander Health Forum started [1986] and AAPCHO [1987], as [those] being the two major national organizations [on Asian American health]. And a lot of those groups were foundational to getting more funders [to start] recognizing the needs of supporting local community organizations.

I remember at the time, the White House Initiative was being—so this is a very circuitous story, but Lisa Hasagawa after she finished at Asian Pacific Health Care Venture, went to Harvard, did her masters, after she finished or while she was doing it—you'd have to ask Lisa—she did a stint with the federal government. Part of that when she was there, she and several others said, You know what? African Americans have their own visibility caucus, and et cetera. Hispanics do. Asians don't. We need a White House—we need a presence in front of the President. And she was instrumental in getting the White House Initiative started. She was working inside—I guess, it was Department of Health and Human Services [DHHS], at the time—working with some key folks who were already there, developing the framework for the White House Initiative. And because she was still involved in health, because myself and many other of us, we're still close friends and stuff like that, we all said, Yeah, yeah. Well, here would be some of the things that would help to inform policies around data collection and disaggregation, to inform allocation of resources—whatever that might mean. There's all sorts of different kinds of things that means—to inform research agendas that much more needs to be done, to inform cultivation of the next generation. So we needed fellowships, we needed interns, all these kinds of stuff. So she was really pivotal. And to this day, the White House Initiative has a huge presence in DHHS. Now, Kiran has really expanded that and is working with so many different sectors. But it really started with a grounding in DHHS, because of again this health movement, this Asian American health movement. And when you go back, you should look up Lisa Hasagawa. If you're interested in that. She was less in involved in more specifically reproductive rights, but she got her start in reproductive rights. So she might think of it fondly.

KWON: Were there any notable health policies or things like that that I should probably also include in the timeline? I know I should include the Hyde Amendment, but that's a little earlier, so it's not on the timeline. But just things like that that maybe come to mind?

1:25:10

TANJASIRI: No. But again, I'll have to revisit my notes around this.

KWON: Okay. Yeah. I can just send you a follow-up email. Yeah, okay. Just to wrap up I just was wondering if you could speak a little bit about the current status of Asian American Pacific Islander women and health

disparities that they suffer from right now, and then maybe the work that we still need to do in terms of where the movement needs to head.

TANJASIRI: Mmm. (pauses)

KWON: It's all guesswork? (laughs)

TANJASIRI: It's a lovely question. Because I've worked now—I've shifted gears and work primarily with Pacific Islanders, a lot of it is still the same foundational things that need to go on. In women's health and also community health, there's a lot of need for the community norm change, the individual and community empowerment, the sustainability of community organizations, and the being at the table with policymakers and decision makers. Often times, [these policymakers are] Asian Americans now, too. To say, Wait a minute. Where are the Pacific Islanders? And here are the unique needs, and the unique cultural considerations. I mean, we're fighting for data disaggregation, still. It seems like such an old fight, and we're all fighting it in some way shape or form, but for Pacific Islanders, it's even more so. We're fighting for. . . so many things. Actually, I would say you should go to—the project that I work with now called WINCART [Weaving an Islander Network for Cancer Awareness, Research, and Training] has a website. Just go to wincart.fullerton.edu, and you can see a lot of the work that we're doing right now around cancer, cancer health promotion—cancer disease prevention, I should say—working with community-based organizations, and so there are—we work with anywhere at anytime six to ten community-based organizations around this. So I think that in some ways, it's sad but it's going to change quickly, that as we move forward as Asian Americans, we need to be helping our Pacific Islander communities. And to do it in ways—to be told that quite frankly when they don't want to work with Asian Americans, and that's absolutely true. There's different fights and different needs.

The field of healthcare and health in general is changing. I'm a behavioral scientist, but because I've worked in cancer for so long, we have such powerful tools now at our disposal to understand what predicts an individual person or a community's health, and that it includes both the biological and the genetic and genomic, as well as the cultural, the community, the policy, all these things. It turns out that Asian Americans, we have very much of a predisposition to certain health and diseases—I should say diseases, not health—and that gets compounded by the fact that a large proportion of the population is still uninsured or underinsured, not getting culturally competent care, and don't have access. I mean, we're talking about the garment worker—a Southeast Asian garment worker in Long Beach, how much access does he or she have to healthy options? Little to none. Because why? The community. Look at the community and the policies. In some respects, the landscape of health and health research

is radically changing. And the real cutting-edge people are combining our biological and genetic and genomics aspects with the behavioral, with the environmental, and doing it all together.

KWON: Environmental, too? Yeah.

1:30:17

TANJASIRI: And environmental is a huge area that we really need to be doing much more collaborative work. In some ways though, I'm finding that in all of this, the same value is true though—[it] is that you start with community, and you bring community along. So, for example, what I do right now in WINCART, a lot of what the research that we're promoting is around genetic research, and it turns out that if you're looking at how do biologists do that kind of research, well, they get access to tissues, right? What's the ethnic diversity of tissues upon which they're going to be testing some of their hypotheses on these connections? Not Asian Pacific Islander, right? So the work that we're doing is now about justice and equality and access and visibility but in whole new ways. I never thought I'd be fighting for tissue samples that are from Asian Pacific Islanders. That's only a piece of a person. That's not a real person. But how you do that is by educating communities, by finding the students that want to learn about this—you know, biology students who want to learn the community approach to educating researchers on the need to involve this. If they just are waiting around, it's not going to happen! And to correct injustices. I mean, health researchers are notorious about having used and abused human tissue samples for their own gain and not remembering the communities that it comes from. So I *never* thought I'd be involved in that. But once again, I see the opportunity to work in all the ways that I like to work but in something completely different.

KWON: That's the future.

1:32:15

TANJASIRI: It *really* is the future of health research and healthcare. So we'll see. I don't know. I'm getting old. I got to leave this to other people to do, but we can be starting those conversation.

KWON: That's great. Well, I mean, that's all the questions I have. Did you have anything else you wanted to speak on that I maybe didn't cover in the interview?

TANJASIRI: No, I don't think so.

KWON: Okay.

TANJASIRI: Although I would love the opportunity—if you could just send me an email to follow up, would love the opportunity to just check my notes and see—and if I could get a copy of this (pointing to the timeline).

KWON: Of course.

TANJASIRI: Just to check some of my dates and to see whether there were any policies or organizations.

KWON: Okay. All right. Well, thank you so much for the interview.

1:33:00

TANJASIRI: It's been fun. Sorry to be so long-winded.

KWON: No, that's all right. It's perfect.

TANJASIRI: Good. You're going to have a hard time with the transcription.

KWON: (laughs) I hope not.

END INTERVIEW