

**MARIA GOMEZ-MURPHY**  
**PEABODY TERRACE 2, #303**  
**CAMBRIDGE, MA 02138**  
**maria\_gomez-murphy@ksg07.harvard.edu**

## **EDUCATION**

MPA, Kennedy School of Government, Harvard University, 2007  
Methodological Area of Concentration: Leadership  
M.A.I.A, OHIO UNIVERSITY, 1989  
Major: International Affairs, Latin America  
Minor: International Telecommunications  
M.F.A., UCLA (pending)  
Major: Motion Picture/Television Production  
B.A., Stanford University, 1977  
Double Major: English and Communications

## **FELLOWSHIPS**

Catherine B. Reynolds Foundation Fellow, Social Entrepreneurship, Kennedy School of Government, Harvard University, 2007.

National Hispana Leadership Institute (NHLI) Fellow. Mission is to develop Hispanas as ethical leaders through training, professional development, relationship building, and community and world activism. Week I: "Creating a National Network: The Power of Community and Support," San Juan Bautista, CA. Week II: "Leadership for the 21<sup>st</sup> Century: Effective Change through Public Policy and Management," JFK School of Government Executive Leadership Program, Cambridge, MA. Week III: "Leadership Development Program," Center for Creative Leadership Institute, San Diego, CA. Week IV: "Impacting Decision Makers, Political Advocacy and Government Relations," Washington, D.C, 2005.

Fellowship: Border Fellowship for Social Entrepreneurs. The goal was to support the expansion of the work of The Way of the Heart, a nonprofit community based organization, in the maquiladoras (transnational manufacturing companies) and colonias (underserved, unincorporated communities) of Nogales, Sonora, Mexico, GlobalWorks Foundation, Washington, D.C., 2002-2004.

Research Fellow, Department of Anthropology and Archaeology, Universidad Autonoma de Guadalajara, Mexico. Individual research with Professor Alfonso Rivas Salmon, in Mexican indigenous culture to develop programs for U.S. based Hispanic populations about the indigenous world view, culture, archaeology, arts, literature, Mayan codices, and mathematics in Central and South America, Stanford University, 1976.

## **CONTINUING EDUCATION**

Hispanic Leadership Training: The training focused on understanding the role of culture in family risk and positive factors for substance abuse prevention within the Hispanic population. Arizona

Department of Health and Human Services, 1997.

Multicultural Leadership Development Program: Courses included community planning, cultural diversity, team building, problem solving, and quality improvement variables for on-going assessment. United Way, 1994.

Continuing Education: Courses in social, developmental, and abnormal psychology, and statistics. Glendale Community College, 1986-1987.

University of California, Los Angeles (UCLA) Grant Foundation Center Workshop: Training on how to research grants, identify the priorities of the grantor and align them with the objectives of the grantee, and how to write grant proposals. UCLA, 1978.

Research Assistant, Research and Development Center: Researched primary source materials and resources for bilingual, bicultural urban study, doctoral dissertation. Stanford University, 1977.

Field Research: Research the socio-economic conditions of a coal-mining town in Wales and its impact on women's roles. Stanford University Campus in England, 1975.

Health Education Certificates: Certificates in genetics, high-risk pregnancy, tobacco use prevention and cessation, cancer, lupus, arthritis, fibromyalgia, diabetes, environmental health, cardiovascular health, HIV/AIDS, parent training, domestic violence, grief counseling, basic counseling techniques, and home visits for at-risk families.

## **EMPLOYMENT**

### ***May 13, 1999 – present: President and Chief Executive Officer The Way of the Heart: The Promotora Institute***

Supervise and conduct the affairs of the agency and the activities of the Officers of the Board of Directors. Supervise the implementation of all Board policies; manage and direct all human resources; prepare an annual budget for submission to the Board; provide information to the Board about the financial status of the agency; represent the agency in all dealings with other organizations, individuals and the public; and manage the day to day operation of the agency while carrying out the policies and long range goals of the Board.

Also, develop, manage and market comprehensive community-based health life education and training programs across the life span for low-income Hispanic women and their families using the Promotora (community health worker) model. Current health life education and training programs are focused in the areas of cancer, diabetes, cardiovascular health, environmental health, mental health, prenatal and postpartum care, aging and substance abuse prevention, as well as financial literacy and Earned Income Tax Credit (EITC.) Designed and implemented a research study on cardiovascular health for the US Department of Health and Human Services' Office of Minority Health and also performed results analysis. Designed a *Knowledge Attitudes and Practices Survey* administered pre and post health information intervention. Performed the statistical analysis on the data measuring change over time.

***November 14, 1994 - May 12, 1999: Director of Health Promotion/Disease Prevention and Primary Care Research, Mariposa Community Health Center***

Developed, managed, and evaluated culturally competent health promotion and disease prevention programs for low-income women and their families, and the outreach strategies to implement them. Operational research, trained, and managed the field work of 21 community health workers. Programs included prenatal and postpartum education, cancer, diabetes, and tobacco use prevention and cessation. Ensured link with other migrant and community health centers, especially those located in the Southwestern United States. Implemented, reported, and analyzed the data of a research study for the National Cancer Institute. Also designed, supervised, and analyzed the data of a research study for the Susan G. Komen Foundation.

***March 1, 1993-November 12, 1994: Community Affairs Manager Planned Parenthood of Southern Arizona***

Organized community volunteers around public health issues. Organized a citizen's advocacy group that focused on reproductive health. Researched and produced policy recommendations and position papers on various legislative issues. Conducted candidate briefings and public hearings. Prepared voter guides. Carried out direct lobby activities with local, state and federal policy makers. Also raised funds and organized public education events on border health issues.

***October 7, 1992 – January 15, 1993: Community Outreach Coordinator Arizona Reproductive Health Coalition***

Organized local community agencies to form a state-wide, non-partisan coalition around the delivery of reproductive health services. Made educational presentations regarding ARHC's public policy/legislative recommendations to the public and policy makers. Also produced segments for television on women's health. Developed a curriculum for and later facilitated a leadership training course for health advocates.

**PROFESSIONAL ACTIVITIES/MEMBERSHIP**

**Frontera Family Asset Builders Coalition**, members are lead nonprofit organizations, community foundations, cities and counties along the California, Arizona, New Mexico and Texas, US/Mexico border, (2005 to present).

**Southern Arizona Earned Income Tax Credit (EITC)/Taxpayer Assistance Coalition**, Mobilizing Community Resources for Family Economic Success, (2004 to present).

**Border Kids Count Consultant**, Southwest Border/Indian Country Planning, Research, and Development Initiative, Annie E. Casey Foundation, Baltimore Maryland, (2003 to present).

**Southwest Border Data and Advocacy Committee**, Southwest Border/Indian Country Planning, Research, and Development Initiative, Annie E. Casey Foundation, Baltimore, Maryland, (2003 to

present).

**Latina Lens Advisory Board**, National Latina Health Organization, Oakland, California, (2003 to present).

**Committee Chair, Mid-life Women, Bright Futures for Women Health and Wellness Steering Committee**, Health Resources and Services Administration, Maternal and Child Health Bureau, U.S. Department of Health and Human Services, (2001 to present).

**Regional Hispanic Agenda for Action Ad Hoc Committee**, Public Health Service, Department of Health and Human Services, Region IX. Advisor to the regional director of Health and Human Services on increasing access to health care services in the Hispanic population, (1998-1999).

**Minority Women's Health Panel of Experts**. In 2004 was elected Chair of the Collaboration, Communication, and Community Outreach Committee. In 2002 was elected Chair of the Media/Communications Committee. In 1998 was elected to represent U.S. Hispanic women for a briefing with Department of Health and Human Services' Secretary on access to health care and managed care. US Public Health Service's Office on Women's Health, Washington, D.C., (1997 to present).

**Maternal and Child Health Advisory Council**, Santa Cruz County, Arizona. Provided recommendations on all activities and/or projects related to maternal and child health, (1996 – 2000).

**Arizona State Representative, Working Group**, Border Vision Fronteriza. Health Resources and Services Administration (HRSA) funded outreach demonstration project in 4 Border States: California, Arizona, New Mexico and Texas, (1996-1998).

**Health Task Force**, Arizona Coalition for Human Services, Tucson, Arizona. Lobbyist for policy recommendations regarding women's reproductive health, (1993-1994).

**National Breast Cancer Summit Delegate**, State of Arizona. Representative for rural Hispanic women to increase access and reduce mortality and/or morbidity due to breast cancer, (1992).

**Committee for the Creation of the Chicano Cultural Center**, Stanford University. Convened an exploratory committee, performed a needs assessment, and reported findings to the President of the university, (1975).

**Minority Task Force for Policy Review, Department of Financial Aid**, Stanford University. Reviewed minority admissions policies and procedures, and their relationship with financial aid packages, (1974-1975).

**Committee for the National Chicana Conference, "Imágenes de la Chicana" Women in the Media**, Stanford University. Developed themes, resource speaker's list, evaluation tools, and logistics for the conference, (1974).

### **SPEAKER (Partial List)**

Presenter – Lay Health Workers/Promotores de Salud: Mobilizing Communities to Improve Cardiovascular Health in the Americas, Joint Symposium, Pan American Health Organization (PAHO)

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and the National Heart, Lung, and Blood Institute (NHLBI), Santiago, Chile, (October 17-18, 2005).

Keynote Speaker – Issues Affecting Hispanics 50+: The Latino Trends for 2004 in the Southwest and West, AARP, Santa Ana Pueblo, New Mexico, (November 19-20, 2003).

Speaker – Diabetes and Hypertension in Hispanic Populations, Latinos Unidos: Realizing the Promise, LULAC 74<sup>th</sup> Annual National Convention, Orlando, Florida, (June 20, 2003).

Closing Plenary Speaker – Comadres de la Comunidad: The Promise of the Promotora Model, Midwest Farmworker Stream Forum, Las Raices de Salud: Planting Care, Growing Wellness, Reaping Health, Albuquerque, New Mexico, (2000).

Presenter – Cultural Responsiveness in the Delivery of Health Care, Regions II & III, Office of Minority Health, US Department of Health and Human Services, Philadelphia, Pennsylvania, (2000).

Producer, host - *Salud Para La Vida (Health for your Life)*, 91.1FM & 102.7FM, Phoenix, Tucson and Nogales, AZ, (1997 to present).

Moderator - The Impact of the Health Care Delivery System on Minority Women, “Bridging the Gap: Enhancing Partnerships to Improve Minority Women’s Health,” National Conference, U.S. Public Health Service’s Office on Women’s Health, Washington, D.C., (1997).

Moderator - New Developments in Cancer Education and Services, Fifth Annual Lay Health Worker Conference, Yuma, Arizona, (1997).

National Presenter - Health care service delivery for minority and economically disadvantaged populations, “Every Woman...Michigan’s Call to Action on Women’s Health Issues,” East Lansing, Michigan, (1997).

Presenter - Innovative Strategies in Delivering Health Care: the Promotora Model. “Salud Sin Fronteras...Health without Boundaries, the U.S.-Mexico Border Conference on Women’s Health,” South Padre Island, Texas, (1995).

Presenter & Panelist - Women and Sexuality on the Border, Women’s Reproductive Health Research, El Colegio de la Frontera and the Southeast Institute for Research on Women, Nogales, Sonora, (1994).

Producer, host - “Minority Focus,” KZSU, Stanford Campus, (1976).

## **AWARDS**

2005 “Top Latina” in the areas of health and sciences, Hispanic Magazine, (2005). Also 2004 “Top Latina” award recipient in health and sciences, Hispanic Magazine, (2004).

Rachel’s Well Founder’s Award, for expanding opportunities for women in the fields of science and health, Burke, Virginia, (2003).

*Ciudadana Del Ano (Citizen of the Year)*, for distinguished work on behalf of the community, La

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Agrupacion Mujeres, Nogales, Sonora, (1999).

*La Promesa de Un Futuro Brillante (The Promise of a Brilliant Future)*, National Latino Children's Institute, (1997).

Producer, Director, Writer, "454 Villa St." chosen for the Third World Film Festival, UCLA, (1979).

Bank of Achievement Award, Laboratory Science, (1973).

### **OTHER**

Featured as an innovator/warrior in a one hour long documentary called "Our Heroes, Ourselves" a special presentation for Women's History Month on Lifetime Television in (May, 2002). Documentary was replayed on the Lifetime Real Women Channel in (November, 2005).

Featured in Latina Magazine, (April 2001).

June 2004

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## **Understanding Social Networks on the US/Mexico Border: An Interview with Maria Gomez-Murphy**

Founder and Director, *The Way of the Heart: The Promotora Institute*

By Mikaela Seligman, Annie E. Casey Foundation

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*"Every drop of water has a profound impact on the environment. Every time you get one person healthy, you have an impact."*

Maria Gomez Murphy has seen the Promotora model work one drop of water at a time. *The Way of the Heart* blankets the Arizona Border, a bi-national region connecting Mexico and the United States. "You put yourself on the radar screen by what you accomplish. What works is when you have phenomenal results, and then people ask how you got it done, and you tell them..."

Maria is quick to point out, however, that the numbers and statistics only tell part of the tale. She and a group of promotoras founded The Way of the Heart: The Promotora Institute, on June 1, 1999 in Nogales, Arizona to support the community in deeper and more culturally responsive ways. The organization evolved from her own learning, and a conviction that social services only truly serve when they use and strengthen existing ties, evidencing power imbalances and putting individuals in a position to transform themselves and their lives.

The Way of the Heart defines a Promotora as "a trained Community Outreach Worker who brings information and services to neighborhoods and colonias. Through trust, compassion, and

accurate information, Promotoras help families with their health, education and community needs.”

The beauty of the promotora model is that it is one individual, one family at a time that builds a healthy community. That one drop of water becomes an ocean.

They don't always call it the Promotora model, but it happens organically in places where there are few healthcare resources. So, the Chinese barefoot doctors would be an example of that. Here in this country, farm workers developed community health worker/promotora models in the 1960's. The Navajo nation also developed similar programs around the same time and called them community health advisors. There are so many names for them. It's a model based on local needs and local solutions, except that it's not the educated helping the "uneducated." It's the community helping itself. A good example of this is the model expressed by Brazilian educator and philosopher, Paulo Friere, who points out that in order to truly build capacity it has to be done through a participatory process, a give and take, teacher and student being one, exchanging roles in a setting where each is equal to the other, regardless of their knowledge or skill set.

How do we identify the problem and how do we set up a problem-solving process that we share with all our clients? Most people problem-solve in their daily lives, but they don't know how to generalize it to other areas of their lives. We help people connect the dots. The skills they have to negotiate life and find the best possible solutions they practice every day. Figuring out how to deal with your in laws, neighbors, your children's friends takes a lot of problem-solving. Some people are brilliant at it, yet they don't apply these skills on a community system level. Again we help our community connect the dots, one person, one family at a time.

In social network-speak, the Promotora model is designed to strengthen the connections between individuals in informal networks (strong ties), between individuals and generalized social networks (weak ties) and between individuals and institutional networks (linking ties.) In other words, families and individuals connected to The Way of the Heart are heard and understood at a range of levels, getting the support they need to deal directly with a family challenge, to learn about where they need to go for employment or how to negotiate a confusing immigration system, and ultimately, perhaps, to have what it takes for them to run for office themselves, generating a whole new set of possible connections. The Way of the Heart is a *hub* - connecting individuals within and between networks – with a point of view.

What we are doing here no one has ever done. Programs are usually developed from the top down, most times without even asking the population that will be impacted. We work with and for the bottom. Our goal is to share every bit of knowledge and experience with the marginalized and underserved. Everything we do and everything we learn we share with people. I have been a community activist most of my life. In California where I grew up, I was taught at 14, 15, 16 years old that you learn through dialogue, you learn through the process of engaging. That is a model I'm comfortable with and continue to practice today.

The Promotoras cross boundaries, personally experienced in the reality that the American-Mexican border is not a bright line to most residents. Their families are linked, their cultures interwoven. Their stories are of daily commutes, the search for affordable services, and the human instinct to seek a better life.

The border is really transparent for us. A lot of the women on my staff have family members living on both sides. As a matter of fact, Gloria's husband still works on the Mexican side of the border. Every day after work, she crosses the border to pick him up. The thing about the border is that whatever happens on one side of the border affects the other side...from infectious diseases, to environmental degradation, to health care issues, domestic violence, and so forth.

Take *Milagros* or *Miracle*. She showed up at The Way of the Heart one day. At the time, she was 17 years old, impregnated by a 36 year-old American. As soon as he found out she was pregnant, he abandoned her, returning to the United States, thinking she would not find him. Well, she crossed the desert in, I think it was, April. Hot. She was seven months pregnant with twins and walked for four hours to find him. When she eventually did find him, he opened the door only to say, 'I don't know what you're doing here...you should go back home. I wouldn't make a very good father,' and he closed the door in her face. So, she walked another two miles to find us at The Way of the Heart.

Milagros heard about us, and Leonor, in particular, because she's worked with pregnant women and young mothers for more than seven years now and has an excellent reputation. By the way, the promotoras are also trained as doulas, so they provide child birth assistance in hospitals, especially if the client is lacking a social support system. That's what happens. Families are separated for economic reasons and they lose their support systems.

So, when Milagros showed up Leonor could tell by the way she was carrying the baby that she was about to give birth. This young woman had, had only one prenatal care visit throughout her pregnancy. She couldn't afford to feed herself much less pay for health care. She was skinny, pallid. Leonor immediately took her to emergency where she was Medvaced to Tucson to delay labor and delivery. When she did deliver, the twins were in the hospital for 18 and 24 days respectively and had developmental delays. Leonor worked with the father so that he would accept responsibility for his children. He has, and although he is not living with the mother he comes by the office to proudly show us pictures of his twins.

Maria acknowledges the porous nature of the border in its approach, and builds bridges for residents on both sides.

It is one community. We call it *Ambos Nogales*. On a federal level they consider it two countries, but it's one community that happens to stretch across borders.

When you go into the colonias, you will see people, that some would think are listless, apathetic, or not interested in what you have to say but really what it is, is that they have such poor nutritional status and such high lead content in their bodies that they may be thinking all kinds of things in their minds, but it just takes too much energy for them to express interest the way you and I would. It's so sad for so many reasons....people will think badly of the person, imagine that every Mexican wears a *sombrero* and is lazy or lacks initiative. This situation increases racism, but one of the solutions could be ensuring a safe food supply and good nutritional habits. Imagine solving one aspect of racism through nutrition education. I find that amazing.

In our community screenings, we find 31% who are undiagnosed diabetics. If you're a diabetic you should test yourself three times a day, but each strip costs \$1, and if you don't have the money to pay rent, you certainly can't afford the strips. Clients come in. We give them pocket calendars to keep track of and monitor their glucose levels. If we didn't have this service, they wouldn't have anyway to gauge these levels. Of course, we use that as a teachable moment to talk about diet and exercise and nutrition and how not to use a certain kind of ingredient that may be traditional but is toxic...like pots glazed with lead.

The Way of the Heart has a strong point of view on power and local autonomy. Their approach relies on *confianza* (trust) in one another and in the power of deep listening and an openness to shift ways of thinking and operating.

Often we try to create national models for curricula, outreach strategies, and so forth that don't fit our communities. It's great to know theories/models, but one size does not fit all. We are a diverse country with different styles, habits, priorities, and preferences.

In the early 90's I was trying to talk to a client about breast self-exam, but couldn't get through to her. She just wasn't connecting with the importance of bse in her life. Finally, I asked, 'Is there something wrong?' She looked at me and said, "You know Maria, I think I would rather have breast cancer..." It turns out that her son was a heroine addict and had recently stolen the tv, and the little jewelry she had. She didn't know this other person who had stolen from her, who was also her son. She had lost her son and she couldn't handle it. BSE was the furthest thing from her mind. It wasn't relevant to her.

That was really a defining moment for me. As the educated, we try to impose on others our ideas about how to live, and what should be important in their lives. It doesn't work that way. It's disrespectful of people to assume that how you do things is the way everyone should do them. This brought home to me that this is not the right way to work in community. And then the community started to come to me, and say, "You're asking me to open my doors and answer these very long questionnaires for a study, these very intimate questions. I've done it. Now what? Maria, how come nobody comes back, how come you use me to get this information, and then never return?"

Maria came to Nogales, Arizona in 1989, moving with her husband into a duplex they rented from her mother. “My mother had this little duplex and so we had a place to rent after grad school and we just never left.” Her family’s history here goes back several generations. Her grandparents, like many along the Southwest border, moved from Mexican State of Jalisco to the AZ/Mexico border, to Naco, Sonora on the Mexican side. Maria’s father moved to California, and Maria’s mother followed to keep the family together. Maria was the only of her three brothers and sisters to be born in East Los Angeles. She describes returning to the much smaller town of Nogales at the age of 34 as “culture shock.” She had completed undergraduate work at Stanford University, married, and received a master’s degree in the interim.

Entering the community was hard at first, she concedes. She was considered an outsider, not home grown. But, she brought a unique ability to listen and to develop services based on residents’ strengths and aspirations. She worked at a community health center before leaving to start The Way of the Heart, citing her differences with their approach.

The impersonal, assembly line approach managed care takes in the delivery of health care injures people over, and over again. Professional distance would be counter productive for us, but the level of knowledge is not. We democratize knowledge and health to make these available to anyone who is interested and can use the information to better their lives.

We assume that information is all that people need to solve their problems. On a scale of 1 to 10, it’s really only step one. What you want to do is to take care of the basics so that people have enough leftover energy to go to go to other levels where they can actually be active creators of their own experience. And hopefully they’ll get involved in changing policies, run for office. Everything is interconnected, health, politics, education, local and global economies.

The promotora model is based upon the needs and interests of families and individuals. Walking into the center, a visitor is surrounded by colorful posters in Spanish and English and, soon, the greetings of women with smiles first, and questions later.

In the early days, people would just walk in, like moths to a flame. They weren’t sure who we were or what we were doing, but they were drawn to the place. And once they were drawn to the place, they found a connection in their own lives.

So, you may come in for a reason, perhaps because someone has told you of a particular program we have. You may want to take exercise classes or you may want to check your blood pressure, or have some peer counseling. So, it emerges from the clients themselves, the desire to learn and grow, depending on what their issues are. We also have an intake survey with their family history and medical history. Included are questions about safety and support systems. We go through a whole host of questions to determine what kind of total environment our clients live in.

Maria makes a distinction between “cultural competency” and “cultural responsiveness.” Being responsive, she suggests, is a dynamic approach, acknowledging that culture itself is changing and that it requires a certain awareness and a constant willingness to learn. Systems, she says, have to change with the lives and circumstances of real people.

When the community goes into a health clinic, they want to tell doctors and nurses where their people came from, because that’s relevant to where they are right now. And, the doctors don’t like that, ‘I’ve got six minutes. Just tell me what your symptom is so I can give the medication to fix it.’ It’s as if the symptoms of that body part are not connected to anything else.

A lot of our people, in order to be healed, need to go back to the place where they believe the injury or sickness occurred. Or, they believe that *susto*, or fear, will cause an imbalance in your system, causing a lot of illnesses. Now, if you talk to most Western doctors, they will laugh at you. They will say that’s not how diseases develop. That’s superstition. But for some people that has everything to do with it. And, they’re not going to get better unless they go through the process of fixing the imbalance through ritual, prayer, offering, or some other practice.

In the interconnection, if you don’t take care of the core issue, you merely move one addiction into another area of your life. Everything’s connected. So, my idea is that, for the promotor model to be effective, we can’t go in as a one-trick pony. Having the community open its doors to you is a teachable moment. The promotoras are all cross-trained in the issues that affect our community.

In the connection, you find the interplay of the mental, emotional, spiritual, political, sociological, environmental aspects of our being. That is why we deal with so many topics. It’s about going to city council and having your voice heard. One of those core issues is that poor people’s needs are not considered because they don’t have a political voice.

Maria is a systems thinker, her approach rooted in the belief that there is an ecology, a natural system that supports collective growth and, in which, there is an interconnection of what seem to some, disparate elements. The Way of the Heart builds social networks among a range of partners, some of whom share their philosophy, and others who co-exist in the same geographic or organizational space.

We work a lot with the churches because they get it right away, they get that there is a lot of soul pain. They have their own version of how to take care of that soul pain. Usually this is connected exclusively to spirituality, with a list of do’s and don’ts, but they get that by helping other people we help ourselves, that we are all connected. This is important because the disconnect causes dysfunction. An example of that dysfunction is environmental degradation, or toxic wildcat dumping. We are seeing the disconnect in those people. People who dump trash out their car windows don’t feel connected to their

community or environment. **They may have a nuclear family, but they do not feel connected to the family of community.**

We also work with some businesses, social clubs, like Rotary clubs, Knights of Columbus, Kiwanis. When we do lot of education, we team up with a lot of community-based ngos who refer clients to us or we to them. Everybody has a different version of how they do this which I think is healthy. It gives people options. Let the community choose the style and content of services that suit their needs.

Being on this border makes you feel like the pie is limited because the economy, employment and educational opportunities are limited. People tend to hold onto the pie with all the energy they have available. People are very territorial, but our experience is, its all good...go to them and go to us too.

We are successful because we spend time with people and adapt to their specific needs. Adapting to specific needs is very efficient. You don't lose energy and resources delivering services to people that don't want or need them. Some people need very little intervention. All they need is information and they run off and they're fine. Other people need more. They need to have their hand held 2 or 3 times, and then they're fine. Some people need 10 or 12 interventions. Everyone gets what they need at the level they need it. We have people walking in here on the verge of suicide or having tried to commit suicide, who are now working, who are now viable members of society. It's all about seeing people as individuals, not walking case studies with a predetermined set of interventions created by someone that doesn't know your community, never stepped foot in it, and doesn't live with the consequences of not doing the job right. It's in our best interest to develop site-specific interventions that adapt to our specific situation and circumstance.

Maria serves on a number of national committees, and has worked closely with universities, foundations and federal agencies over the years. In her view, social capital between residents and institutional networks is often destroyed by an overriding reliance on power and status. Endowed with vast resources, these organizations may believe that they are right about what poor people need, about what their needs should look like.

I figure that my role in life is that I have a certain perspective and a voice to share. But when you change the status quo, people tend to get angry. People like to stay in their comfort zones. They don't like change that doesn't have a guaranteed positive result. Anybody who is an innovator will cause strong reactions. I thought it was just me. It turns out it's the natural evolution of change to resist it.

On many of these national committees, I am the community activist, which gives me the responsibility to be articulate. They invite me to sit on these committees, but often they try to discount what I say because I don't walk in their circle of influence, or have their credentials. I'm usually telling committee members how the world works for people

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outside their social rank, or socio-economic status and they don't like it. It makes them uncomfortable, rattles their cages.

Maria doesn't consider herself an "expert," but sees her residents as the experts and arbiters of their own experiences. She is unwavering in her commitment not to leading them, but to being led by them and to spreading this message to whomever will listen.

You have to ask people what they want with respect.

We're taught when we go to university that there is something special about us. But when we come back into community we have a tendency to tell people in subtle and not so subtle ways how ignorant they are and how they should live their lives. Well, that's disrespectful of people. It takes emotional and spiritual maturity to come and share the information that we've acquired in ways that don't degrade the people we claim to serve.

When asked about her greatest obstacle, she just laughs, and looks away with knowing eyes, "Tall poppies get mowed down." And, with that, she is off, eyes blazing, to meet with the Promotoras before the office closes for the day.