

Anna Howard Shaw Center

NEWSLETTER

Volume 26 • Issue 2 • Spring 2010



A Very Healthy Conference

By Benay Hicks

On March 3rd, women and men from all over New England gathered together for this year's Women in the World Conference. The theme of the day was "women and health." Our three presenters, Dean Mary Elizabeth Moore, Dr. Wendy Mariner, and Bishop Violet Fisher delivered powerful and inspiring presentations pertaining to this topic. The day started with a beautiful worship service in Marsh Chapel where bishop Fisher

gave a moving sermon which inspired the congregation to erupt in song singing, "This little light of mine, I'm gonna let it shine!" She encouraged us all to be the generation that stands out and makes a difference. "This is our time," she proclaimed. You can listen to the entire service on the Anna Howard Shaw Center website. The conference continued with a wonderful lunch and conversation, followed by the start of the presentations. Dr. Mariner's lecture was enti-

tled, "Vessels, Victims, and Venus: Public Interest in Women's Health," and Dean Moore gave a presentation entitled, "Faces of Women: Facing Towards Health." Both of these presentations can be listened to on the Shaw Center website. Bishop Fisher kindly offered up her manuscript to be published in this spring's newsletter and it can be read starting on page 2. Please visit the AHSC website for photos, etc. from this year's conference!



Bishop Fisher



Dr. Mariner



Dean Moore

A Word from Anna Howard Shaw

"A gentleman opposed to their enfranchisement once said to me, women have never produced anything of any value to the world. I told him the chief product of the women had been the men, and left it to him to decide whether the product was of any value."

Inside this issue:

<i>Racial and Ethnic Health Disparities in the USA</i>	2
<i>Theology + Ecology = Theology: A New Student Group Is Born</i>	2
<i>Women and Disability</i>	3
<i>2010 Graduating Women</i>	6
<i>Faculty and Staff Publications</i>	7

Women's Retention Study II

By Reverend Jacqueline Blue and Reverend Dr. Choi Hee An

Last quarter we alerted our readers of the decision to take the initial steps toward the Women's Retention Study II project and we are now primed to begin the study. Women's Retention Study II is a research study "focused on identifying reasons why

large numbers of clergy-women are not serving local churches, (and/or leaving parish ministry,) and to propose possible interventions by the connectional structure of the Church intended to retain clergywomen in local church ministry." At the conclusion of this study, the collected data will be compared to previous survey data and be ana-

lyzed to determine how the difficulties of UMC clergy-women's ministry has changed. This project cannot be a success without you. Be on the lookout for project start dates and visit our website for forthcoming announcements. You can find the Women's Retention Study I on the Shaw Center website. We thank you for your support!

Racial and Ethnic Health Disparities in the USA

By Bishop Violet Fisher

Violet is a retired Bishop in The United Methodist Church, elected and consecrated to the Episcopacy in 2000 and served until 2008. She was the first African-American woman to be elected to the episcopacy in the Northeast Jurisdiction of the United Methodist Church.

Over the last decade, the issue of racial health disparities has become one of the largest problems pressing this nation's health care system. It has been proven through several studies that racial and ethnic minorities, compared to Caucasians, often have less access to health care, receive lower-quality health care, and have higher rates of illness, injury, and premature death.

The problem of health disparities has led the U.S. Department of Health and Human Services to establish the elimination of health disparities by 2010 as a national goal and has inspired members of Congress to introduce legislation to help achieve that goal.

However, the recent threats to public health programs such as Medicaid and SCHIP (the State Children's Health Insurance Program), the in-

creasing numbers of people without health insurance coverage, the persistently disproportionate prevalence and incidence of chronic diseases and conditions among racial and ethnic minorities make reducing and ultimately eliminating these health disparities very challenging.

The term "health disparities" is an umbrella term that includes disparities in health and disparities in health care. Although these terms are often used interchangeably, they are two different concepts.

It is most important to understand each of these concepts because different factors contribute to each. These factors, however, are interrelated. For example, personal behavior and decisions about health, environmental factors, and genetics are factors that are known to contribute to disparities in health.

Studies have also found that factors such as discrimination bias, language barriers, and preferences about health care practices contribute to disparities in health care. When individuals have reliable, consistent access to health care,

they have greater access to health monitoring and are more likely to receive screenings, timely diagnoses, and appropriate treatment of chronic diseases and conditions. However, racial and ethnic minorities are disproportionately more likely than whites to be underinsured or to lack health insurance coverage altogether. For example, although racial and ethnic minorities constitute one third of the total U.S. population, they comprise more than one half (52 percent) of the insured population.

Dr. Martin Luther King Jr. famously wrote in his "Letter from Birmingham Jail" that "Justice too long delayed is justice denied." Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

Life Expectancy for Women

Life expectancy for women has nearly doubled over the past 100 years, from 48.7 in 1900 to 79.5 in 2000. Yet, minority women continue to lag about 5 years behind white women in life expectancy. For example, in the year 2000 white

Continued on page 6

Photos from the Women in the World Conference 2010



Theology + Ecology = Theology: A New Student Group Is Born

By Tallessyn Grenfell-Lee

Tallessyn is a Doctoral Candidate in Ecological Ethics at BUSTH. She received her M.Div. from BUSTH, her M.A. in Molecular Biology from Harvard University, and her B.Sc. in Biology from M.I.T.

A year ago last fall, a group of students in John Hart's Advanced Ecological Ethics course decided it was time – actually, long past time – for the STH to have a student group focused on ecological concerns and how we as an STH community can re-

spond and engage in spiritually grounded ways. The Theology Club was born.

Initially, Theology focused on small steps, such as our community-run recycling program and using locally roasted, fair trade, organic coffee at coffee stations. But the Club collaborated with other groups in the spring semester to help host a series of Earth Week events, forge relationships with other University and BTI ecological groups and or-

ganizations, and help craft a comprehensive Green Vision and Earth Justice Pledge for the STH.

The Anna Howard Shaw Center has always supported ecological reform and justice at the STH. When Theology first formed, the Shaw Center was among the first to support reusable mugs to replace disposable cups. The AHSC has incorporated living plants into its space as a way to foster a peaceful, healing environment. Its library offers books that represent

Continued on page 4



Women and Disability

By Nancy Hale,
BU School of Theology



Nancy is a United Methodist pastor and a doctoral student in Liturgy and Theology at BUSTH. She received her MDiv from BUSTH and her B.A. in English from Binghamton University.

Introduction

It is estimated that 54 million Americans (1 out of 5) have a disability, and more than half (28.6 million) are women. On the whole, women with disabilities are “the world’s most disadvantaged group” because of the double prejudice of being a woman and of having a disability.¹ Overall, women with disabilities experience more discrimination and harmful attitudes than men who are disabled.

Let’s look at some hard facts:

- Disabled women are less likely to be in the paid workforce than either men with disabilities or non disabled women, and in general have lower incomes from employment.
- Women are less likely to have access to rehabilitation services.
- Disabled women are more likely to be divorced and less likely to marry than men with disabilities.
- Disabled women are more vulnerable to domestic violence.
- Disabled girls are likely to find their access to education even more limited than girls in general.²

Exercise:

Close your eyes and imagine you have entered a restaurant. You see a beautiful young woman seated at a table. She has long flowing hair and skin like porcelain. She is dressed in a beige silk blouse and an ivory linen suit. She leans forward to say something to the man seated across from her. When he laughs heartily, her eyes sparkle.

Exercise cont.

Write down whatever words come to your mind that would describe that woman.

Now imagine you walk past this young woman on the way to your table. And you notice she is in a wheelchair.

Write what words/images come to mind now.

Are the lists different? Why or why not?

Body Image and Disability

All women in western society are confronted with the media-generated image of the perfect female body, but disabled women know that no amount of dieting, plastic surgery, or beauty aids will ever allow them to attain this sort of acceptability. Four things in particular contribute to the pervasive negative self image experienced by women with disability:

- Negative reactions from others (including statements such as, “She was so pretty before the accident,” or expressions of surprise or pity on seeing an attractive woman with a disability);
- Lack of control over bodily function;
- Having to incorporate cold, hard, metallic appliances into the concept of warm, soft, lovable femininity;
- Fears of sexual and social rejection.³

Family Life and Disability

Disabled women are often denied the most basic of human rights: marriage, motherhood, and relationships. Many have been counseled not to have children, and some run the risk of involuntary sterilization “for their own good” and for the sake of any children they might have.⁴ Disabled women who do have children find that there are few support services available to them. Most rehabilita-

tion services are geared to help people enter (or re-enter) the workforce through vocational training, job placement, and negotiating accommodation needs with an employer. But there are few support services for women who have chosen to remain at home to care for children or to be a homemaker.

Abuse and Disability

In America, disabled women are susceptible to all kinds of physical, emotional, and sexual abuse, which often occurs in settings such as hospitals and institutions at the hands of those entrusted with their care. Because disabled women are often trained to be compliant and submissive, their caretakers can easily take advantage of them. The belief that Deaf women and those with developmental disabilities are “dumb,” and difficulties in communication caused by Deafness or mental disability, can lead to abuse when a disabled woman does not understand what her caregiver/abuser wants, and may submit out of confusion or out of an ingrained habit of dependence on her caregiver/abuser.

Disabled women who are abused rarely report the abuse, but even when they do, many people do not believe them because of the common assumption that disabled women are asexual and not likely to be abused. Accessibility to support services is a problem, too. Very few domestic violence centers are handicapped accessible or allow personal assistants to remain with a disabled woman. In addition, few counselors and other professionals are trained in how to effectively communicate with a woman who is Deaf or mentally challenged (and frightened and confused, at that).

Inter-personal Relationships and Disability

Most people with disabilities experience “pervasive paternalism” and “social aversion,” both of which are more dangerous for women than for men.⁵ Paternalism results

Continued on page 4



Women and Disability, continued from page 3

in stereotypes of disability as helplessness, weakness, and biological inferiority. For women, these labels already exist; for women with disabilities, they are compounded. In recent years, disability advocates have argued that “the locus of the problem of disability is neither the psyches nor the bodies of individuals with disabilities, but rather it is the system of social relations and institutions that has accomplished the marginalization of people with disabilities as a group.”⁶

It is not so much the disability that is the problem, but the attitudes of society. Laws such as the Americans with Disabilities Act, passed in 1990, can legislate that public spaces be made accessible, but they cannot legislate people’s *attitudes*.

The social aspects of disability (such as poverty and isolation) can be more debilitating than the biological and physical aspects. For women in general, isolation is a threat because they are more relational than men and rely more on the networks of relationships they develop. Because of their physical limitations and social isolation, women with disabilities find it difficult to maintain a supportive network of friends. In addition, it is risky for a disabled woman to

have non-disabled women friends because women, who traditionally fill the role of nurturer, can feel a responsibility to become a caretaker rather than a friend.⁷ Reciprocity in friendships, which is important to most women, is harder for disabled women who may feel they cannot reciprocate for the patience, hospitality, and assistance that their friends give them.

Feminism and Disability

The fight for disability rights and the fight for women’s rights have much in common, but feminists and disability activists do not always agree on certain issues, including reproductive rights. What does it mean, for instance, when non-disabled women choose to abort their disabled fetuses? Feminists struggle to maintain reproductive choice, while disabled women struggle to assert their rights to existence, support, or opportunity.⁸ Ellen Wilke writes, “As long as abortion continues to be permitted on grounds of disability, the future looks bleak as regards improving the lives of [disabled people] in all areas, e.g. access to building, employment, education and suitable housing.”⁹

Sometimes, disabled women are simply not affected by the issues that feminists address, such as sexual harassment. Consider the following dialogue between a disability rights activist and a feminist:

Feminist Speaker: “The concerns about sexual harassment affect all women.”

Disability Rights Activist: “You know, I use a wheelchair, and when I go down the street I don’t get to be sexually harassed. I hear non-disabled women complaining about it, but I don’t ever get treated as a sexual object.”

Feminist Speaker: “You would hate it.”

Disability Rights Activist: “Try two weeks or thirty years without that sexual attention. Then tell me if you would hate getting some, even in the form of harassment!”¹⁰

Feminists need to understand that their agenda sometimes ignores issues that women with disabilities consider important.

The feminist push for women to be independent may cause some disabled women to push themselves

Continued on page 5

Theology + Ecology = Theology, continued from page 2

historical and contemporary understandings of eco-feminism in cultural perspectives. And the Center has also hosted spiritual retreats in natural surroundings, enabling and encouraging the STH community to grow spiritually with and within the natural world.

Why should a center that supports women in ministry care about ‘the environment’? Many people do not realize the ancient connections between ecological and feminist concerns. Eco-feminist theologians have described the ways in which objectification and exploitation of women interconnect with exploitation and destruction of the earth, and this oppressive combination continues today on a global scale. For example, cli-

mate change, primarily caused by the industrialized world, leads to widespread drought, desertification, deforestation, and flooding. International agricultural and mining companies also contribute to the poisoning of land and waters. These factors have undermined the sustainability and stability of local farming around the world. In less industrialized areas of the world, about 70 percent of the people make a living by farming, and in sub-Saharan Africa, up to 80 percent of these farmers are women. Yet women are often excluded from farmers associations and unions, as well as from land tenure and access to credit. Destabilizing the livelihoods of these women leads many

to seek alternative sources of income, such as prostitution. In India, forces such as trade liberalization and corporate globalization have led to widespread farm bankruptcy, and 200,000 of these farmers have committed suicide since 1997 as a result.

The challenges faced by these women and their communities are daunting. That is why we all must do what we can to make a difference. The Theology Club is currently collaborating in a number of areas of eco-justice advocacy, including the Leadership Campaign for clean energy in Massachusetts; plans to create an STH garden space; strengthening and expand-

Continued on page 5



Women and Disability, continued from page 4

into an independence that is unsafe and unhealthy, instead of accepting their limitations and recognizing their need for dependency.

Women with disabilities *must* cope with being dependent, and may feel left out of the fight for women's rights. Barbara Hillyer writes,

To the extent that feminist theory relies on women's ability to understand their situation, it fails to touch the situation of the women with disabilities. When we argue against female dependency in marriage or elsewhere, we should not ignore the existence of individual women who may be unable to avoid dependency.¹¹

There is much more involved in the fight for disability rights than the fight for women's rights alone can accomplish.

Theology and Disability

Throughout its history, Christianity has interpreted disability in various ways, many of which are unhelpful. Many people believe that disability signifies some kind of unique relationship with God: either the disabled person is blessed (as in "the spiritual superhero") or damned. Disability has also been linked with sin, as in the Hebrew scripture that

forbids anyone with a physical disability to make offerings to God (Lev. 21:18-20). The New Testament uses certain metaphors that also link disability with sin: people are said to be *blind* or *deaf* to God's word (see Mark 8:17-19 and Matthew 23:15-26). These and similar passages equate "the disability of a few [. . .] with the sins of many," and represent disability as the result of a *poor choice*, or a sinful act.¹²

Sometimes, disability is seen as the direct result of a lack of faith. Esther Boylan recalls one disabled woman's experience:

Someone who knows nothing about me except that I use a white cane as a mobility aid will startle me by approaching unexpectedly and saying, "If you truly believe in the Lord, He could make you see before you get to the end of the block."¹³

"Virtuous suffering" is another theological theme regarding disability. Stories about Job and Paul's "thorn in the flesh" support the idea that disability is a "trial" that one must endure in order to gain heavenly rewards. This kind of thinking allows the unjust attitudes of soci-

ety to persist, while the disabled woman is encouraged to be obedient to God and to simply persevere through her trials.

Pastoral Concerns Regarding Disability

The pastor who would minister to women with disabilities must take the time to learn about disability. There are many different kinds of disability, each with its own special set of concerns and needs. Part of pastoral care is providing a safe space in which ministry can happen, which is especially important for disabled women, who may feel very vulnerable. The pastor must find ways of providing accessibility and good communication.

Women are already at a disadvantage when it comes to relating to paternalistic images of God. But the disabled woman faces an extra barrier: her imperfect body causes her to fall even farther from the "perfect" image of God in which she was supposedly created. Pastors need to explore new metaphors and symbols for God, and find new definitions of wholeness with disabled women. And in light of the scriptural and historical depictions of disability (as noted above), pastors must examine

Continued on page 6

THecology + Ecology = Thecology, continued from page 4

ing our recycling program; and creating a one day seminar to educate Boston area seminarians and clergy in the basics of topics such as the ecological crisis, ecological theology and preaching, church weatherization and energy efficiency, and eco-justice community activism. We hope that our Club can help spread awareness and offer resources for ministry and activism to address these crises and achieve healing and hope.

As THecology celebrates its one-year birthday, we look forward to continuing to work together with the Shaw Center and with other STH student groups to create ecological healing and justice ministries. We envision an STH where

every graduate leaves with a holistic understanding of how our embeddedness in God's sacred Creation informs our ministries in the world. And we invite and welcome ideas from the community at any time as we work together toward a kin-dom of peace and justice for the whole earth.

Facebook: [BUSTH THecology Group](#)

Website: <http://sites.google.com/site/busththecology/>



Last Fall, THecology hosted a 350 celebration as part of the International Day of Climate Action. (350 is the number, in parts per million, of atmospheric carbon needed to sustain life on earth; we are already at 378.)

Speaking of ecology, if you've managed to acquire a mug that belongs to the Shaw Center, please return it so they can continue in their THecology ways.

Women and Disability, continued from page 5

their own beliefs to uncover any harmful stereotypes or theological understandings about disability.

Finally, because isolation, loneliness, and lack of purpose are major causes of depression among disabled women, pastors should do all they can to ensure that the disabled woman is fully included into the life of the faith community, and is given an opportunity to do whatever kind of ministry she may be able to do. As Sally McFague writes, “we are made whole only as we participate in the process of making whole.”¹⁴ Pastors can help a disabled women on the path to wholeness by helping her participate to her fullest in the body of Christ. Finally, pastors must learn to love a disabled woman for who she is – a *person*, first and foremost, who just happens to have a disability.

Works Cited

1. Esther Boylan, ed., *Women and Disability*, (Atlantic Highlands, NJ: Zed Books, 1991), 1.
2. Helen Meekosha, “Gender and Disability,” *Sage Encyclopaedia of Disability*, Gary L. Albrecht, ed., (Thousand Oaks, CA: Sage Publications, 2006).
3. Susan Lonsdale, *Women and Disability*, (New York: St. Martin’s Press, 1990), 66.
4. Boylan, 56.
5. Nancy Eiesland, *The Disabled God*, (Nashville: Abingdon Press, 1994), 64.
6. *Ibid.*, 62.
7. Michelle Fine and Adrienne Asch, eds., *Women with Disabilities: Essays in Psychology, Culture, and Politics*, (Phila: Temple University Press, 1988), 176.
8. *Ibid.*, 30.
9. Quoted in Jenny Morris, ed., *Encounters with Strangers*, (London: The Women’s Press, 1996), 145.
10. Fine and Asch, 30.
11. Sallie McFague, *Models of God*, (Philadelphia: Fortress Press, 1987), 145.
12. Barbara Hillyer, *Feminism and Disability*, (Norman, OK: University of Oklahoma Press, 1993), 8.
13. Kathy Black, “A Perspective of the Disabled,” *Preaching Justice: Ethnic and Cultural Perspectives*, Christine Marie Smith, ed., (Cleveland: United Church Press, 1998), 24.
14. Boylan, 15.

Congratulations to the School of Theology Graduating Women of 2010!!!

<i>Lin Erin Betz</i>	<i>Lauren Anne Miramontes</i>
<i>Deborah Ann Chi</i>	<i>Amanda L. Norris</i>
<i>Bokali Khetovi Chishi</i>	<i>Joy Anne Perrett</i>
<i>Cristina Maria Crawford</i>	<i>Andrea Reily Rocha</i>
<i>Kelly Marie Drezscher</i>	<i>Eve Renhard Scamans</i>
<i>Carolyn Christine Frantz</i>	<i>Yun Jeong Szol</i>
<i>Christina Mae Gzuther</i>	<i>Cieily Teresa Shaw</i>
<i>Melissa Grim</i>	<i>Anna V. Tovbin</i>
<i>Virginia Lee Hanna</i>	<i>Jeri Katherine Warden</i>
<i>Erin Elizabeth Iwanusa</i>	<i>Jana Marie Yeaton</i>
<i>Tamzcia Jones</i>	<i>Hyosuk Yun</i>
<i>Mi Hye Jung</i>	
<i>Hyunji Kim</i>	
<i>Adrienne Lee Kisner</i>	
<i>Jae Rim Lee</i>	
<i>Olga Lipina</i>	
<i>Karen Gainer Lubie</i>	
<i>Cheryl Lyn Meachen</i>	



Racial and Ethnic Health Disparities in the USA, continued from page 2

women could expect to live to the age of 80 compared with 74.9 for black women. Minority women continue to fair worse than white women in terms of: Health status, rates of disability, and mortality

For some conditions, the disparities are growing despite new technologies and other advancements that have been made in recent years. For example, about one black women in four over 55 years of age has diabetes.

The prevalence of diabetes is at least two to four times as high among Blacks, Hispanics, American Indians, and Asian Pacific Islander women as it is among white women.

Breast Cancer mortality has been declining among U.S. women since 1990, but the decline has been much greater among white women than black women. Although breast cancer death rates are fal-

ling, the incidence of new breast cancer continues to rise. Blacks and poor people are much more likely than whites and more affluent people to die from cancer.

Breast screening is less common in counties that have many uninsured women. Breast screening declined significantly for women earning \$25,000 to \$75,000 with high rates of uninsured. Black women and Hispanic women had higher screening rates with low rates of uninsured. Cost sharing in mammography is a major concern among black women and women with lower incomes and education levels. Often they are not covered by health plans and are required to share the cost (Co-pay).

The lack of health insurance is a barrier to receiving services. Compared with white women, black women are twice as likely, and Hispanic women are nearly three times as likely to be uninsured.

Furthermore, Blacks and Hispanics are more likely than whites to lack a usual source of care and to encounter other difficulties in obtaining needed care.

According to the center of Disease Control and Prevention, a patient’s self assessment of health is a reliable indicator of health and well being. When asked about their health status, minorities are more likely than whites to characterize their health status as “fair”.

Nearly 17% of Hispanic women and more than 15% of Black women say they are in fair or poor health, compared with 11% of white women.

Other findings are:

- Heart disease death rates are more than 40% higher for African Americans than whites.
- The death rate for all cancer is 30% higher for African Americans than for whites.

Continued on page 7



Publications by Diana Ventura

Our Fractured Wholeness: Making the Courageous Journey from Brokenness to Love (Cascade Books, 2010).

Publications by Dana Robert

Christian Mission: How Christianity Became a World Religion (Oxford: Wiley-Blackwell, 2009).

Joy to the World!: Mission in the Age of Global Christianity. The United Methodist Church, 2010. [This is the mission study for the United Methodist Women for 2010]

“Missionaries Worldwide, 1910-2010” in Atlas of Global Christianity, eds. Todd Johnson & Kenneth Ross (Edinburgh: University of Edinburgh Press, 2009).

“World Christianity as a Women’s Movement,” Chapter 50 in Pui-lan Kwok, ed. Women and Christianity: Critical Concepts in Religious Studies, Vol. III Religious Leadership, Mission, Dialogue, and Movements (Routledge, 2009). Reprinted from International Bulletin of Missionary Research 30:4 (2006): 180-188.

With Douglas D. Tzan, “Traditions and Transitions in Methodist Mission Thought,” Chapter 25 in Oxford Handbook of Methodist Studies, eds. William J. Abraham and James E. Kirby (Oxford: Oxford University Press, 2009):431-448.

“Innovation and Consolidation in American Methodist Mission History,” in World Mission in the Wesleyan Spirit, eds. Darrell L. Whiteman and Gerald H. Anderson (Nashville: Providence House, 2009).

“Shifting Southward: Global Christianity since 1945,” reprint, in Robert L. Gallagher and Paul Hertig, eds., Landmark Essays in Mission and World Christianity (Maryknoll: Orbis, 2009):46-60. This volume purports to collect the fifteen most important essays on the subject written in the last seventy years.

“The Ministry of Ezekiel Guti,” Books and Culture (March/April 2009):34-38.

Racial and Ethnic Health Disparities in the USA, continued from page 6

- African American Women have a higher death rate from breast cancer despite having a mammogram screening rate that is nearly the same rate for white women.

- The death rate from HIV/ Aids for African Americans is more than seven times than of whites. In fact, HIV/ Aids is now the leading cause of death for African Women ages, 25-34.

- Hispanics living in the US are almost twice as likely to die from diabetes as are non Hispanic whites. Although constituting only 11% of the total population in 1996, Hispanics accounted for 20% of the new cases of tuberculosis. Hispanics also have higher rates of high blood pressure and obesity than non – Hispanic whites.

There are differences among His-

panic population as well. For example, whereas the rate of low birth weight infants is lower for the total Hispanic population compared with that of whites, Puerto Ricans have a low birth weight rate that is 50% higher than the rate for whites.

American Indians and Alaska Natives have an infant death rate almost double that for whites. The rate of diabetes for this population group is more than twice that for whites. The Pima of Arizona have one of the highest rates of diabetes in the world.

American Indians and Alaska Natives also have disproportionately high death rates from unintentional injuries and suicide.

Asian and Pacific Islanders, on average have indicators of being among the healthiest population groups in the U.S. However, there is great diversity within this population group and health disparities

for some specific segments are quite marked, for example, women of Vietnamese origin are nearly 5 times the rate of white women.

Health care is a basic human right for all persons. Providing the care needed to maintain health, prevent disease, and restore health after injury or illness is a responsibility each person owes others. In Ezekiel 34:4a, God points out the failures of the leadership of Israel to care for the weak: “You have not strengthened the weak; you have not healed the sick. You have not bound up the injured.” As a result, all suffered.

It is unjust to construct or perpetuate barriers to the physical or mental wholeness for any of God’s children whether they are red, yellow, brown, black or white. We must eliminate health disparities among the different segments of our population.



Boston University School of Theology
Anna Howard Shaw Center

745 Commonwealth Avenue
Boston, Massachusetts 02215
617-353-3075
<http://www.bu.edu/shaw/>

NONPROFIT
U.S. POSTAGE
PAID
BOSTON MA
PERMIT NO. 1839

Here's how you can help carry on Anna's work...

The Anna Howard Shaw Center at Boston University School of Theology seeks to empower women in ministry through research, education, support, and advocacy. If you would like to learn more about the Anna Howard Shaw Center, please check our website.

The Shaw Center is working towards GOING GREEN

In an effort to cut down on the use of paper, the Anna Howard Shaw Center is beginning to take its first steps to becoming green by fully utilizing its website. The webpage will be updated frequently and all the newsletters and Women in the World information will be posted online at <http://www.bu.edu/shaw/>.

If you are interested in helping us obtain our "going green" goal, please sign up to receive future newsletters by email rather than in print. If this is something you would like to do, please email us at shawctr@bu.edu.

If you feel called to help underwrite the Shaw Center's operating costs, please feel free to send a check made out to the Anna Howard Shaw Center.

*Please send donations to:
Boston University School of Theology
Anna Howard Shaw Center
745 Commonwealth Avenue
Boston, Massachusetts 02215*

ANNA HOWARD SHAW CENTER NEWSLETTER

*Volume 26, Issue 2
Spring 2010*

MANAGING EDITOR
Choi Hee An

EDITOR
Benay Hicks

CONTRIBUTORS
Jacqueline Blue
Bishop Violet Fisher
Tallessyn Grenfell-Lee
Nancy Hale

THANK YOU TO:
Kasey Cox
Nory Leachon

Boston University is an equal opportunity,
affirmative action institution.

0609 974050