

Boston University School of Theology

ANNA HOWARD SHAW CENTER

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Women's Bodies, Health, and Rights



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4th Annual Multicultural Expo

Cultivating the rich and diverse cultures amongst us within our STH community, the Anna Howard Shaw Center hosted its 4th Annual Multicultural Expo. Students got the opportunity to share their personal stories as we broke bread together over a meal and built cultural, communal relationships with their colleagues.

The first stop on our flight landed us in China as Yolanda He Yang blessed us with a beautiful song from her Chinese heritage. We then made a brief stop in Korea as we got to listen to the celestial voices of the Korean Student Association as they reminded us not to be discouraged and know that we were not alone for God was walking with us. As we were found our way back to the states we made our way to the place known for crawfish, the festivities of Mardi Gras, the land of spices, and the birthplace of Jazz, the beautiful state of Louisiana.

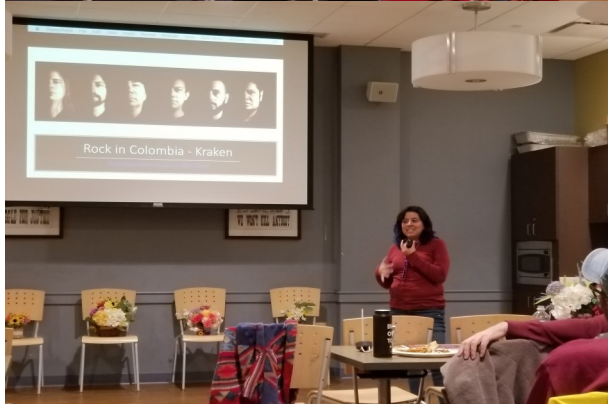
As our flight guests enjoyed their lovely delicious meals, Colombia was our next stop. We learned the historical background of Cumbia. It had been explained to us that Cumbia music came from the days of slavery and that the dance that accompanied it was the result of slaves moving to the music as they were shackled and chained. We then made a slight U-turn so that we could head back to Korea and get some insight on its Pop Culture as we got the chance to watch the evolution of an ever-growing music genre. The next stop on our flight was Haiti. We were charged to focus on the beauty of Haiti and the sacredness of the land to its people.



4th Annual Multicultural Expo



And as our plane took off to make it's last few stops, we were soothed with the sensations of some Haitian Hymns. During our final stop back in Colombia, guests got a chance to learn about the different types of festivals and rock music that was embedded in the culture of Colombians. Lastly, in preparation for landing, guests were privileged to play a game of American Sign Language telephone. Our time together allowed us to foster relationship, to learn from one another, and to intentionally take the time to see one another.



4th Annual Multicultural Expo

The Shaw Center staff would like to thank everyone who joined us on “*Flight AHS1978*” as we took a trip around the world, we look forward to our next “flight”.

Thank you to our speakers, performers and supporters!

Yolanda He Yang – China Speaker

Accompany – Korean Student Association

Chasity Jones & Shauneese Jacobs – Louisiana Speaker

Sam Kim – Korean Pop Culture Speaker

Rose Percy – Haitian Speaker

Amy Limpitlaw – Blessing of Food

Laura Montoya – Cumbia Dance

Ana Maria Rodrigues & Oscar Guana – Colombia

Rev. Dr. Charlene Zuill—ASL

Brent O’Neil – Tech Support

Event Hosts: Sadiqa Delaney & Chasity Jones



Women's Reproductive Health- Why I Care

"The reproductive health of women is affected when the rights of women are not considered because women are seen to only function as secondary agents in a society that only functions to repopulate and please men."

The Convention on the Elimination of Discrimination against Women (CEDAW) states, "...extensive discrimination against women continues to exist", and emphasizes that such discrimination "violates the principles of equality of rights and respect for human dignity." As defined in article 1, discrimination is understood as "any distinction, exclusion or restriction made based on sex...in the political, economic, social, cultural, civil or any other field" (OHCHR). Through this argument, the UN is identifying women as a vulnerable population based on their susceptibility to discrimination, which in turn, infringes on their human rights and dignity. Therefore, the UN CEDAW has made strides to include the protection of women, as exemplified in article 3, "...all appropriate measures, including legislation, to ensure the full development and advancement of women, for guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on the basis of equality with men" (OHCHR).

The importance of protecting women goes hand in hand with women's reproductive rights. If women are discriminated against politically, educationally, in the work field, sexually, and more, they are left in the backburner, their full potential, and humanity is not considered in the structure of cultures and policies. Moreover, because discrimination leads to exclusion, the voices and experiences of women are not included in regards to their health. For example, there are many women, especially black women, who have experienced discrimination when they go to the doctor. Additionally, the maternal mortality rate of black women is 2-3 times higher than that of white women, meaning that there are differences in the degree of discrimination that women experience, especially if those women are of color. Furthermore, the determinants for complications during and after pregnancy for black women are engraved in the systemic injustices of the U.S. system. Not only are black women experiencing accelerated cellular level aging due to "weathering" the everyday stressors of living in a systematically racist country,



Nora DeArco, MDiv. '19



Women's Reproductive Health- Why I Care

they also have to fight for their voices to be heard in healthcare as they face countless stereotypes and negligence (Nothing Protects Black Women from Dying in Pregnancy and Childbirth, 2017).

Through the CEDAW, the UN is trying to modify the cultural and social patterns of gender norms and values (article 5) to help ensure that women are regarded as an essential population. In Article 5, CEDAW includes the social function of family and the importance of family planning and education. In Article 10, CEDAW argues for the inclusion of women in education to be the same as that of men. Article 4 also highlights the rights of reproductive choice for women (OHCHR). These three articles are critical in the reproductive health of women because education is needed; women need to have accessibility, acceptability, and availability to information regarding their bodies and family planning, including abortion care.

Education is essentially giving resources and knowledge to women so that they can make adequate choices for their bodies and health. Education is impactful when combating social and cultural patterns of gender norms that generally subvert women to limited roles. If there are cultural myths about the role of women as weak, unbalanced, overly emotional, and uneducated, not only are women susceptible to internalizing these things as accurate, these myths are also going to influence how policies and cultural practices are enacted.

The reproductive health of women is affected when the rights of women are not considered because women are seen to the only function as secondary agents in a society that only features to repopulate and please men. The discriminatory practices that function to keep women in specific roles exclude women from having access and choice in and outside of their reproductive health and deny the dignity and full participation of women.

Acknowledging the full dignity of women means acknowledging the health determinants that also affect the reproductive health of women. Reproductive health is not just the absence of disease or pregnancy; it is how the human rights of women are validated and protected so that they are able to choose and live to their highest freely attainable potential.

Nora DeArco, MDiv. '19



Women's Bodies, Health, and Rights (saj narrative)



Shaunesse' A. Jacobs, PhD. '23

I was first introduced to the complex reality of women's bodies, health, and rights as a young adult. My mother and I were watching a medical documentary—this is a regular pastime of ours—during one of my academic breaks while in undergrad. She expressed her sincere fear of dying during childbirth with my sister and myself. I could not comprehend the fear because she often recalled the story of constantly falling asleep during my sister's delivery after having stayed awake the entire night watching television. (I used to think it was just a story she told, but my aunt and grandfather corroborated these facts. My mother is a conundrum in more ways than just this). But

how could a woman, who defied the pain and agony of bringing forth life by falling asleep several times during delivery, be afraid of childbirth? I did not ask why at the time. We just sat in the weight of that fear as another person's body was being opened for a medical procedure on the screen. My mother covered her face because she is afraid of blood. I

"Women's bodies at any age are complicated. Women's bodies at any age are under constant threat. Women's accessibility to suppose healthcare benefits are rarely realized".

watched with wonder, still believing at the time I would attend medical school.

Years later, while in my master's program, the topic

of the day was the ethics of Adam and Eve's punishment after eating the fruit in the Garden of Eve. The professor challenged us to think of the gravity of women enduring pain during childbirth. From a physiological perspective, conception and birth are no easy task. The inherent anatomy (pelvic bone, cervix, uterus, and vagina) is narrowed in such a way that it is almost impossible to bring forth life. He descriptively detailed that with such narrowness, the body goes into extreme states of shock and many complications arise from the infant making its way from one environment to another. I began understanding why my mother was so afraid of dying during my sister's and my birth.

But that still presupposed her pregnancy was completely healthy. This was not quite the case. My mother has, what was referred to as a soft uterus in the early 1990's when I was born—she was unable to carry either of her children to full term. This resulted in my multiweek hospital stay post birth due to premature weight and low blood pressure. Not only was she afraid of her body failing. She was also afraid of my body failing. My mother's and my stories offer a minor glimpse into the physiological complexity of human bodies, their strengths, and limitations. She did not die. Her body, as with the bodies of many who bring children into the world, survived the shock and trauma of birth. Her blood pressure regulated. Her heart rate returned to stasis. Her organs slowly healed. Her bleeding stopped. My blood pressure regulated.



Women's Bodies, Health, and Rights (saj narrative)

I reached a weight considered healthy enough for discharge. We went home and lived our lives. Yet, there are those who do not overcome these traumas. The reasons are varied, from physiological failings to resource deficiency; and the responses to these barriers are limited and insufficient. While women (cis, trans, and non-gendered) face significant barriers to health and the full realization of their health rights throughout the United States, Black women delivering children face an increased risk beyond the significant disparities among women. They are more likely to die, have higher rates of subsequent health concerns following delivery, and have higher rates of health concerns during pregnancy. I first learned of this reality while working at a healthcare consulting firm where I scoured medical records to prove that elongated hospital stays for pregnant women should be approved by hospitals because of the major risks of pregnancy and birth. In light of this, I would like to spend time briefly addressing issues around Black maternity and Black maternal mortality.

Compared to white women, Black women are three to four times more likely to die from pregnancy-related complications. Levels of education are meaningless. Levels of income are meaningless. Levels of competence are meaningless. Blackness results in a literal failure to thrive in the United States healthcare system; yet, this does not serve as a diagnosis for better healthcare and improved livelihood. Furthermore, in the absence of recent statistics in the past five years, the primary source of Black maternal mortality remains blogging and journalistic endeavors by the women themselves to report the unreported.

In these few words, I have only touched on snapshots of healthcare disparities and the seeming inaccessibility that some Black cis-women have to rights in the healthcare sector because their focus most remain on surviving traumas within and beyond the system. What I hope these snapshots into my mother's and my life, as well as the published narratives of other academics and professionals, offer is the necessity of communities coming together to save the lives of our women and children. If no external factors can save us, if our bodies betray us, if our allies neglect us, we are only left with ourselves to encourage, uplift, and fight for our lives and narratives persist. We cannot do this alone.

Women's bodies at any age are complicated. Women's bodies at any age are under constant threat. Women's accessibility to suppose healthcare benefits are rarely realized. Women's health at any age is under constant threat. Women's voices are ever silenced and minimized. Women's rights at any age are under constant threat. I came into the world early, and my body and health were fighting to survive in a world that was not prepared for me. My mother was fearful of an early exit from a world that was not prepared for her. Yet we persist. Our stories are numerous. Our bodies stand in solidarity with many around the world. Our relationship privileges us to share a collective pain and struggle.



Shaunesse' A. Jacobs, PhD. '23

Fun Fact Sheet

At the current rate, women will not receive equal pay until 2056 in the state of MA.

28.5% of employed women work in low-wage jobs.

Massachusetts ranks 11th nationally for the share of women in poverty; 13.8 percent of women in the state aged 18 and older are in poverty, compared with 12.3 percent of Massachusetts's men.

Women earn 81 cents for every dollar a man earns.

29% Black women, 24% Asian women, and 29% mixed-race women has a common mental disorder, compared to 21% White British women, and 16% White other women.



New STH Female Staff



Diana Atoui — *Administrative Coordinator for Finance and Administration*, is originally from Framingham, Massachusetts. She attended Boston University as an undergraduate where she studied International Relations and Arabic. Currently, she is an MA-IA candidate at the Pardee School of Global Studies at Boston University, concentrating on Foreign Policy and National Security. Diana speaks three languages and has interned for several Massachusetts Senators, the U.S. Attorney General, the Federal Bureau of Investigation, and three refugee resettlement agencies.

Also, she is the creator of an online campaign helping to raise money for refugees from Syria. As the Finance Coordinator for the Finance and Administration Department, Diana analyzes budget development and financial management of the School of Theology's three units and \$14 million annual budget.



Gretchen Brown — *Admission Coordinator*, is a recent graduate of the Boston University School of Social Work, where she focused her studies on clinical and connectional therapy when working with older adults. Gretchen is also still progressing towards receiving her MDiv from the School of Theology. She hopes to use the knowledge she has gleaned from both degree programs to help build bonds of connection and understanding

across generational divides to create more justice-centered faith and societal spaces. Gretchen looks forward to meeting and learning from all the wonderful prospective students that interact with the Admissions office. In her free time, she enjoys hanging with her dog, Oliver, going on adventures with her partner, and discussing which Golden Girls episode applies to the current moment she is navigating.



Maddie Henderson — *Admissions Officer*, She loves travelling to visit family and friends back in Georgia, exploring the Museum of Fine Arts, watching college football, and taking walks on the Esplanade. One of her favorite things about STH is the community, and with this position she hope to continue building that up.

New STH Female Staff



Katy O'Neill — *Financial Aid Officer & Advanced Studies Coordinator*, is originally from Amesbury, Massachusetts and moved to Boston to attend Boston University. She is a recent graduate from Boston University School of Public Health where she focused on global health and gender-based health inequities. In her spare time, she enjoys cooking, reading, and hiking with friends. Katy joined the School of Theology Staff in September of 2017.



Yara González-Justiniano — *Senior Program Coordinator for the Contextual Education Office and National Director and Grant Manager* of the Raíces Latinas Leadership Institute. She has a MDiv from Boston University School of Theology where she also recently completed a PhD in Theological Studies in the area of Practical theology.



Christina Richardson — *Senior Program Coordinator*, graduated with an MDiv from STH this past May. She is now back at STH and working as the Senior Program Coordinator in the Office of Registration and Financial Aid. While at STH she was involved in the Association of Black Seminarians, 2019 Class Gift, Worship Coordinator, Seminary Singers, Committees under STHSA, and was an RA at Warren Towers. She loved

being involved in the community and made life long friends at STH! She since has slowly been getting used to her new job in registration. So, if you need any help with registration, Christina is here to help :) Besides work, she enjoys traveling, watching K-drama on Netflix, spending time with family and friends, being involved in her church's youth ministry, and scrolling through social media. Stop by anytime in Suite 108 and say hi and get some candy :)

WELCOME

Anna Howard Shaw Center Lunches Fall 2019

Anna Howard Shaw Center
Thursday Lunch Lecture Series

**Eating, Sharing,
& Moving**

Anna Howard Shaw
Staff

Sep. 12 12:30-1:30 pm

Anna Howard Shaw Center
Thursday Lunch Lecture Series




**Experience of a
"foreigner" in
the U.S.**

Ana Maria
Rodriguez

Sept 19 @ 12:30 pm

Anna Howard Shaw Center
Thursday Lunch Lectures




**Rejecting the
'petri dish'
that breeds
impostor
syndrome**

Shaunesse Jacobs
2nd year PhD. @ STH

Sept. 26 @ 12:30

Anna Howard Shaw Center
Thursday Lunch Lectures




**Women of
Color,
Stress, and
Trauma**

Nora DeArco
3rd year MDiv

Oct. 3 @ 12:30 pm

Anna Howard Shaw Center
Thursday Lunch Lectures




**Liberation
Theology**

Dr. Filipe Maia
Assistant Professor
of Theology

Oct. 10 @ 12:30

Anna Howard Shaw Center
Thursday Lunch Lectures




**Online
Ministry and
the Future of
Worship**

Tory Dillard,
3rd year MDiv

Oct. 17 @ 12:30 pm

Anna Howard Shaw Center
Thursday Lunch Lectures




**"The Theology
Library -
Behind Closed
Doors: What
you might not
know about the
Theology
Library"**

Theology Library
Staff

October 24 @ 12:30 pm

Anna Howard Shaw Center
Thursday Lunch Lectures




**What's
Theology Got
to Do With
It?
Cannabis,
Equity, and
Ethics**

Jessica Hamilton
2nd year MDiv.

Oct. 31 @ 12:30

Anna Howard Shaw
Thursday Lunch Lectures




**Finding
Your
Voice**

Rose Percy
1st year MDiv
Live Music

Nov 7 @ 12:30 pm

Anna Howard Shaw Center
Lunch Lecture Series




**Queer
Theology in
the Context of
Liberation
Theology**

Luis Menendez
Assistant Professor
of New Testament

Nov 14 @ 12:30

Anna Howard Shaw
Thursday Lunch Lectures



**My Year with the
Dead: An Inside
Look at the Funeral
Home Business**

Kathy Boss
3rd Year MDiv

November 21 @ 12:30 pm



Save the Date!

Women in the World Conference

April 30-May 1, 2020

"Latinas and Religious Leadership"

Room #325, Boston University School of Theology,
745 Commonwealth Ave. Boston, MA 02215

Since 1985, the Shaw Center has hosted an annual spring conference to explore experiences of women's ministries in the church and society. The conference provides opportunities for women to hear women preach, share testimonies in ministerial and multicultural leadership, and develop networks of support with one another.



ANNA HOWARD SHAW CENTER NEWSLETTER

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