

Concerned Clergy for CHOICE



A PROJECT OF THE EDUCATION FUND OF FAMILY PLANNING ADVOCATES

CLERGY DAY IN ALBANY, WEDNESDAY, MAY 2, 2007

Clergy from across New York State will meet with elected officials in Albany on Wednesday, May 2, to offer pro-choice perspectives on family planning issues. The Rev. Penny Willis, director of the National Black Church Initiative of the Religious Coalition for Reproductive Choice and co-author of *Faith and Healthy Sexuality Curriculum*, will speak at the day's policy briefings. Clergy Day is co-sponsored by the New York State affiliate of the Religious Coalition for Reproductive Choice.

Time and time again, state policy makers ask to hear about the experiences and perspectives of pro-choice religious leaders. To get more information and to sign-up for Clergy Day, 2007, please contact 518-436-8408 or info@fpaofnys.org. Come to the Capitol and join your colleagues in choice!



The Rev. Penny Willis,
RCRC

ON-CAMERA MEDIA TRAINING FOR CLERGY

TAKE CONTROL OF YOUR INTERVIEW. GET COMFORTABLE MAKING YOUR POINT.
ANTICIPATE THE TOUGH QUESTIONS.

Based on the highly successful media training for national advocates, FPA's Education Fund and Concerned Clergy for Choice will offer "On-Camera Media Training for Clergy" Tuesday, May 1, the night before Clergy Day at 6:00 p.m. in Albany. The session will cover the do's and don'ts of crafting talking points, looking good on-camera and holding one's ground with the media. Participants will receive individual on-camera interviews and immediate critique. Please contact info@edfundfpa.org to sign-up. There is no charge to participate and dinner is included.

CECILE RICHARDS, CYNTHIA NIXON HIGHLIGHT FPA'S 30TH ANNUAL CONFERENCE! GOVERNOR SPITZER TO SPEAK!

Join 1000 reproductive rights advocates on Monday, March 26, for FPA's 30th Annual Conference in Albany. The Conference will feature Planned Parenthood Federation of America President Cecile Richards, actress Cynthia Nixon and elected officials. An evening gala reception will celebrate FPA's 30 years of expanding and protecting reproductive rights. Of special interest to clergy, Esther Kaplan, author of *With God on Their Side: George W. Bush and the Christian Right* will present at a workshop on "The Politics of Sexual Health." For more information and to register, go to www.fpaofnys.org.



Cecile Richards,
PPFA President



Cynthia Nixon, star
of *Sex in the City*

INSIDE: IMMIGRANT WOMEN'S HEALTH: TOOLS FOR CULTURALLY COMPETENT REPRODUCTIVE CARE

FUNDED BY THE ROBERT STERLING CLARK FOUNDATION

FROM THE DIRECTOR

FPA'S IMMIGRANT WOMEN'S HEALTH INITIATIVE: INCLUDING ALL WOMEN

Our faith teachings and pastoral care experience bring us to advocate for women's health. And Concerned Clergy for Choice, through its work for reproductive services and education, has learned that when it comes to fighting for "choice," immigrant women often face the highest barriers and greatest need for support.



When I visit our Planned Parenthood and family planning clinics across the state, I witness success in overcoming many challenges that immigrants face. And here in Albany, Concerned Clergy for Choice cooperates with FPA's Immigrant Women's Health Initiative, an Education Fund project headed by Karen Anderson, our Director of Public Policy. Many of you know Karen from her supportive presence in FPA's clergy work. The Immigrant Women's Health Initiative, with assistance from the Ford Foundation, helps our clinics strengthen and expand culturally and linguistically appropriate reproductive care for an increasingly diverse population in New York State.

Clergy are well acquainted with obstacles that immigrants must overcome. English-only hospital signage extends a less than welcoming invitation. Lack of language interpretation leaves a doctor and patient unable to communicate about life and death health issues. Reproductive needs, in particular, call for special attention to cultural nuance. And clergy help mitigate the effects of cultural impediments.

As surely as we offer individual support, we are community advocates and educators. In our roles as community advocates, we point to the need for consent forms in the languages that immigrants speak and trained professional language interpreters who are familiar with medical vocabulary as well as the requirement of confidentiality. As members of hospital and clinic committees and boards, we speak for the need to sensitively approach a woman who has never before been examined, least of all by a male. We know about language identification charts that enable a patient to show a staff member the text of a native tongue and world maps that allow non-readers to identify a country of origin. And we call for outreach targeted to specific local immigrant communities – culturally sensitive programs and educational materials, especially when dealing with reproductive health.

On April 24, FPA will convene leaders of immigrant women's organizations in Albany to prepare for a statewide policy conference on language access in health care. To learn more, please visit www.edfundfpa.org.

When we, as clergy, work for delivery of culturally competent reproductive health care for immigrant women, we bring our world closer to the Biblical vision that includes everyone, each woman, each man and every "stranger in your community." (Deuteronomy, 29.10)

Rabbi Dennis S. Ross, Director
Concerned Clergy for Choice, Albany, NY

IMMIGRANTS IN OUR COMMUNITIES

In New York State:

- More than 3.9 million New Yorkers, 21%, are foreign born.
- More than 1.5 million New Yorkers over the age of 5 speak English "not well" or "not well at all."
- Sixteen New York State counties are home to more than 4,000 "linguistically isolated" immigrants.

In New York City:

- 2.9 million, or 36%, of NYC's 8 million residents are foreign-born.
- Immigrants and their offspring account for 55% of NYC's total population.
- More than one-half of all NYC births are to foreign-born women.

IMMIGRANT HEALTH FROM MARGARET SANGER TO TODAY

“Margaret Sanger’s first clinic, opened in the Brownsville section of Brooklyn, New York, in 1916, provided contraception education and materials to the immigrant community. Of the clinic opening, Sanger wrote “we had printed about five thousand notices in English, Italian and Yiddish...The Yiddish and Italian papers had picked up the story from the handbills which bore the clinic address... Day after day the waiting room was crowded with members of every race and creed.”

Margaret Sanger: An Autobiography. pp. 214-218, 1999

“Twenty-six percent of Latino adults are Spanish language dominant and need an interpreter when obtaining health care services. The delivery of linguistically appropriate health care services can positively influence health outcomes. A recent study indicated that Spanish dominant patients served by Spanish speaking physicians tended to ask more questions about their health and had better recall of their physicians’ recommendations. Another study indicated that Spanish language patients whose health providers did not speak Spanish tended to omit medication, miss office appointments, and rely on the emergency room for their health care.”

“The Reproductive Health of Latinas in the U. S.” March 2002.
National Latina Institute for Reproductive Health

IMMIGRANT HEALTH: FROM THE BIBLE

“The stranger who resides with you shall be as one of your citizens; you shall love the stranger as yourself, for you were strangers in the land of Egypt....”

Leviticus 19:34

“One interpreter, mistranslating for a nurse practitioner, told the mother of a seven-year-old girl with otitis media (an ear infection) to put (oral) amoxicillin ‘in the ears.’ In another case, a Spanish-speaking woman told a resident that her two-year-old had ‘hit herself’ when she fell of her tricycle.; the resident misinterpreted two words, understood the fracture to have resulted from abuse, and contacted the Department of Social Services (DSS). DSS sent a worker who, without an interpreter present, had the mother sign over custody of her two children... (in another situation) the misinterpretation of a single word led to a patient’s delayed care and preventable quadriplegia.”

“Language Barriers to Health Care in the United States.” Glen Flores, MD.
The New England Journal of Medicine. Volume 355: 229-231, July 20, 2006, Number 3

IMMIGRANT HEALTH: FROM THE BIBLE

“Do not neglect to show hospitality to strangers, for by doing that, some have entertained angels without knowing it.”
Hebrews 13.2

“STEM CELL RESEARCH: A STUDY AND ADVOCACY TOOLKIT FOR CLERGY” IS NOW AVAILABLE!

More than 200 religious leaders have already requested a complimentary electronic copy of *Stem Cell Research: A Study and Advocacy Toolkit for Clergy*. This 38-page publication makes clear the strong scientific support for embryonic stem cell research as well as the surrounding ethical, policy, political and religious issues.

Clergy, as pastoral care providers, are all too well acquainted with the human costs of Parkinson’s disease, juvenile diabetes, serious burns, spinal cord injury and the many other life-threatening and life-altering medical conditions that stem cell research seeks to cure. This manual is helping religious leaders from many denominations – across New York and across the country – become more informed about stem cell research and more comfortable discussing the extensive religious support for this promising field of regenerative medicine. For a complimentary copy of *Stem Cell Research: A Study and Advocacy Toolkit for Clergy*, please contact Rabbi Dennis Ross at info@edfundfpa.org.

IMMIGRANT HEALTH: OUR NETWORK MEMBERS SPEAK

Imagine yourself doubled over in pain, filled with fear that the pregnancy you have so desperately wanted is ending in miscarriage. Now, imagine what it would feel like to be unable to make your needs and fears known because no one understood the language you spoke.

This scene is not the stuff of TV fiction but the real experiences had daily by immigrant women seeking health care in the United States. So often – when the women are able to get themselves to a medical facility or physician’s office (sometimes a feat in and of itself) their medical concerns are unheard because they cannot make themselves understood.

Translator services must be made available in hospital settings for those whose first language is not English. However even with that assistance, health care is often haphazard because many health care professionals are impatient (and at times annoyed) with the extra time it takes to work through a translator.

It’s no wonder that too many immigrant women don’t even try to get the health care they need because they are viewed as “difficult patients” for no other reason than they don’t speak English. And then, when they do present with a medical emergency they are deemed “irresponsible” because they didn’t seek health care earlier in the course of their pregnancy and/or illness. A vicious circle perpetuated by a system that views immigrants as “problems” rather than human beings – just like any other human being - trying to make a life for themselves and their family – trying to stay healthy.

It is a matter of justice in which each of us need to involve ourselves – by being educated on immigrant issues; by taking the risk of preaching about the health care concerns faced by immigrants in the United States; by encouraging those we serve in our places of worship to understand that health care in general and especially the reproductive health care of immigrant women which is profoundly affected by discrimination and disregard for the personhood of the women seeking medical attention.

In the Christian scriptures there is a story of Jesus reaching out to heal a woman who had been bleeding for years. In the touch of the healer, more than physical health was restored. Hope and even joy was reborn in one once ostracized and condemned by her community.

On behalf of the thousands of immigrant women who have been affected by a system that all too often dashes hope and empties a heart of joy, may you and I be advocates for justice – healing – and hope in each life.

*The Rev. Dr. Paula J. Gravelle
Director of Pastoral Care, Ellis Hospital, Schenectady, New York*

CLERGY ADVISORY BOARD

The Clergy Advisory Board, a group of pro-choice clergy spanning an array of faiths and regions of New York State, advises the Concerned Clergy for Choice project.
Members include:

The Rev. Kaaren Anderson
Unitarian Universalist
Rochester

The Rev. James R. Bridges
Unitarian Universalist
Congregation at
Rock Tavern

The Rev. Tom Davis
United Church of Christ
Saratoga Springs

The Rev. Dr. Paula Gravelle
Lutheran, Schenectady

Rabbi Marc Gruber
Central Synagogue
Rockville Centre

The Rev. Tomi Jacobs
Christ and Emmanuel
Lutheran Churches in
Ghent and Chatham

Rabbi Alison Kobey
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The Rev. Sara
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Park Avenue United
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The Rev. Joel Miller
Unitarian Universalist
Church, Buffalo

The Rev. Melanie Miller
United Church of Christ
Chappaqua

The Rev. Samuel Trumbore
First Unitarian Universalist
Society Albany

Rabbi Scott B. Weiner
The Hebrew Tabernacle
New York

IMMIGRANT HEALTH: FROM THE BIBLE

“And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? And when was it that we saw you sick or in prison and visited you? And the King will answer them, ‘Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.’”

Matthew 25: 38-40