

Immigrant Women's Health



Problems
and
Solutions

ELIZABETH J. KRAMER
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Problems and Solutions

Elizabeth J. Kramer.

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Editors



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Foreword

As Lance Morrow (1985) wrote, "Everyone is an immigrant in time, voyaging into the future. . . . The immigrant who travels both in time and geographical space achieves a neat existential alertness, the dimension of time and space collaborate. America, a place, becomes a time, the future" (p. 25).

Beyond the hard statistics of immigration are personal stories of those who have made America their home, whether as transients, permanent residents, or naturalized citizens. As immigration to the United States from all parts of the globe has increased, we have become a country of many diverse cultures. Although many immigrants are assimilated, not all acculturate. Furthermore, as evidenced by a recent three-part series in the *New York Times*, there is a strong movement toward biculturalism to the point that immigrants and their children move freely between their culture of origin and the United States, keeping the country of origin's cultural mores, beliefs, and traditions alive for succeeding generations.

Margaret Sanger, a staunch feminist and social reformer, went to jail in 1917 for distributing contraceptives to immigrant women from a makeshift clinic in Brooklyn, New York. Her work in the birth control movement benefited women from all over the world. Shortly before her death in 1966, Sanger said she hoped to be remembered for helping women as "they take care of culture and tradition and preserve what is good."

Women traditionally are and have been the health caregivers, as well as the brokers and protectors of their families' health. They also use health care services more frequently than men, particularly during their childbearing years. The burden of these functions is an even greater challenge for immigrant women, many of whom face multiple barriers to obtaining access to health care,

among them linguistic, financial, legal, cultural, and in many instances, geographic and temporal.

As health care providers, we are frequently thwarted in our efforts to provide adequate, effective, and culturally competent services to the immigrant women in our communities. We encounter legal, financial, and regulatory constraints, and we lack understanding of others' cultures and the knowledge, attitudes, beliefs, and practices they bring with them from their countries of origin.

Immigrant Women's Health builds the bridge that connects the health problems of immigrant women to actual or potential solutions. Part of the solution is understanding *cultural competency*, a term that recently evolved as the lingua franca to describe the process of integrating cultural knowledge and expertise into systems, be they educational, scientific, or institutional. The California Cultural Competency Task Force defined *cultural competency* as "a process that requires individuals and systems to develop and expand their ability to know about, be sensitive to, and have respect for cultural diversity."

The time has come for health care providers, health care organizations, institutions, the government, and the communities in which they are located to address the inequities in the delivery of health care to all who reside in the United States, regardless of race, creed, national origin, or source of payment for services. To do this, we must be willing to listen to and learn from individuals from diverse cultures and to provide services and information in appropriate languages at comprehension and literacy levels that meet their cultural, psychosocial, and educational needs.

This book goes a long way toward achieving that goal by providing a solid background on the major clinical, behavioral, and policy issues, problems, and prospects, as well as potential solutions and examples of programs that can be replicated. It comes to the marketplace not a moment too soon!

Kansas City, Kansas
September 1998

LILLIAN PARDO-GONZALEZ

Preface

The women whose faces appear on the dust jacket—Helena Cheung from Hong Kong, Noris Douglas from Panama, Levia Ivis Gomez from Puerto Rico, Noemi Mascarenes from the Philippines, and Coreen Parks from Guyana are not models. They are Liz's co-workers and friends. They represent the many immigrant women whose struggles and courage, hopes and dreams have inspired this book. The picture was taken on the Lower East Side of Manhattan, about a mile from Battery Park where the ferries to the Statue of Liberty and Ellis Island depart. Liz's parents were born there in the early 1900s. The faces have changed, the languages are different, but New York City remains a significant entry point for new immigrants.

Immigrant Women's Health is about cultural diversity and delivering culturally competent health care to women who come to the United States from all over the world in search of a better life. The three of us have different perspectives on this vast field. Liz works in a clinic that has served new immigrants for over 100 years; today approximately 90 percent of the patients are recently arrived, primarily from China and the Dominican Republic. Yu-Wen immigrated to New York from Taiwan via Germany with her parents in the 1960s. She became a psychologist to better understand her own cross-cultural experiences, to heal the pain associated with them, and to help others, especially immigrants from Asia, to do the same. Although Susan's family has been in this country for many generations, her clinical experience as an emergency physician has included countless encounters with recent immigrants, often—in a given shift—from several different countries. Together we have attempted to address a wide range of health and mental health challenges facing immigrant women today. We hope this book will contribute to the development and implementation

of effective, culturally competent solutions in an era of diminishing resources.

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Many individuals have helped with the preparation of this manuscript. Francesca Gany suggested the idea for the book. In addition to our contributors, to whom we owe a great debt of gratitude, we thank Barry Bateman, Angelina Borbon, Loren Brewster, Andrew Delp, Lucy Fisher, Anthony Grieco, Andrea Jones, Eva Lu, Francis Lu, Eric Mannheimer, Ann Morse, Joel Moskowitz, Annette Ramirez, Susan Resnik, Michael Tanner, Heike ThieldeBocanegra, Lisa Tracy, Frances Wong, James Zazzali, Fontaine Zhang, and the anonymous peer reviewer for their support and feedback, which greatly strengthened the final manuscript. Special thanks to Mary Jane Ruppert, who transformed the many diskettes and more than a thousand references into the final product, and to our colleagues, patients, students, families, and friends from whom we continue to learn.

September 1998

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Immigrant Women's Health

*To my grandparents, who came here in search of a better life
for their children. (E.J.K.)*

*To my husband, Peter Bernhard, and our children, Rachel,
Lauren, and Daniel, for whose support I am grateful.
(S.L.I.)*

*To my mother, Yi-Chih Lee, whose love and wisdom have
sustained and guided me all my life. (Y.W.Y.)*

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