

# FaithHealth

Fall 2015

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## Balm in North Carolina

Almost every day in a great academic medical center such as Wake Forest Baptist somebody discovers something new that is quickly employed to the goal of saving lives, alleviating pain or bringing a disease under control. Pretty cool. We're proud of that. But too often we forget one of the most obvious things: The people we call patients have a lot more going on in their lives than our doctors, nurses and machines. Many have not only a medical home but a spiritual home.

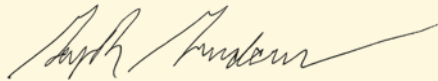
Last spring, the spiritual care department of FaithHealth was asked for technical and security reasons to get new badges to all the visiting clergy.

We decided to use that opportunity to upgrade our relationship with these clergy from parking to something deeper. So day after day after day as clergy by the dozens, then hundreds, came through our door, we shook hands on our friendship. We made sure their address and emails were correct (so they can get this magazine in the mail). And we talked about how we could more intentionally come alongside them as partners in the work of caring for their members who from time to time are our patients.

Hospital chaplaincy is a highly specialized form of ministry; is there anything we have come to learn that could be useful to the front-line clergy? Yes, so we've begun a series of trainings. The first focused on mental health issues, as clergy are often the first responders to the difficult but ever-present challenges of emotional and mental distress. Could our clergy partners help us see our own institution more clearly and tell us things we could change to make their ministry easier or the families' burdens less? Oh, yes. We're both seeing old things with new eyes with the help of our renewed partners.

This may not be as exotic or exciting as inventing a new pharmaceutical. But there is a Balm in Gilead. And in Forsyth County, and Lexington, Rockingham, Wilkes even unto Ashe and down to Wilmington. The balm often has a name and now a new badge.

Most congregations existed before their current clergy and will live on when someone else is in the pulpit. They are built to change their minds slowly about things that matter most and to not forget the most basic. They remember to visit the sick and those in prison. Give good news to the poor and do not turn away from your own family. This issue of FaithHealth holds up a few of these partners whose quiet witness humbles and inspires us every day. There are thousands of others, probably including you reading this magazine. We hope you can see yourself here, like looking in mirror and noticing something good. We've seen it and are here to say thank you.



Gary Gunderson, MDiv, DMin, DDiv  
Vice President, FaithHealth



Rev. Gary R. Gunderson



**Wake Forest<sup>®</sup>**  
Baptist Health



# FaithHealth

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### Partners in Pastoral Care

*by Les Gura*



Cover photo: Father Brian Cook visits with Brigadier General Alfred L. Esposito.

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Father Cook with retired Brigadier General Alfred L. Esposito\* and his wife, Theresa.

\* Brigadier General Alfred L. Esposito passed away on Oct. 25, 2015.

## Father Brian Cook: Still using lessons of ministry taught by Mother Teresa

**F**ather Brian Cook, pastor of St. Leo the Great Catholic Church in Winston-Salem, speaks softly when asked to share why pastoral care is such an important part of ministry.

He was just a young priest, he says, when he got the opportunity to work with Mother Teresa at a hospice in Washington, D.C. There, members of her order, the Missionaries of Charity, cared for people with advanced AIDS.

One day, Mother Teresa was on the second floor with a patient and called for Cook to join her.

"We went upstairs and Mother was cradling this young man in her arms and stroking his head," Cook recalls. "And she simply gestured to me and said, 'Come, Father Brian, look. It is Jesus.'"

"One of her expressions was that the duty of a Christian is to see Jesus in the distressing disguise of the poor and the dying and the hungry, and that was a lesson that we learned very clearly in the hospice."

Since moving to North Carolina in 2002, Cook has brought a special

brand of compassion via outreach and partnership with organizations such as Catholic Charities and Samaritan Ministries.

"If you invite really gifted people to come and work with you, then you see the grace of God moving every day," Cook says. "Currently, we have about 85 or 90 parishioners who are either homebound or in nursing homes. We have 70 volunteers who connect with them on a variety of different levels."

"There's lots of home visitation, and one of the most important things for us is to see to it that Holy Communion is brought to those people who can't be



## “ST. FRANCIS SAID TO PREACH THE GOSPEL ALWAYS, AND WHEN NECESSARY USE WORDS.”

with us on Sundays. So our lay ministers carry Holy Communion to them.”

Jay Foster, DMin, is director of chaplaincy and clinical ministries for the Division of FaithHealth of Wake Forest Baptist Medical Center. He says such spiritual care “is essential to the healing process,” and he notes that Cook comes to Wake Forest Baptist “many times during the middle of the night to provide spiritual care and ministries of the sacrament to Catholics from across our region.”

### A sense of hope

Cook quotes St. Francis of Assisi when asked about how to provide pastoral care.

“St. Francis said to preach the gospel always, and when necessary use words.”

When he is asked to assist a patient and their family members, Cook says, he knows that presence is as important as anything else.

“I can recall a young person who suffered a terrible injury and I came into the room and administered the anointing of the sick, which we believe can have spiritual, emotional and — at times if God wills it — even physical aspects of healing. But when all of that was done, I felt as though the most important thing I could do was simply be there. And so I sat on the floor in the corner, with the family around his bed.”

Many times when a member of the clergy appears in a hospital, people step back, fearing the worst.

Cook knows those fears are misguided. What he and all pastors do for patients is try “to bring a real sense of hope into that time and place. For us it’s the realization that we are destined to be with God. And many times our lives are a reflection of the passion, death and resurrection of Jesus, and, one day, we will be with him. So that’s the message of hope that I try to bring into any situation.

“And that, combined with the extraordinary medical care that people

receive,” he said, interlocking and flexing his fingers for emphasis, “those are powerful tools for healing that really work together in the different aspects of care of the patient.”

### The faith and health connection

Cook grew up in the Washington D.C. area, where his parish priest was Father

William Curlin. It was Curlin who initially encouraged Cook to become a priest. Years later, Curlin became bishop of the Diocese of Charlotte and recruited Cook to North Carolina to become associate pastor at Holy Family Catholic Church in Clemmons.

In 2007, Cook was appointed pastor of St. Leo’s, which has 1,850 families.

*continued >*



Father Brian Cook is a frequent visitor to Wake Forest Baptist Medical Center, providing ministry and administering the sacrament of Anointing of the Sick.

Although at St. Leo's he is the only resident priest, he relies on several retired priests, a religious sister, a deacon and his team of lay ministers to assist in more than a dozen Masses a week, community outreach and pastoral care — including ministry to the incarcerated — and a parish grade school.

He also occasionally leads Mass in the Davis Memorial Chapel at Wake Forest Baptist Medical Center and each year teaches chaplain interns and pastoral care residents about the needs of Roman Catholic patients. He says he believes in the holistic approach to care being offered by the Division of FaithHealth at Wake Forest Baptist, which encourages volunteers from faith congregations to assist people on their health journey with companionship, transportation or other services they might require.

"It's the kind of work that's been going on at the congregational level, all over the city, for many years," he says. "It's great from the standpoint of keeping people with health issues connected to vital lives of faith, and also because it means folks are checking on them, so perhaps if there's a problem someone will blow a whistle."

### ... HE BELIEVES IN THE HOLISTIC APPROACH TO CARE BEING OFFERED BY THE DIVISION OF FAITHHEALTH AT WAKE FOREST BAPTIST, WHICH ENCOURAGES VOLUNTEERS FROM FAITH CONGREGATIONS TO ASSIST PEOPLE ON THEIR HEALTH JOURNEY ...

For Cook, healing flows from a life of prayer. He arises every morning at 5 and in a small chapel in his house outside his bedroom, prays for 45 minutes. Then there are the daily Masses, as well as quiet time at the end of the day. It gives him the strength and will to minister to others.

"My storehouse," he says, "comes through this life of prayer."

— LES GURA

## Rabbi Mark Strauss-Cohn: How pastoral care heals 'body and soul'

As a student at Hebrew Union College in Cincinnati, Rabbi Mark Strauss-Cohn spent many hours in a hospital for a required clinical pastoral education course.



He and five fellow students would spend hours in the hospital, and then even more hours writing of their experience, sharing it and receiving feedback—what went right, what went wrong.

"There was a lot of learning going on and also exposure of self and our own personal growth," says Strauss-Cohn, the rabbi of Temple Emanuel in Winston-Salem since 2001. "It was just unbelievable; pretty intense.

"The Talmud, the Torah, Bible and modern Hebrew literature were all important courses in rabbinical school," he said. "But that experience in CPE was critical. It gave me the tools so that when I would go back into my student pulpit and ultimately full-time work, I would see the hospital as an extension of my office, as an extension of synagogue."

Years later, Strauss-Cohn brings the idea of the hospital as an extension of his office when he ministers to patients in need at Wake Forest Baptist Medical Center, other care facilities or the homes of temple members where he is asked to provide a soothing voice.

The most important element of those visits?

"I do a lot of listening," Strauss-Cohn says. "It's the No. 1 thing I do. I can sit an hour and may have said only a handful of words. That's what I'm there for. I'll try to open my heart and open my ears to what's going on. Then I usually like to offer a prayer. If people are gathered around, I try to rope everyone in."

Jay Foster, DMin, director of chaplaincy and clinical ministries for Wake Forest Baptist's Division of FaithHealth, says Strauss-Cohn has become a critical part of interfaith work in Winston-Salem, and serves as an advisor to the Wake Forest Baptist's professional advisory committee in chaplaincy.

Foster says Strauss-Cohn brings wisdom, wit and thoughtfulness to ministry.

Although a health crisis can be intensely personal, Strauss-Cohn says it also tends to increase spirituality, and what a chaplain or pastor offers is *refuah shlema*, Hebrew for "a feeling of health and well-being, a healing of the body and healing of the soul."

"People realize 'Medicine can do one part, but I've got my own inner work I can do and I have people around me who can help,'" Strauss-Cohn says. "Knowing that is a really healing thing for people, bringing a sense of calm and helping them be more in touch with themselves."

## Rev. Ginny Tobiasen:

### Helping people share their vulnerability and their story

Of all the stories Rev. Ginny Tobiasen has heard in the hospital, there is one opening sentence she remembers best: “The day I was diagnosed, it snowed all day.”

To Tobiasen, associate pastor of Home Moravian Church in Winston-Salem, it sounded like the start of a novel. Which is not surprising since Tobiasen was a book editor before being called to become a pastor a decade ago. The common ground in her old and new life is empowering people to tell their stories.

“There’s so much importance to the voice,” Tobiasen says. “What you do as a chaplain in the hospital is visit people and encourage them to tell their own stories.”

“Narrating their lives gives people a power and an understanding they might not have if they think they have no story or think they shouldn’t tell their own story. It becomes harder for them to cope. But when encouraged to see their lives as part of a divine story of the world, it gives them a power that they need.”

She says she usually starts pastoral counseling with a simple question: “What brought you here?” The range of answers, she says, is amazing; some people begin with a diagnosis or the illness, while others take a biographical approach or talk about life in general and not illness.

“The details people focus on, the way they narrate, tell you a lot about who they are and what they focus on,” she says. “In a hospital, to the doctor you’re the patient in room 12 with a chest tube. But that patient will tell you a different story of his life.”

“If they tell their illness narrative, what happened with their body, it’s a way to open up and also tell you about who’s important in their life, the work they’ve done, the passions they have, their hopes and fears, the religious understanding they have.”

Tobiasen obtained her MDiv degree from the Wake Forest University School of Divinity in 2010, then completed a residency in clinical pastoral education at Wake Forest Baptist Medical Center. She said working with patients as a new pastor helped her learn to connect.

Jay Foster, DMin, director of chaplaincy and clinical ministries for Wake Forest Baptist’s Division of FaithHealth, says Tobiasen combines a penetrating intelligence with great

compassion. He says those traits are why she is frequently sought out as a pastoral caregiver.

Today, Tobiasen is one of two pastors in a 1,200-member congregation. In that role, she is sometimes able to walk with patients and families through health challenges that last for years. Other times, she may meet a member only in time of



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health crisis, and once the crisis is resolved, the member may once again lose touch with the church.

But Tobiasen and fellow pastor Rick Sides work with the men’s and women’s fellowships at Home Moravian, as well as the Congregational Care Ministry Team, to stay connected with shut-ins and other members who are struggling.

Sometimes, Tobiasen notes, people who are ill don’t want to ask for assistance.

“I preach a lot on vulnerability; it’s one of my favorite topics,” she says. “If you don’t admit you’re vulnerable, if you’re embarrassed to be seen as ill, you can’t really connect at a heart level with other members of the congregation. That’s a learning I’ve carried with me from my clinical pastoral education at Wake Forest Baptist.”

Tobiasen mentions a recent movie, *Inside Out*, in which the characters were the different emotions in a person’s head.

“The lesson of the movie is the need to acknowledge that sadness colors our lives and our memories. If you try to ignore sadness and hardship, you won’t fully embrace your life,” she says.

“You don’t force a person to confront what they’re not ready to confront. But a pastor does try to encourage a person to say the things that scare them; to acknowledge their sadness so that we can talk about how they can use the sadness and the fear to find a fuller life, find a more hopeful life.”



# FaithHealthNC

## What it is and how it works

FaithHealth is a dynamic partnership between faith communities, health systems and other providers focused on improving health.



For more information about FaithHealthNC, call **336-716-3027** or email **info@faithhealthnc.org**.

**faithhealthnc.org**



The partnerships combine the caring strengths of congregations, the clinical expertise of health providers and a network of community resources. Partners are linked in a shared mission of healing.

FaithHealth staff, as well as volunteers from congregations and the community, offer health care ministries to anyone in their community who is in need. They provide support before, during and after hospitalization. They make home visits, provide emotional and spiritual support, and help with meals, transportation, medications and other needs. They also hold educational events on preventive health and wellness.

Providers such as Wake Forest Baptist Health offer Liaisons and Supporters of Health who help congregational and community volunteers provide care and ensure that peoples' needs are met during times of illness. They also provide congregations with educational resources aimed at improving health.

FaithHealth trains volunteers in respecting patients' privacy, hospital visitation, care at the end of life, mental health care, home health care and other topics. Staff and volunteers help patients after a hospital stay—everything from making

sure their medicines are taken in the right dosages and at the right time to connecting them with resources that might help them pay utility bills or rent.



### What is FaithHealthNC?

- ▶ Someone discovering that a patient keeps returning to the hospital because she can't read.
- ▶ Four congregations working together to provide a patient with daily transportation to chemotherapy.
- ▶ A community leader helping start a community garden.
- ▶ A group of committed parishioners helping a church start a free health clinic.
- ▶ Someone who advocates to help a homeless person with a chronic condition find housing.



## right door

Too often, we wind up at the health system's wrong door — the Emergency Room. **FaithHealthNC** partners help us to learn more about ourselves and the care we need, from preventive steps to proper medications. In that way, they help us find the right door, such as seeing a primary care doctor or other provider.



## right time

Fear, confusion and finances often conspire to have us seek medical help at the wrong time—too late. **FaithHealthNC** partners help us learn about education and preventive care, and how to recognize symptoms and issues so we seek help earlier, with a supportive team behind us.

## ready to be treated

Without support, we frequently wind up in a crisis mode, unable to anticipate what providers need from us or so anxious that we can't be treated. **FaithHealthNC** partners help prepare us when we need medical help, from bringing medications to a facility to understanding financial options to being a calming presence.



## not alone

When we begin a journey of health by ourselves, we are probably anxious, isolated and distrustful. **FaithHealthNC** gives us a network to rely on, someone to be with us—compassionate, competent, connected—so our fears are eased and our journey more smooth.

# The Home Team Advantage

► By Gary Gunderson

**L**egendary football coach Knute Rockne of Notre Dame once said although his team prayed before every game, “I’ve found that prayers work best when you have big players.”

Medicine is filled with images of sports. We speak of battling cancer, fighting back against injury, showing courage to the last breath. We pray. And the prayers seem to work better when the home team is bigger and better prepared.

In sports, playing at home offers a big advantage; in football, statistically, it’s worth about a touchdown. In Seattle, you’ll see football jerseys everywhere with the number 12. Only 11 people play on the field; the 12 represents those cheering in the stands, the difference the home team makes.

Health care today has four streams of miracles. The first two, pills and surgery, get most of the attention (and money). The third, the revolution of imaging and genetic analysis, allows physicians to dramatically affect the odds of living well and long.

The fourth miracle — the social factor I call the *home team* — is the real frontier. This field is shaped by the “determinants” linked with pathologies. Long before we discovered germs, we noticed that bad housing, polluted water, dirty food and lack of sewage predicted ill health. Poverty, low education, dangerous work, violence and lack of legal protection are like poison. Surely social factors could protect, as well as threaten; strengthen, as well as weaken.

Only recently have we begun to think of the home team advantage in a new way. That even if we weren’t born



**ONLY RECENTLY HAVE WE BEGUN TO THINK OF THE HOME TEAM ADVANTAGE IN A NEW WAY. THAT EVEN IF WE WEREN'T BORN WITH GREAT GENES, SURROUNDED BY HIGH TECHNOLOGY OR HAVE A STRONG FAMILY TEAM, WE CAN BUILD A GREAT TEAM.**

with great genes, surrounded by high technology or have a strong family team, we can build a great team. That’s what programs such as FaithHealthNC are trying to do. The FaithHealthNC Supporters of Health, people such as Annika Archie, are reaching out to those in need in the communities they love. “They show that even if you’re not born onto such a team, it’s possible that a team will adopt you and be there for you with bonds tighter than those of blood,” says Fred Smith, one of our Division of FaithHealth advisors.

Most of us are not born with incredible home teams. Our families are small and scattered. We live in cities where we may not even know the people through the wall that share our plumbing. Our children may live in other time zones. For too many, when we need it most, our home team is a lonely fantasy.

But blood, race, neighborhood, age and faith are not lines that keep our team. Each can be ties that are smarter, wiser and more healing. Although the threads of relationship in our culture are scattered, we can weave new ones. And “we” does not mean we do it alone or for ourselves.

Author Wendy Lustbader observes that people with a history of generous exchanges with others tend to carry those expectations to the end of their lives. “The belief that there will be people around to assist us during our time of need is the conviction that we create by our own example. ... We see firsthand that individual efforts can indeed reduce suffering and that not all hardships are beyond human control.”

FaithHealthNC is showing that we can weave relationships on a large scale. It’s often said that healing happens one person at a time, but actually the pattern

is fractal, repeating itself at every scale. The pattern of trust that builds a bridge for healing starts with the individual then goes out to the first circle of family and friends. It then repeats at neighborhood scale and again at the level of the city and state.

The common thread is trust. The energy for the weaving is compassion. At each level, trust is earned and tested and found strong enough for healing. Professional competence is only one factor in that kind of trust. Do providers know me enough to respect me, speak my language, care for my life and the things I value the most?

Just as individual medicine begins with the history, so does neighborhood or city health. We need an honest history about the pattern of social, economic and political choices that determined

where the roads were put and through which neighborhoods, where the schools and clinics were and how well they were maintained, where the grocery stores are and how fresh their food is. We need to know who has what kind of jobs and how much they are paid. And whether you have reason to think the police officer or doctor is on your team or wants to go away entirely. This kind of history helps explain why people are wary, why they come too late for treatment, why they are quiet when the doctor gives them advice they can't follow.

Having a home team advantage matters more than ever now that we know the most prevalent medical conditions — diabetes, for example — develop over many years and, once discovered, offer the prospect

of a long period of managed care. The advantage today is we can still live well with these chronic conditions. The disadvantage is that our health care system is designed for *short* periods of highly technical treatment, not slow-moving conditions that depend on long-term relationships to manage. Very few of us will die of injury, infection or violence. Nearly all of us will die of some slow-moving chronic condition. So for many, the promise of 21st-century medicine is one miracle short. What looks easy — relationships — is the hardest. Chronic conditions — often filled with pain and difficulty — are the long game and are faced by millions. And the longer the game, the more having a bigger and better prepared home team matters.

## People *and* Events

### New to the FaithHealthNC team

Our newest FaithHealthNC team member:

**Anita Holmes** *Director, FaithHealth Partnerships*

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### New Clinic in East Winston-Salem

The Grace Free Clinic opened its doors at New Light Missionary Baptist Church in Winston-Salem in September.

Staffed by volunteer medical professionals such as clinicians, nurses and health coaches, it will be open on the third Saturday of each month. FaithHealth volunteers also engage with residents

to make sure they get the most appropriate level of care and access appropriate community resources at the right time. The holistic health care clinic provides management of hypertension, diabetes, COPD, pneumonia and other primary care-appropriate conditions. A long-time dream of Rachel Zimmer, Grace Clinic aims to provide compassionate care while bridging the patients to the appropriate primary care providers. It is strategically placed in the east Winston-Salem community, where many face barriers to accessing appropriate medical care. The church's pastor is Rev. Sam Hickerson who is also volunteering with the clinic.



### AHEC supports Supporters

Wake Forest Baptist Medical Center has partnered with Northwest Area Health Education Centers (NWAHEC) to develop and offer training for 30 more Supporters of Health. Supporters reach into the community to help patients after a hospital stay with everything from transportation to medical appointments to making sure medicines are taken in the right dosages. A grant of \$88,900 from NWAHEC will help FaithHealth train new supporters who seek to care for vulnerable populations in five counties: Forsyth, Davidson, Wilkes, Randolph and Surry.

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### FaithHealth–Gaston launched

FaithHealth–Gaston has begun assisting elderly patients who have no support network and are being discharged from CaroMont Regional Medical Center.

“Many older adults go without proper nutrition or prescribed therapies because they lack access to transportation,” says Lisa Marisiddaiah, Coordinator of Faith and Health Ministry at CaroMont Health in Gastonia. “Sometimes that can lead to a health crisis that could have been prevented.”

Volunteers from congregations will make home visits, provide emotional and spiritual support, and help with meals, transportation and picking up medications for their members and neighbors.



# Mount Moriah Outreach Center focuses on whole body

Slowly, people gathered Saturday morning on the porch of the Mount Moriah Outreach Center on Jefferson Street in Kernersville, an older building on a sprawling five acres. Volunteers directed newcomers where to line up and park, and then directed them inside.

In small groups, the visitors were led to the basement of the non-denominational church to pick up a box containing bread, meats and non-perishable foods that might help them through a few days.

Mount Moriah has operated its monthly food bank for four years, and Bishop Todd Fulton, who began the Outreach Center with his wife, daughter and two others back in 2003, believes it is the essence of what churches should do.

“The common thread between all people is pain and suffering,” Fulton says. “So you reach out to people suffering and in pain and you give them a relevant message.”

It’s a particularly relevant message in this area because in the spring, the Washington-based Food Research and Action Center released its new rankings

on food insecurity, and the Greensboro-High Point-Winston-Salem metro area was ranked No. 1 in the country. The rankings are based on the percentage of households in which members say they didn’t have enough money to buy food at some time during the past year.

## Interest in food justice

Fulton first became interested in the food justice movement while he was in divinity school a decade ago. He said reading about the issue helped him see the disadvantages the working poor face in simply having enough money to pay for food. Sometimes churches and clergy don’t understand the issue because they have moved away from the people they serve.

“We want to save the community, and the church is the community, but we don’t live in the community,” Fulton says.

Mount Moriah is located in a well-settled neighborhood, and Fulton lives in a home next door to the Outreach Center with his wife, Judith. She’s right there with him on food bank mornings, handing people their boxes and making

sure volunteers carry or assist people with the boxes.

Behind the Outreach Center is a three-tiered community garden with fresh fruit and vegetables. Still a work in progress, it is tended by church and community members. Behind the garden is a hen house with just four hens that produce about half a dozen eggs a week. Fulton hopes the church members learn more about chicken farming and that they can add hens.

Because of government regulations, the fresh foods grown in the community garden can’t be mixed with the goods given on the third Saturday, which come from Second Harvest Food Bank and the federal government, Fulton says.

He believes as the community garden grows, it will become as important as the food bank to those who take advantage because fresh produce helps people eat healthier and avoid chronic diseases that can be brought on by poor diet choices.

## An asset for those in need

The folks who visit the food bank get to know Fulton and church volunteers — such as Tonya Ingram, who heads the food bank — on a first-name basis. Many have come since the program began.



Bishop Todd Fulton



Boxes of food go to people in need every month at Mount Moriah Outreach Center.



A strong team of volunteers ensures a smooth operation for the monthly food bank at Mount Moriah Outreach Center in Kernersville.

## THESE ARE HONEST, HARDWORKING PEOPLE LIKE YOU AND I. THEY DON'T WANT TO COME TO THE FOOD BANK BUT THEY HAVE NO CHOICE.

"Every third Saturday you can count on this place being open," says James Kay of Belews Creek. "They're always happy to see you. They're always helpful."

"It's an asset because it helps meet our family's nutritional needs," says Val Byrd of Winston-Salem, who's been coming to the food bank for about six months.

Fulton says he is amazed by the stream of people needing help. A typical food bank Saturday will bring 85 families — about half from Kernersville and half from throughout the region — to Mount Moriah.

"The people we see are not deadbeats," Fulton says. "They don't want to be in the situation they are in. I call them the working poor. They have jobs, but they're not making enough money."

Then there are the retirees whose pensions or Social Security can't begin to cover their cost of living.

"What do you say to someone who worked 30 years of their life and thought they were taking care of

themselves?" Fulton asks. "We have people retired from domestic work; they get \$800 to \$900 a month in pension. Some of these people are diabetic, and spend \$300 to \$400 a month in medications. These are honest, hardworking people like you and I. They don't want to come to the food bank but they have no choice."

### Spreading the word

Fulton's work is making an impact throughout the region. In addition to leading Mount Moriah Outreach Center, he is president of the Ministers' Conference of Winston-Salem and Vicinity, an organization that works to promote social, economic and educational change in the community.

The Ministers' Conference, for example, is behind a new community garden being launched at the Cleveland Avenue Homes public housing development in Winston-Salem.

The Ministers Conference also is working with the Division of FaithHealth at Wake Forest Baptist Medical Center, and recently held a "service of union." The service commemorated the organizations' joint commitment to changing attitudes and helping those in need.

As for Mount Moriah Outreach Center, Fulton says he expects food justice, "to be something we'll do for the tenure of this ministry." His parish, about 100 members strong, is firmly behind the effort. In fact, Mount Moriah contributes food boxes monthly for FaithHealthNC clients in Winston-Salem.

Parishioners support the food bank not just with their volunteer hours, but with monetary donations (Mount Moriah purchases its food from Second Harvest Food Bank for \$800 a month).

One of the many rewards church members receive in return for their donations of time and money are heartfelt cards and letters from the people they see on Food Bank Saturdays.

"We read them every Sunday morning," Fulton says.

— LES GURA





Credit: Andrea Benetti, Creative Commons

# Overcoming transportation barriers to health care

**S**ome 3.6 million Americans miss or delay medical appointments every year because they don't have a ride to the doctor, according to the U.S. Department of Transportation. With America's aging population and the rise in chronic health conditions, getting access to regular health care is more important than ever.

Two programs in northwest North Carolina are helping people overcome the transportation gap.

## Care for a cancer patient in Mocksville

Not long after Rev. Sam Lewis received his first pastoral assignment to Oak Grove United Methodist Church in Mocksville, he realized the smaller church needed to challenge itself to become more engaged in the community. He solicited help from church membership, and four people joined him for community training in March that taught them how to help people with their unmet health-related needs. Their first assignment was tricky — arranging transportation for a local throat cancer patient who required near daily treatments for several weeks at Wake Forest Baptist Medical Center in Winston-Salem, some 25 miles away.

The patient couldn't speak because of his cancer, which made communication a challenge. Volunteer Judy McClamrock says the lack of voice didn't prevent the

volunteers from bonding with the man, who was not a member of their church. "I think maybe it was just the compassion that our team showed him from the very beginning," she says, "but I think he really looked forward to seeing somebody else besides the nurses and the doctors."

Because the man had no nearby family, he came to depend on the Oak Grove volunteers. By August, he was transferred to a facility in a different part of the state; McClamrock made a special trip to visit him, bringing a birthday card signed by the entire Oak Grove volunteer team.

McClamrock says that twice during the period the man required transportation, he was admitted to Wake Forest Baptist. She went to visit him almost daily, even though her transportation services weren't needed while he was in the hospital.

"I would go over and sit with him for a little bit. We'd watch some westerns for a while and I'd stay three to four hours. They'd come and get him to go to radiation and I'd ask if he wanted me to go with him and he did," she says. "I'd stay with him through that. I've been blessed through this whole experience."

Lewis believes having church members provide transportation to people in need — regardless of their faith — is a necessity.

"It doesn't do any good to provide a service if people can't access it. For poor people, it may be helping them get their medications, get to a doctor or a grocery store," Lewis says.

## A steady ride for dialysis treatment in Lexington

The way Deb Watson and Marcus Teague finish each other's sentences and tease each other, you might think they're siblings.

Teague, legally blind and needing dialysis three times a week, connected with Watson and her husband, Don, through FaithHealthNC in Lexington, which connects people in need with a network of congregational volunteers.

One afternoon at Smokey Joe's in Lexington, they sat down to share their story, and in no time, Deb Watson was pestering Teague about whether he'd taken care of a dental issue and whether he'd called about a follow-up heart stress test.

"I have called them — they've not called me back yet," Teague informs her. "How long ago?" she immediately responds.

**LEWIS BELIEVES HAVING CHURCH MEMBERS PROVIDE TRANSPORTATION TO PEOPLE IN NEED — REGARDLESS OF THEIR FAITH — IS A NECESSITY.**





Marcus Teague (left), with FaithHealthNC volunteers Deb and Don Watson.

“This is what a single person who lives by himself needs — a big sister,” Teague says, shrugging, “even though you’d like to strangle her sometimes.”

All three laugh heartily.

For people such as Teague, FaithHealthNC has been a game-changer. For Teague, it’s not only because it provides the transportation he needs to get back home from dialysis, but it has meant a new network of friends he can count on for advice, support and the

more-than-occasional nudge to take care of something.

Don Watson says the goal of FaithHealthNC to help communities be healthier is admirable.

“I think Marcus is healthier because of FaithHealth,” he says. “This is a great blessing.”

Deb Watson says FaithHealthNC reminds her of what things were like when she was a child.

“This is what people used to do,” she says. “We’ve gotten so spread out and isolated. This program brings it back. It gives us the ability to take care of each other.”

— LES GURA



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#### RESOURCES

##### **CareNet Counseling,**

a professional, community-based counseling organization, helps clients restore and maintain mental wellness.

**[carenetcounseling.org](http://carenetcounseling.org)**

##### **Center for Congregational Health**

provides ministry and training for hundreds of churches, clergy and lay leaders each year.

**[healthychurch.org](http://healthychurch.org)**

##### **Chaplaincy and Pastoral Education**

provides spiritual care for hospitalized patients and their loved ones, and offers accredited programs in Clinical Pastoral Education. For information, or to contact a chaplain, call **336-716-4745**.

**[WakeHealth.edu/Chaplaincy-and-Pastoral-Education](http://WakeHealth.edu/Chaplaincy-and-Pastoral-Education)**

**Please send address changes to:**

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## FaithHealthNC

A Shared Mission of Healing



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