

# FaithHealth

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# We Live in Days of Possibility



REV. GARY R. GUNDERSON

This magazine constantly explores how the institutions of faith and those of science can fulfill their promise of well-being for a world God so loves. Both science and faith are focused on the possibilities that might happen next. Chastened by the deaths of those from COVID-19, we might forget how far we have come, how much we have learned.

What if faith and health were not on speaking terms at all? What if the Episcopalian women who started the two tiny hospitals in Charlotte (that became Atrium Health) had just knitted and prayed in the abstract? What if the Baptists did not bother creating their children’s home and the hospital in Winston-Salem? What if that same practical committee work did not happen in nearly every city in the United States? What if nobody noticed that the scientists had discovered the virus that causes tuberculosis (TB) and that it was preventable? Nobody held TB Sundays, HIV/AIDS Sundays and now interfaith services for all the COVID vaccine drives in thousands of church parking lots. No nurses working in churches, no chaplains helping people navigate their last hours, nobody praying for healing ministries to stretch one more mile to the end of the road. None of the tens of thousands of faith-based food pantries, much less food banks or gardens. Almost no counselling centers for the anxious or institutions for the mentally ill. Rare visits in the jails and support groups for those trying to break their dependence on the substances and behaviors that hold us down. And little political support for science-based policies undergirded by the spirit of justice and mercy.

Only a century ago, a human life expectancy was 53 years in the United States and far less in most of the world. That could still be so. And it could be so again, if we do not keep science and faith close as twins, both gifts of a loving God. For nearly all of human history, pain and suffering had its way with our mothers and children, easy prey for what we now know are preventable conditions. A sacred trust we hold; not normal at all.

Thank God we live in these days of such possibility.

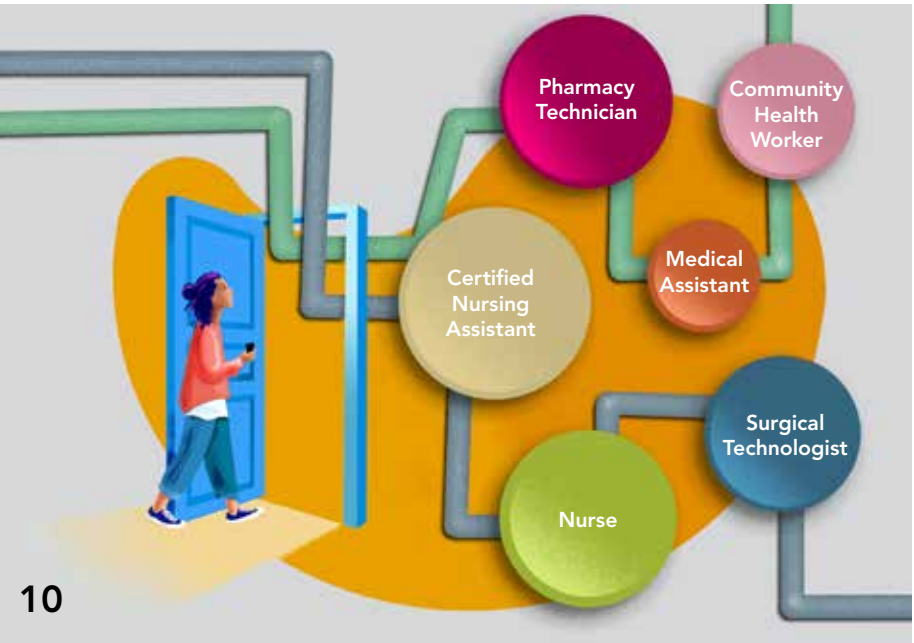
**Gary Gunderson, MDiv, DMin, DDiv**  
Vice President, FaithHealth

**Atrium Health Wake Forest Baptist**

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# A Conversation with Gene Woods



**Eugene A. Woods, MBA, MHA, FACHE, is president and chief executive officer of Atrium Health, the leading academic health care system in the Southeast. This system now includes Atrium Health Wake Forest Baptist, the home of the FaithHealth Division led by Gary Gunderson and Jeremy Mosley. The two of them had the opportunity to talk with Woods about his faith and his vision for FaithHealth in this new combination.**

**So, how did you become you?**

**Woods:** My father grew up in rural Tennessee as a Baptist, and my mother grew up Catholic in southern Spain. So I grew up in the Catholic faith, including being an altar boy—my mother’s way of subtly trying to steer me to be a priest someday. This was formative in my upbringing and partly why I was so comfortable in two Catholic health care systems, Common Spirit and then Christus Health, just before I came here to Atrium Health. The key question from my earliest upbringing was always, “What are you doing for community? What are you doing to help those who are least among us?” Those values are deep in Atrium Health, too.

In Catholic systems, you start every meeting with prayer; here (at Atrium Health) we pause for “connect to purpose,” which gives space to talk about how we engage with each other? How do we take care of each other and our community? What attracted me to Atrium Health was that embedded in our core was this idea of caring for all, serving and providing health, hope and healing to all.

I came to health care as a life’s work naturally because I had learned early the quote from Dr. Martin Luther King that says, “Life’s most urgent and persistent question is, ‘What are you doing for others?’” In actuality, I signed up for the wrong career day. Instead of international business, I ended up meeting a hospital administrator and realized quickly that I could commit my life’s work this way.

Health care was not an abstraction for me. My aunt died of a medication error in a hospital. So, I saw the worst things that can happen when the system fails. She was just a wonderful lady who left three small kids. Even more personally, I was in a car that went head-on into a brick wall probably going about 70 miles an hour. I blacked out, but as soon as I came to there were these angels around me. There were people there to take care of us, to rescue us. I owe my life to people who ran toward the burning car while others ran away. I wanted to be like that.

**How has your faith shaped your commitment to structural injustice?**

**Woods:** Most religions have a version of the golden rule: do for others as you’d have them do unto you. I think that’s at the core, it’s the service above self that connects me. I remember my mother inviting friends of other religions and having great conversations about their commonality that focused on helping the whole community. We may come from different places but find common work as we try to deal with some of the persistent social determinants of health or structural injustices to really meet the community where they’re at. This is not abstract. Throughout COVID, we met with a group of 60 congregations in Charlotte called Village Heartbeat. We needed their help to deal with the inequities of the testing disparities and

vaccine-linked problems. We know that they’re closest to the community. It’s very natural; when you work with faith groups, the shared faith leads you to that kind of shared work.

Too often in health care, we go with prescribed solutions for these different communities without first listening. And it feels like these communities are being “done to” rather than participating in the solution. So, we listen. I don’t just send people; I go, too. Last October, we went to a Y in a neighborhood that we knew had been really traumatized. Part of what we heard from the community is that they were in a pandemic way before this particular pandemic. COVID acerbated, but did not start, the problems of food insecurity, transportation, access to health care right there.

We are in communities where if you go from one neighborhood to another neighborhood, there could be a difference of a decade in terms of life expectancy. These are real deep issues to solve. If we were just to come and say that we’ve looked at all the data, this is what you need to do. We blind ourselves. We can move very fast, but we have to begin by listening. We’re having listening sessions right now as a matter of fact, on a potential clinic we’re going to put in a vulnerable area of town where there’s not access to food. There’s a high rate of uninsured. So fundamentally, if you don’t start with that, you start coming up with non-sustained solutions. We want to be in this for the long haul.

I’m proud this organization has a governance-based committee focused on nothing but social impact. Because structural injustices require structural solutions, and so we’re orienting ourselves on how we train leaders to truly understand these challenges so we can solve them for all.



Gene Woods (left), president and CEO of Atrium Health, visits Wake Forest School of Medicine research facilities with school leaders (from left) Greg Burke, MD, Jason Kaplan, Martha Alexander-Miller, PhD, and Cassandra Klebig, MHA.

### Can leadership turn the whole team to this kind of learning?

**Woods:** When I first got here, I walked the halls for about three months just to understand what people's aspirations were. There's no substitute for eyeball to eyeball. But I also took a bus ride in all the most challenging neighborhoods. Some community leaders rode with me that had lived here for many, many years and never been in those communities. Things look different from a bus! So, there's something powerful in really being there and seeing what the challenges are. We just have to do that ground-level work so you can really understand what's real.

Once we see reality, we can be more appropriate about how to deploy some of our amazing capabilities, talent and, of course, a lot of technology. For example, during COVID, we had this "Hospital at Home" concept,

and we were taking care of people at home because our beds were full. Thirty percent of those with our Hospital at Home program were Latinx. The technology let us reach vulnerable communities that might not otherwise have access. But we have to understand the community and the technology at the same time.

### Partnerships can move fast with enough trust.

**Woods:** I'm proud of the partnerships we built in the middle of COVID, with the faith community, as I just shared, or with the business community. Early on in the pandemic, when Gov. (Roy) Cooper was about to mandate masks, he asked if I would join him on the podium. I called my other CEO friends from Honeywell, from Bank of America, from Lowe's—and remember, it was at a time when masks were hard to

get—and within 48 hours, they had donated a million free masks. Eventually we were able to get a donation of three million masks, and we targeted them specifically in vulnerable communities.

We did the same thing with mass vaccinations. We partnered with Honeywell, the Carolina Panthers, the Charlotte Motor Speedway and Bank of America. So, the bonds we built with these businesses, the faith community, and local, county and state government helped us learn a lot from each other. That will help us deal with other tough issues of injustices, disparities and social determinants of health. Those bonds we've built will continue to serve going forward because no one organization can solve these issues by themselves. We can't do it as just a health care organization, we can't do that just as elected officials. Can't do that just as businesses. We have to work together.

**You were telling us about showing up on the bus rides before there was a crisis. Then when you show up in the crisis, they were saying, "Gene's bus came here."**

**Woods:** The really important part is trust. Part of what we've worked together on doing is building that sense of trust that we're here. We'll talk to you when things aren't that bad, and then when things get challenging, you know that we're going to still be right here with you all the way through. We're not going to leave when the pandemic ends. Trust can't be all the same everywhere. We're not the same culturally, and we're looking at how to continue to evolve our culture together, but at its fundamental core, it's this commitment to community that is galvanizing for folks.

As we pull together our partnerships, we're really going to lift up all communities from the shared knowledge, shared experience and shared commitment. This is one of the organizations in the country that's really poised for significant social impact in a way that it's not about talking about it. It's about really putting it into action and doing it in a sustainable way.

**When we planned this interview months ago, we looked at the vaccine question and thought, "Oh, that's probably not going to be relevant this fall." But it turns out unfortunately it's going to be relevant for months to come.**

**Woods:** I've always thought we would face challenges with adoption of vaccines because we had issues with flu vaccine before, too. Thank God that we do have the vaccine right now. I shudder to think about where we would be, not just as a country, but as a global community if we didn't have a vaccine.

Now we just need to really listen to folks who have fears about it and continue to try to share with them that the science is good and strong and that they should get it, if nothing else, if they're not worried about themselves, then to protect others, to protect their loved ones, to protect strangers. Because you never know who you would run into as an unvaccinated person whose grandmothers might be affected, for instance.

### What would you want to tell your faith partners right now in this tough Southern land?

**Woods:** First and foremost, continue to pray for everyone in the system and the frontline workers. I have my mother in a rosary prayer circle because I think that is important now. And we have a way ahead of us to work our way out of this pandemic and all the issues that have

come out of it. So, I would say first and foremost, your prayers are welcomed for all the 70,000 teammates and for those in the community also that are dealing with very challenging circumstances.

If we all do that in our own way, whether you grew up in a rural part of North Carolina or whether you grew up in a city somewhere and no matter what you look like, where you came from, if we have that orientation of listening, of first understanding, of humble inquiry if you will, I'm bullish that we can get stronger coming out of these days. And that's where I keep focused on this idea of "for all." Health, hope and healing for all. That gets me up in the morning, this idea of health—for all.

This is not about just waiting for people to be sick so we can take care of them when they come to our hospitals or our physician offices. When somebody brings their child to one of our children's hospitals, they want to know that we're going to cure them or take care of them or treat them well. But they also want, in every interaction, there to be hope and healing. And the healing aspect is not just physical healing, not just emotional healing, but spiritual healing as well. It means that when people come to us, they come to us as whole people. Health, hope and healing for all is our North Star.



# Center for Congregational Health



## Keeping Churches Healthy, Pandemic and All

BY LES GURA

The Center for Congregational Health had directly helped churches — pastors, lay leaders, congregations — find ways to remain vital for nearly 30 years.

Then came the COVID-19 pandemic.

Yet Rev. Chris Gambill, director of the center, says a funny thing happened over the past 18 months. Churches, he said, figured out largely on their own how to stay connected with their parishioners via streaming and other means. But the leadership issues and internecine conflicts the center specializes in have, if anything, increased, Gambill says.

“A lot of conflict went underground for the first 12 to 15 months of the pandemic,” he says. “But then, as the pandemic continued, what we observed was our calls ramped up from congregational conflict. A lot of those, quite honestly it seems to me, got politicized externally. So there were many ‘do we meet, do we not meet in person; do we wear masks or not wear masks’ kind of issues. The conversations that were happening in the secular public arena just got transcribed into church.

“On top of that were the added stressors of illness and death from COVID affecting congregations.”

The center, through Gambill and center project manager Beth Kennett—as well as a network of consultants and coaches—offers nationwide churches

expertise to work through issues they are having. Among its many services, the group provides one-on-one education and support to lay and ordained clergy. It also helps churches create strategic plans, learn to work through conflicts and prepare for finding new ministers.

During the pandemic, much of this has taken place via Zoom calls, which Gambill and Kennett acknowledge are challenging. Kennett says the opportunity in recent weeks to return to in-person meetings has been helpful.

“What I’m hearing right now is also some of what I feel,” Kennett says. “And that is, everybody’s sick and tired of this. Pastors especially seem to be in a higher state of burnout than I’ve seen in my career. They’re spent. They’re tired of working in technology as well as in faith formation. It almost sounds like a kind of depression.”

For such calls for help, the center preaches the idea of taking a break, Kennett says.

“We have encouraged everybody who has contact with us to take advantage of vacation. The next few months are going to be hard for clergy and congregations

as they come to terms with people not sitting in pews, and even when they come back, more people may not come back. And what does that mean?”

Rev. Zach Dease, pastor of Macedonia Moravian Church in Advance, says the clergy coaching provided to him by Gambill means more to him than he can imagine, especially during the pandemic.

“Chris is someone to bounce ideas off of, someone I can talk with about people struggling with trauma. Chris and the center are sort of a safety net,” Dease says. “I know I can rely on him for whatever support I need. Sometimes, for example, it was venting about the frustrations of church when people didn’t want to follow safety procedures. The next week it was dealing with my own personal sadness.

“It’s just sort of knowing he is there, whatever I need.”

Rev. Darryl Aaron, pastor of Providence Baptist Church in Greensboro, says when he arrived at Providence in 2017, he was replacing a pastor who had been with the church for 49 years. The center and Gambill, he says, “sat with our team and began to carve out a plan for how

to engage the entire congregation with developing a strategic program.”

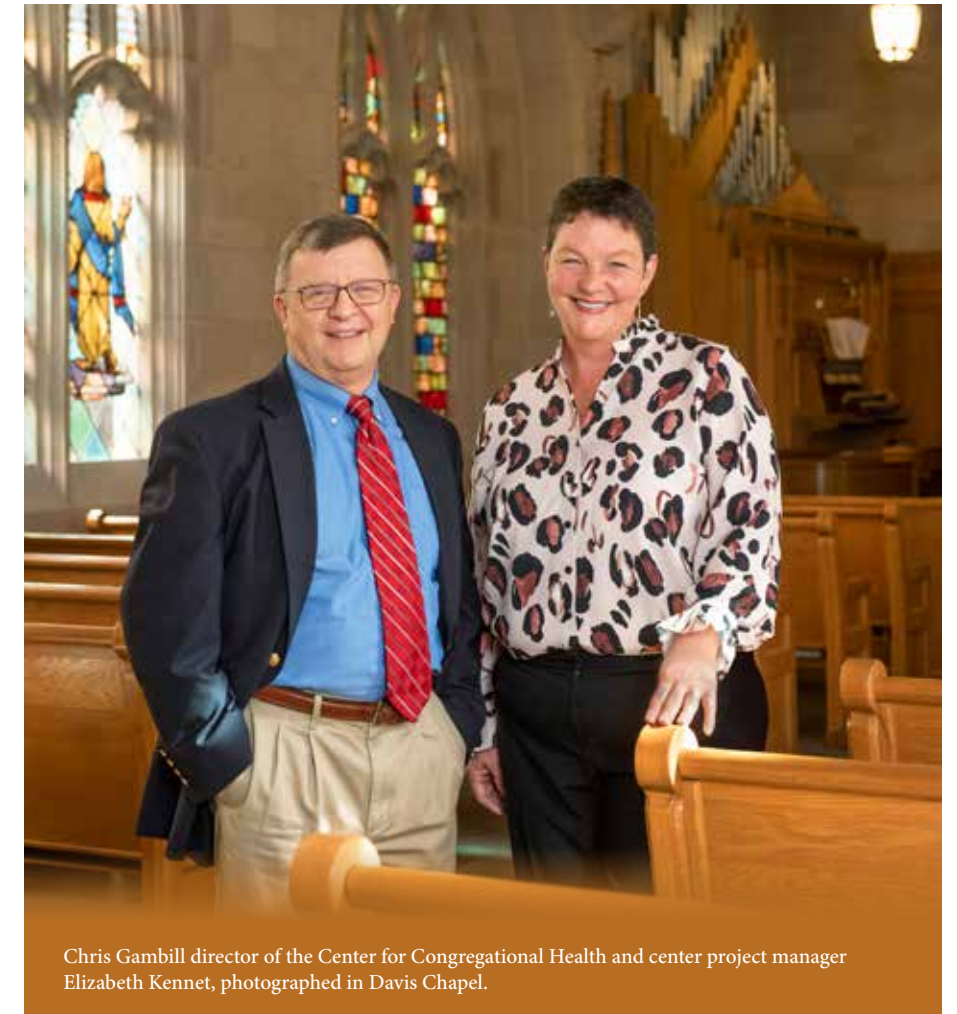
Eventually, Aaron says, six initiatives were developed that help provide direction for him as a new minister at Providence Baptist. It was critically important to have a valued partner in the Center for Congregational Health, he says.

“They know a good playbook to follow. They understood a strategic plan must have elements to get quick victories. They recognize a theology needs to be in place going forward,” Aaron says. His church, he says, adopted a practice of inclusion to “love without limits and serve with a purpose. That took place under the leadership of Chris guiding us. We would never have gotten there without the leadership of that organization.”

Sylvia Oberle, a member of Knollwood Baptist Church in Winston-Salem for 30 years, has worked in different capacities with the center. Currently, she is part of a committee seeking a minister of faith formation and education; the center is helping her in her role as chair of the search committee.

“Churches can get all wadded up in their own feelings and emotions, tangled in conflicting views that can be very damaging and get in the way of thoughtful personal relationships and community relationships,” Oberle says. “It’s good to have people at the center who are so thoughtful and have all this insight and outside information to bring to the table. It helps us to see things in a different way.”

Gambill says the work of the center has been expanding in the past couple of years thanks to two key \$1 million grants from the Lilly Endowment, an Indianapolis-based philanthropic organization. The first grant allowed the center to work together with the



Chris Gambill director of the Center for Congregational Health and center project manager Elizabeth Kennett, photographed in Davis Chapel.

Wake Forest University School of Divinity to support and train clergy in a program called “Thriving in Ministry.”

Thriving is based on four building blocks: everyday happiness, authenticity, meaning and purpose in life and work, and resilience. The first cohort of 18 participants finished its work recently, and a new virtual cohort has 47 participants during what is an 18-month program overall. The second grant is allowing for a “Thriving in Congregations” program that will focus on lay leaders to help their congregations thrive and flourish.

Gambill says the new work, and its timing amid the pandemic, is challenging but fulfilling for the center. With most churches now streaming their services even as they reopen to live audiences,

questions about the future abound. He says although churches are rightly worried about the cost of their physical buildings, retaining parishioners and raising the money needed to survive, the virtual church also has benefits such as keeping parishioners safe, reaching a wider audience and offering a challenge that’s always been difficult for churches—change.

“We’re not going to be the same country we’ve been,” Gambill says. “And the same goes for church. It’s all about change, and lots of people are going to resist because it feels too frightening, too overwhelming.

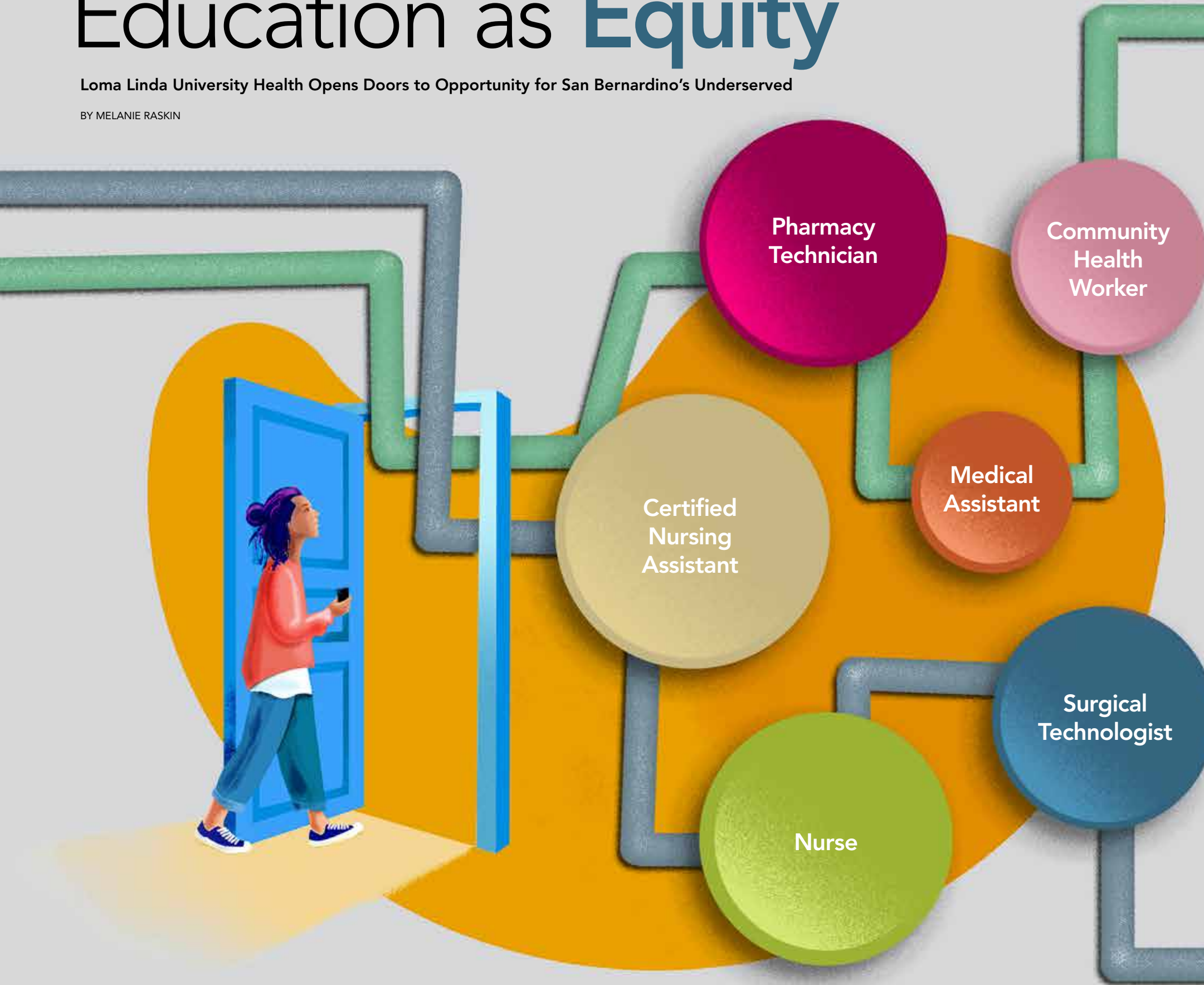
“But churches thrive and survive when they lean into change. It’s a great opportunity to ask the question: ‘What is God calling us to be and do?’”

Learn more about the work of the Center for Congregational Health at [healthychurch.org](https://healthychurch.org).

# Education as Equity

Loma Linda University Health Opens Doors to Opportunity for San Bernardino's Underserved

BY MELANIE RASKIN



Along with delivering world-class health care, San Bernardino, California's, Loma Linda University Health is also in the transformation business: one underserved, local, minority individual at a time. And it's a transformation that benefits not only the person but also the city.

The Seventh-day Adventist hospital system has served the Inland Empire, as the San Bernardino metro area in Southern California near Los Angeles is known, for more than 100 years, averaging more than a million patient visits annually. The need is great—not just for health care, but also for positive change. It's been a long, slow climb out of a deep economic depression: The community is rated the second poorest city of its size in the U.S., after Detroit.

In just about every way, San Bernardino is in trouble. It is one of the least educated areas of the state, with some of the lowest average wages in the nation, consistently higher than average unemployment, and poor air and water quality. But the city is also on the rise, a melting pot of good, smart people doing creative (sometimes inspired) work to renew the courage, persistence, resilience—and possibilities—of its citizens.

## Pipeline to Prosperity

One of those efforts is Loma Linda Health's community pipelines program. Discovery is a two-week, interactive summer experience on the hospital campus for under-represented, minority high schoolers to explore careers in

health care. The free, experiential event (there's a nominal application fee, and sponsorships are available) includes daily team-building exercises, interactions with hospital staff, hands-on activities (think: suturing an orange) and a day of community service. Some students are invited to come back for a third week to shadow health care pros in action. The university follows up with quarterly My Campus meetings and monthly alumni association meetings, as well as a biannual robotics program for students interested in medical engineering. A recent addition is the 2020 Transitions to Success pilot program for a dozen high school and college students committed to health care careers. It provides a stipend and a mentor to ease the transition from high school into college, and from college into a health care higher learning program.

According to **Juan Carlos Belliard, PhD, MPH**, assistant vice president for the Institute of Community Partnerships, the pipeline is designed to fulfill the institute's mission to be both relevant and responsive to the community. But he oversees the pipeline at a time when relevance and responsivity are tough. The percentage of disconnected youth (16- to 19-year-olds who are neither in school



nor at work) in the county is the highest in the state. “We realized the most powerful public health intervention in a community is to ensure youth can access livable wages—jobs that pay the bills,” he said. “So, we’re meeting these kids where they are and opening their eyes to see themselves here, in the health care field.”

Not every student is going to become a doctor, nurse or dentist, but the allied health field has dozens of programs and career ladders leading to good job opportunities—many requiring just six months to a year of training. Belliard believes the Loma Linda pipeline is the right program at the right time. “There’s been a lack of diversity in the health profession. Latinx and Black health care providers are a fraction of the overall population, which should be a concern for us all. Beyond the supply-and-demand challenge, this is an equity issue and a moral imperative. These professions are not affected by historical and financial stressors. Why not offer the community stable jobs that help address health disparities and pay the bills?” Connecting the dots from qualified candidates to job opportunities, hope to help, is San Manuel Gateway College, an extension of the university’s outreach mission.

Education at the Speed of Life

Established in 2016, San Manuel Gateway College’s mission is simple, to make people whole. Providing the Inland Empire with affordable education and training for entry-level medical jobs right in its own backyard is a good start. The college is the newest school within Loma Linda University and partnered with SAC Health System (SACHS), the largest specialty-based and teaching federally qualified health center in the nation, designed to meet the medical needs of the underserved. Seeded with \$10 million in casino profits from the San Manuel Tribe of Mission Indians, the school funnels

underserved, traditionally noncollege-bound high school students and others looking for a fresh start through five health care training programs, each lasting from six to 18 months: Certified Nursing Assistant, Medical Assistant, Community Health Worker, Pharmacy Technician and Surgical Technologist.

The beautiful facility, fully outfitted with all the latest equipment, including a SACHS clinic, is in the heart of the minority community it serves. It provides small, multi-generational class sizes; instruction and mentoring by Loma Linda faculty; hands-on clinical practicums; career guidance; and college course credits that can be applied to other institutions. Best of all, it delivers what it promises: The college has an approximately 85% job placement rate; the other 15% of its graduates pursue higher education degrees. Committed to ensuring its training programs lead directly to jobs in the Inland Empire, the college carefully monitors the marketplace for employment gluts. If a field is full, the school temporarily suspends that certification program until new jobs open. It is built for student success: to get a good education and a good job. With students ranging in age from 17 to 63, the college is closing in on 400 graduates since its launch. San Manuel Gateway College is just that: the wide, open door to opportunity at the intersection of hope, faith and works.

According to **Executive Director Arwyn Wild, MA**, education is the road out of poverty. As an educator in the San Bernardino City Unified School District for 22 years, he knows his community and its challenges well. To him, San Manuel is much more than just a college. For patients and the community, it’s a place for healing. For the students, it’s a sense of purpose and a gateway to a prospering future. “Most of our students come to us in survival mode. The stable ones plan only 30

days in advance,” he said. “They know that because we’re tied to Loma Linda University, they will receive a first-class education that will help them find a job. Our position is, we are here to help you help your family and your fellow man to heal, to have a fuller life in every way—in terms of health, economics, stress and fear. So, that shifts why and how we do things.” The college lives the philosophy of St. Francis of Assisi: Preach the gospel constantly; and if necessary, use words. “Faith is the cornerstone of everything we do,” Wild explained. “Faith in God, faith in the students, faith in the vision, faith in the program, faith in the healing and success of the Inland Empire community we serve.”

From Strategy to Steppingstone

Creating real change is the hardest thing in the world ... and the most satisfying thing. Despite the unexpected change resulting from COVID-19, Loma Linda University Health and San Manuel Gateway College did what they do best: They got creative and rose to the occasion with virtual programs until it was safe to gather in person again. This included students rolling up their sleeves and supporting the community’s COVID-19 vaccine rollout. Vision and faith do that to people: They make them believe all things are possible. And it is. Belliard believes San Bernardino is ready for real change, for real good.

“Today, the biggest contribution to health care will be in addressing inequities,” he said. “Our students’ challenges are their superpower. If they are from a single parent home or a parent is imprisoned, they can connect and empathize with similar patients. There’s a real disconnect if health care workers are only from the middle class. Shared life experiences are huge and can effect real change in a community’s health and well-being.”

“We are transforming our community one student at a time,” Wild said. “If we give students hope and a pathway to fulfill their goals to contribute to their community and sustain themselves, that will change the entire community. It’s a journey from hopelessness to hopefulness.”

“This is one of the most impactful things I’ve done in my 27 years in the field,” Belliard concluded. “People think of public health as policies and regulations or telling people to eat better and exercise more. That doesn’t work for people who live in food

deserts. Social determinants of health impact our population. In my view, the most important social determinant is education. If you have it, you’re not healthier because you’re smart enough to choose what to or not to eat. You are healthier because your education leads to a decent-paying job, which enables food shopping and gym memberships, and lowers stress and anxiety. To me, education equity is the solution. That’s what we’re striving for.”

“When you think of this population, they have often been on the asking and receiving side,” Wild concluded.

“Now, they’re on the giving side. And that extends to the classroom, too, because while they’re learning, they’re also teaching their instructors about social determinants and how to connect with the underserved population. That is transformation and what true health care is all about. While it’s important to make a living, that’s not the ultimate reward. The reward is in making a difference in a life. Our students already know the shoes that underserved people are walking in, so it makes it that much easier and more profound to help their fellow man. That understanding and empathy turns a good health care worker into a great one.”

The Experiment in Hope Is Paying Off

Isabella Mendoza: Finding Her Voice — and Her Purpose

The aha! moment for Isabella Mendoza, a junior at California’s Pepperdine University and currently applying to dental school programs, came when she first heard about social determinants and public health as a high schooler in the Loma Linda University Health Discovery and Transitions to Success programs. “I had never heard that,” she said. “I had wondered why lower income communities had less access to health care and no organic food stores. I didn’t know people actually studied this and wanted to change it. This connected to my passion for my city and my desire to give back. I wasn’t sure what I wanted to do in that moment, but I knew my end goal was to somehow work in the public health field.”

The daughter of educators and at the top of her San Bernardino public school classes, Mendoza was always college-bound, though the culture shock was huge. The Discovery pipeline eased that transition by revealing her gifts — those inner resources she could rely on to see her through the adjustment to difficult classes and new students. “I learned to be persistent, curious and confident, to talk to people I don’t know and enjoy it,” she said. “You can’t be afraid to talk to people who are different from you, to ask your questions and make a connection, because it can transform your life. Even if you don’t want to go into

health care, you’ll learn something in the program that will help you move forward. And the whole point while you’re young is to step out, take advantage of meeting new people, learn new things. Find your voice and speak up.”

Mendoza did. She believes the network she’s cultivated since the high school Discovery Program will be a continuing part of her journey into her chosen health care field. To Mendoza, her mentors have been the difference between hoping and believing. “People genuinely want to help. They are kinder and more giving than we think. I like that they see my potential — something in me that I couldn’t see for myself.”

That belief is paying off. Mendoza’s goal is to work in her hometown of San Bernardino and complete the circle of giving that Loma Linda started: the Discovery Program gave Mendoza opportunities, mentors and support. Now, Mendoza is ready to give back all that she has learned — about both health care and compassion — to her underserved Inland Empire community. “We don’t get anywhere alone. God opens a door, we connect with people, they inspire us. I want to be someone who helps someone, too.”

## The Experiment in Hope Is Paying Off

### Mohamed Jawara: *The New Face of Health Care*

Mohamed Jawara is used to being flexible and fast on his feet. After immigrating to the U.S. from Sierra Leone as a 12-year-old, he attended five middle schools in three years as his mother pursued better job opportunities, often working two shifts to make ends meet. They were also saving money to sponsor his father and three siblings back home (they eventually succeeded in reuniting the family after 10 years — and a world — apart).

Despite the instability, he excelled in school. While Jawara was unsure of his future, he was certain of one thing: He wanted to improve people's lives. It's not surprising having a childhood where poverty was rampant and diseases such as malaria and typhoid are still commonplace. And, as a newcomer to the U.S., he saw the social and economic determinants of health that impact access to health care. "I have witnessed what it feels like to have little, and as a result, I want to serve, to help those who don't have access to resources," he explained. "Others have done that for me, they went out of their way to get me where I am. It's my time to give back and pay it forward, to serve my community and alleviate some of that burden for others."

Easing the burdens of underserved communities is what the Loma Linda University Health Discovery Program for high schoolers is all about. The three-week program introduces underserved teens to entry-level job training opportunities in health care

and inspires them to bring their certifications and care to their home turf. From the lectures and speakers to the mentors and encouragement, Jawara was hooked. "I developed skills I did not know I had: communication, leadership and a work ethic. I learned that I had a passion for health care from shadowing a pediatrics professional in the community. Seeing that care and how satisfied the patients were at the end of the visit resonated with me and gave me an extra spark. And I loved the diversity in the high school program. There were students from different ethnic and religious backgrounds, yet all had one common desire: to learn more about health care. I feel good about that. We are the new face of health care. And as more diverse people are represented in this field, patients will become more comfortable with diversity."

Currently studying for his boards after graduating from the physician assistant program at the University of California, Davis, Jawara discovered something else from his experience with the Loma Linda program: Health care and faith work best hand-in-hand. "No matter what religion, there is a core belief that we should take care of each other and help our neighbor," he said. "Having a strong moral compass, seeing yourself in your patients and working to understand others results in better health care providers delivering better health care."



(above) Mohamed Jawara with his family who immigrated over 10 years from Sierra Leone and (right) enrolled in the physician assistant program at the University of California, Davis.



### Damaris Govea: *San Manuel Gateway College Opens Door to Hope*

Damaris Govea was disheartened. After immigrating to the U.S. from Mexico as an 18-year-old, she'd worked hard to learn English and earn a college degree, but she couldn't break through to a satisfying career and was continually sidelined into low-paying jobs. One day, tired of knocking on doors closed to opportunity, Govea decided to change everything. San Manuel Gateway College, a part of Loma Linda University Health's outreach mission, was her open door to hope. Now, the 36-year-old mother of two teens and a June 2021 program graduate has a surgery technologist certification. Best of all, she's found a career doing what she loves: helping people when they are most vulnerable. Govea sets up the operating room instruments and assists surgeons at Loma Linda University Health. "This is not about a job," she said. "It's about following my true passion. Gateway College helped me achieve my dream."

Gateway College was a smart choice for an older student and single mom. A shorter, faster curriculum in a technical health care field with plentiful job opportunities made sense. But the 18-month certification program had its challenges. At one point during COVID, times were hard. In financial trouble, Govea couldn't afford to keep commuting to school while juggling working a part-time job, doing her homework and raising two teenagers. After a lot of soul-searching, exhausted and dispirited, Govea made the heartbreaking decision to drop out. San

Manuel Gateway College made the heart-lifting decision to help out. In a matter of days, financial assistance came through, and Govea was able to complete her certification. "Even when you can't go another step, they care," she explained. "People say, 'we're here for you,' but at the end of day when you finally get the courage to ask for help, nothing happens. What's the point of opening my heart? But Gateway doesn't let you down. I wouldn't be here without them. It's not an institution, they're my family."

Now with a fulfilling career and a new goal of becoming a registered nurse, Govea feels she's learned more than just how to be an integral part of a surgeon's (and patient's) support team. "If you persist, have faith in yourself and leave it all in God's hands, God will guide you on your path. I thought I was a failure. But thanks to San Manuel, I love myself now. It's amazing. Loma Linda Health gave me a permanent job. For the first time in my life, I have real benefits, I can provide for my children, I have security. I can continue the ministry of my life: to help others."



(above) Damaris Govea with her children at her graduation from San Manuel Gateway College, a part of Loma Linda University. (left) Govea with San Manuel Gateway College Executive Director Arwyn Wild, MA,





# • ESSENTIALS •

PRAYER BY GARY GUNDERSON

## **Patient, diligent, slow-moving God,**

You already have our lives. We are the ones who carry the mail, inspect the food, visit the homebound, carry the wounded, answer the phone for the cry for help, or just the cry with a neighbor. We are the ones who figure out the city, county and schools, making all the mundane decisions for not much thanks. We tend the wires, pave the roads, trim the trees, repair the bridges, pick up the trash and ones left behind.

We find pleasure in the bad things that did not happen, in the wounds avoided or at least not left to fester. We like fires averted. And small bruises healed.

We awake knowing we cannot do all that calls out for us before sleeping.  
We cannot make the garment whole.

We will never rest, if rest comes only when the work is done.

Give us peace in seasons of sorrow and frustration, as we know too many undone mercies, and out-of-reach justice. We have such little reach; give us patience for our part of the unfolding and peace in the labor we can grasp.

You know how it feels to be “essential” for decades unthanked.

We lose our way and doubt the value of our lives. So we pray to see your unfolding and emergent action beneath us and before us? Can You give some taste of the mercy we thirst for, a slender scent of justice that might feed us in the wilderness of a hard-hearted time?

What in your universe is not essential? We are humbled by the slow weaving of possibilities from the stone and wind worn into beauty as it creates soil to someday bear fruit and honey. Our lives are as brief and narrow, like one root in a forest, one flap of a wing on a great journey we will not finish.

Give us your peace to savor the work within our grasp,  
the kindnesses we can pass along on the way.

You work without ceasing, so we pause without finishing  
this prayer, sensing even as we ask, your essential Yes. Yes.

*From “God and the People: Prayers for a Newer New Awakening,”  
by Gary Gunderson, Stakeholder Press.*

# CareNet Counseling

An affiliate of  
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### A BIT OF PEP FOR WAKE FOREST BAPTIST MEDICAL CENTER

On November 10, 2021, a caregiver blessing and pep rally celebrated health care workers as they crossed "victory lane" on their way home. Each yellow ribbon marks a COVID patient who went home. Bands from Wake Forest University and Winston-Salem State University filled the air with glad tidings.





## Atrium Health Wake Forest Baptist

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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 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

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