

## Church Under the Bridge: homeless ministry

**BY NICOLE ZELNIKER**  
SENIOR WRITER

Stepping out of a black Volkswagen Beetle into the crisp October night, I took in my surroundings for the first time. An old brown bridge looming over Spring Garden Street. Hundreds of people crowded around a table full of food.

I went to Church Under the Bridge for my first time in October 2013.

"I didn't really have any expectations," said senior and Glen Haven Project Coordinator Christie Loubet-Senear, who went to the Church for the first time in August 2014. "Before the semester started, I didn't know it existed."

For those of any religion, a service held under a bridge is an unusual concept.

"I was really curious to see how one could hold a church service under a bridge," said sophomore Kate Rich.

Although the premise is to provide a space for prayer, the real purpose is community.

"It wasn't really focused around religion," said Ardsley High School junior Rachel Barnard, who visited Church in March 2014 while at Guilford College. "It was more of a community which I could relate to, even though I'm Jewish."

While Church is certainly different from what most Greensboro residents know, it is modeled after Church Under the Bridge in Waco, Texas. Greensboro's Church Under the Bridge was founded by Kevin Carter.

"I was at college (at Southern Wesleyan University) and got started with a friend of mine," said Carter. "We went to a homeless ministry in South Carolina and met people (experiencing homelessness) for the first time, really eye to eye."

After gaining experience through the homeless ministry, Carter and his friends began dishing out meals to the homeless on

their own.

"It started with serving meals out of the back of our cars," said Carter. "Eventually, (we realized) we could have a church right under the bridge. We started planning and organizing, and next thing you know, we had Church Under the Bridge."

For the past year, Guilfordians have been reaching out to others, encouraging all to experience it.

"It's important to get out and be aware of your surroundings," said sophomore Leah Whetten-Goldstein. "Church is our community. It's good to explore and be aware of other parts of Greensboro."

This year, Guilford students have the opportunity to integrate themselves further in the church community through providing dinner there.

"A different church hosts each week, so they do the service and provide the food," said Whetten-Goldstein. "Guilford is going to do (that) in March. We're teaming up with different food providers and Guilford students. It's going to be the most interactive that Guilford has gotten with whurch."

Under the Bridge is a completely different world.

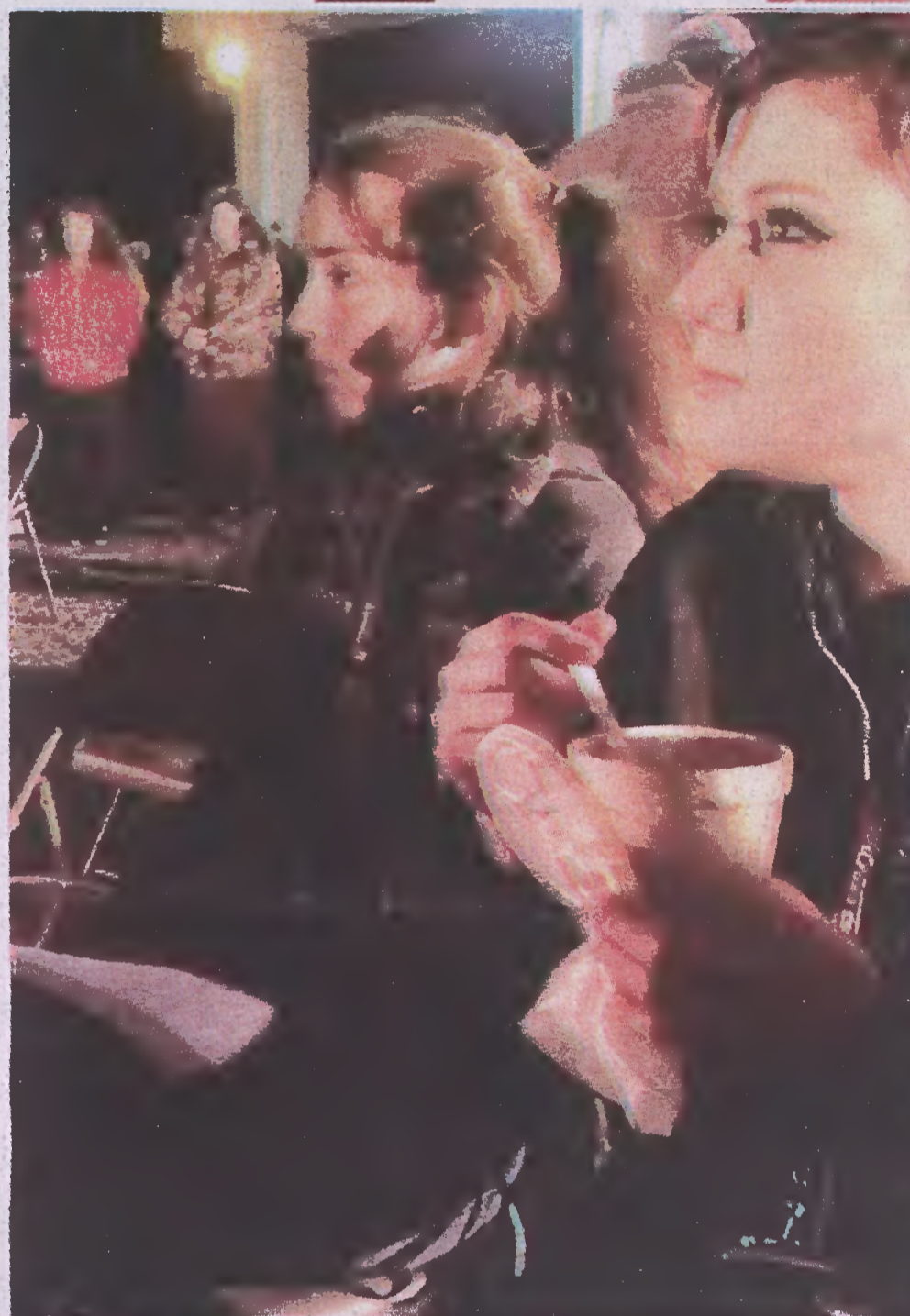
"It gets us outside of this bubble of Guilford that we're in, and you get to see a totally different side (of Greensboro)," said sophomore Connor Pruitt. "I feel a sense of community and a connection to the people that are there."

For me, the best part of Church has always been the people.

"There's always something to learn from everyone's story," said sophomore Mara Stern.

Today, fellow Project Coordinator and senior Noelle Lane and I work to get others to experience Church.

"We wanted to work on building a bridge from Guilford College to the bridge here, (at Church) Under the Bridge," said Lane.



Kate Rich' 17 and Kat Kaltenheuser' 17 attended a church event.

## Montagnard community struggles to acquire health care

**BY AIPERI IUSUPOVA**  
STAFF WRITER

A majority of undocumented immigrants become captives of daily fear and stress once they leave the borders of their own land to pursue happiness and well-being in another country.

For many immigrants in the U.S., beginning a new life as foreigners is a challenge. They are condemned to constant discrimination, violence and prejudice, all of which negatively impact their physical and mental health.

In addition to these issues, socioeconomic barriers and disparities within the U.S. public health hinder their access to health care.

"The Montagnard people don't want to go to the hospital because they fear that they cannot afford to pay the bill," said junior and Bonner scholar Lek Siu, who immigrated with her family from the village Bong Bao in the Gia Lai province of Vietnam to Greensboro. "Most of them are jobless."

In 2002, around 900 Montagnard refugees fled to North Carolina to seek asylum from the Vietnamese government, which did not tolerate any religious activity outside their control.

"The police would get drunk, wake me up and question me and beat me," said an anonymous Montagnard immigrant, persecuted in Gia Lai, Vietnam for standing up for his religious beliefs, in an interview with Human Rights Watch. "They used electric shock on me every time they interrogated me. They would shock me on my knees, saying you used these legs to walk to the demonstration."

Today, the Montagnard population constitutes more than 10,000 people, who have been resettled in Raleigh, Greensboro and Charlotte. Nonprofit institutions in Greensboro and humanitarian activists in the Triad area have established programs that provide human resources to minority groups.

"We are working with the Montagnard community to

help them understand why they are sick," said Andrew Young, Bonner Program coordinator and research fellow at the Center for New North Carolinians. "When we hear community members complaining about their health issues, such as stress, we bring research to find solutions. The community is not trained to cure themselves, therefore we train institutional expertise to find out the causes."

CNNC provides services necessary for improvement of immigrants' standards of living. They have established the Montagnard Health Disparities Research Network to address issues related to immigrant health care access and health inequities.

"Since my background is public health, I started investigating health issues of Montagnard community," said Dr. Sharon Morrison, CNNC research fellow and professor of public health education at UNCG. "There is a growing prevalence of chronic illnesses within this

Human Rights, access to health care is an inherent right to the best standard of living possible. It is a set of freedoms and entitlements that should facilitate the individual's health and social conditions.

"The full enjoyment of many other human rights strictly depends on the right to health," said Kyung-wha Kang at a scientific session on Health and Human Rights at the World Medical Association General Assembly. "Regardless of age, ethnic, religious background, socioeconomic conditions or gender, adequate access to health care must be granted to all in the event of illness, emergencies or in the normal life cycle of an individual."

The absence of culturally and linguistically appropriate services in most health-care institutions violates the core principles of fundamental human rights.

"I noticed that some people in my community who get checked don't get at all what's in their prescription," said

sophomore Vung Ksor, Montagnard descendant and Bonner Scholar. "They need someone to guide them. We need interpreters or educators that can provide information about the health-care system and available human resources."

The right to health is an international

human right treaty that should be protected through governmental legislation and policies. However, state legislatures have merely recognized the urgency of the U.S. health care reforms.

The health care delivery should become more available to underprivileged Americans regardless of their race, culture, religion, political belief, economic or social condition

On a campus dominated by privileged students and faculty members, we do not often come across many cases of institutional health care inequality.

As a community dedicated to fighting social justice issues, we must commit ourselves to addressing this systemic issue. So, the question is: how can our institution accomplish this?

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**Kyung-wha Kang, South Korean diplomat**

community. Diabetes and hypertension are (the) main ones. These folks don't understand the causes of their health issues. They lack of a lot of tools and resources to integrate into our society."

Public health experts have long acknowledged that language and cultural barriers are the most important issues in health care.

"While trying to access medical services, many immigrants face language barriers," said senior Branda Mlo, public health education major at UNCG and Montagnard descendent. "There are over 10 dialects within Montagnard community, and most places do not offer translation and are not aware of their language skills."

According to the U.N.'s Universal Declaration of