

THE *Anchor* NEWS

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MEET KILLEEN'S, DR. RODNEY DUCKETT

EDITED BY WB GUNTER

Dr. Rodney L. Duckett is a family nurse practitioner with over two decades of healthcare experience and education. He holds a Doctor of Nursing Practice degree. In the Army, he was recognized extensively for his innovative thinking in times of crisis. He continues to apply this approach in his work in emergency care and in his passions as a motivational speaker and community advocate. He trains and mentors student nurses and other healthcare professionals. Dr. Duckett's voice is in demand in conversations about providing effective care and methodologies for those in marginalized communities.

Dr. Duckett is a motivational speaker and advocate who works with under-served populations providing direction, education, and orientation in an uncertain world. He has helped countless people move beyond past prejudices, let go



DR. RODNEY DUCKETT

of negative thinking, and take on new, exciting challenges. Whether he's speaking about mental health, setting goals, gangs, or the black community, his audiences walk away feeling refreshed and strengthened with actionable strategies for positive change. Utilizing his charisma, passion, and knowledge, Rodney has shared his expertise with thou-

sands of those in underserved populations, from at-risk youth to disabled veterans.

Rodney started his career as a Staff Sergeant in the US Army. He became a paramedic and eventually an RN. He earned a Doctor of Nursing degree from the University of Incarnate Word and is certified as a Family Nurse Practitioner. He hopes to establish multiple living centers and telemedicine practices serving communities of health disparities. He produced and led a youth awareness TV show. He founded IMPAC, a non-profit which assists at-risk communities through programming and advocacy.

Dr. Duckett is a member of the American Nurses Association, DNPs of Color, Texas Nurses Association, American Nurses Association Policy Institute, a fellow of the American Nurses Advocacy Insti-

SEE **DUCKETT** PG. 5

A DOCTOR'S JOURNEY TO THE MEDICAL DEGREE

Growing up in Jamaica, with a majority black population, Petra Constable had always had black physicians. It was a rainbow of all shades of melanin in every profession, from government representatives to the lady in the market peddling her goods. When Constable moved to the US, she quickly found out that things had changed.

"I was commonly the only, or one of few, persons of color in any setting of higher education. This continued throughout college and medical school." Constable continued. "When you are one of few, you feel the weight of being the representation of the entire black community."

In medical school, Constable had an amazing diverse group of friends with whom she confided in about triumphs, failures, and vulnerabilities. However, she discovered that when one is working in the hospital, friends are not included there.

"There, imposter syndrome is real. It can be hard to fight the negative thought of 'am I qualified to be here?' even if you have the GPA and the credentials to prove it," said Dr. Constable. She recalled that often, those thoughts and feelings would happen during the exhausting days in the hospital, in her white coat, taking care of patients. "It was at these moments that the black community would come through for me."

It would be an older black person, a patient, family, or hospital employee that would stop her and say "We see you, Doc! We



PETRA CONSTABLE

are so proud of you."

Often, this would come with an arm squeeze or a toothy grin, or even the occasional tears. Sometimes these brief moments would extend into a conversation about Dr. Constable's journey in medicine or about the families involved.

"I would leave those interactions with a sense of pride and purpose, much needed fuel for the rest of my day. It was Providential provision and a reminder that uplifting black folks in these simple yet meaningful ways, are essential for our safety and thriving."

As one of 5% of black doctors in the US, Constable finds these situations to be a common occurrence, one where she was of the few or the only black health professional in the room. It is these interactions with the black community that provided Dr. Constable a safe passage through medical school and even now as a resident physician. It is as

SEE **JOURNEY** PG. 4

DR. ANGELA WALLACE SAYS ANESTHESIOLOGISTS IMPROVE PATIENT CARE

Dr. Angela Wallace says anesthesiology is a great and satisfying field. "I enjoy my profession because it interfaces with so many different specialties in taking care of patients," But according to Dr. Wallace, it also has its challenges.

She explained the world saw a pandemic that caused mainly respiratory illness. The need for critical care with expert intubation skills and ventilation management were some key reasons anesthesiologists were thrust into the spotlight. "Evidence shows anesthesiologists improve patient care whenever we are in-



DR. ANGELA WALLACE

involved," said Dr. Wallace.

"In my career spanning over 14 years, I have seen how discrepancies in care still prevail. We see the results more so in disadvantaged and communities of color with evidence of frequent end-organ disease from poor or inadequate access to health care." Dr. Wallace tries to do her part by asking more detailed questions about patients' medical histories. How well is their blood pressure managed or are they able to take their medications regularly?

SEE **WALLACE** PG. 8

**J.L. & LINDA CRAWFORD**

A co-owner of The Anchor News, J.L. Crawford is the director of operations for the paper. He is also an instructor at McLennan Community College, a Bible teacher, and a LegalShield Senior Manager. Linda Crawford is co-owner and editor of The Anchor News. She is an instructor at McLennan Community College, a Bible teacher and a conference, workshop and motivational speaker.

CENTRAL TEXAS HEALTH EQUITY ALLIANCE: BLACK PHYSICIANS EMPOWERING THE BLACK COMMUNITY

BY DR. TERRI WOODS-CAMPBELL

We are a group of black physicians who have come together for the purpose of empowering, enriching, and educating the black community in which we serve. Our goals are multiple and ever-expanding, beginning with these listed below:

- to improve the health and wellbeing of the black community (primary goal)
- to provide an avenue for the education of the black community from a provider of color
- to provide a resource for local churches, organizations, and businesses to utilize a subject-matter expert on topics pertinent to bettering the health of the black community in Waco and the surrounding area
- to connect the black providers in Waco and Central Texas for referral, advice, or simple collegial engagement
- to encourage recruitment

of other black providers to the Waco Central Texas area

- to mentor black college students seeking entry into the field of medicine

- to encourage increased interest and matriculation of black high school students into STEM-related majors with continuation into the field of medicine

icine

- to provide financial incentives via scholarships to black high school students interested in medicine

CENTRAL TEXAS HEALTH EQUITY ALLIANCE: HOW WE CAME TO BE!

BY DR. TERRI WOODS-CAMPBELL

**DR. TERRI WOODS-CAMPBELL**

The Central Texas Health Equity Alliance is a small but expanding group of black physicians in Waco spanning multiple specialties. The group is the brainchild of Dr. Terri Woods-Campbell, a board-certified OB/Gyn previously employed by the Women's Health Center under the umbrella of Waco Family Medicine. Having left the Women's Health Center in the Fall of 2022 to become an OB Hospitalist, she left a void left by her absence as the only black, female OB in Waco. This was

one of her greatest regrets. The lack of black physicians in general in Waco was again brought to her attention early this year by many of her friends who often called asking if she knew a black cardiologist, pediatrician, gastroenterologist, etc. One call Dr. Woods-Campbell recalls fondly was from her very good friend, Councilwoman Andrea Barefield, who asked if there was a list of black doctors in Waco! Dr. Woods-Campbell laughed and responded, "if you hear of one, let me know!" This conver-

SEE **ALLIANCE**, PG. 14

A NOTE FROM THE EDITOR...

OCTOBER IS HEALTH OBSERVANCE AND AWARENESS MONTH

There are many interesting aspects to health and wellness, whether it be emotional health, physical health, or even spiritual health. Whatever the case, we are blessed with specific professionals who can see us through. This month we chose to showcase a new

organization called Central Texas Health Equity Alliance. Spearheaded by Dr. Terri Woods-Campbell, the Alliance is a compilation of local minority physicians who hope to be a resource for all, especially for members of the African-American community. Enjoy.

VISITING THE GYNECOLOGIST: DISPELLING MYTHS

BY DR. TERRI WOODS-CAMPBELL, MD FACOG

In my 17 years as an OB/Gyn my greatest passion is patients advocating for themselves and being involved in their personal health. To be the best self-advocate, a patient needs as much information as possible. This is where I come

in. My goal here is to educate my community by dispelling three common myths about visiting a gynecologist.

Myth #1: "My 12-year-old daughter needs to be checked out." First, NO ONE needs to be "checked out" gynecologically. Our bodies are not cars. We don't need a "peek under the hood to ensure ev-

everything is working." Second, a 12-year-old does not need to see a gynecologist unless there is something concerning happening. Currently, ACOG recommends the 1st gynecologic visit at the age of 13. This visit is NOT for an exam

SEE **MYTHS**, PG. 13



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PURPOSE

The Anchor News, dedicated to serving the community and surrounding areas, focuses on positive news and accomplishments of minorities.

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The comments and opinions of our readers are welcomed. Letters and articles should be e-mailed. Letters should be no longer than 200 words and must include a name and phone number. Article submissions should be no longer than 450 words and should include an original head shot (in jpeg

format) along with your name, address and phone number. We reserve the right to edit for grammar, space, potentially libelous material and copyright infringement. We also reserve the right to refuse derogatory, irrelevant and malicious submissions.

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A CURE FOR SICKLE CELL DISEASE? PART 1



CHARLES PERKINS, SR.

Sickle cell anemia has now become personal to me, though I am not directly involved, but mainly because it affects my 14-year-old granddaughter. She is in the midst of her three-month-long convalescence as a sickle cell anemia patient at TriStar Centennial Medical Center in Nashville, Tennessee. Her journey began on August 4, 2022.

Her father, Chuck, decided to drive her and her 19-year-old brother 700 miles from Virginia after discovering that the best possible cure for sickle cell anemia is to receive a transplant from another person (called the donor) who could provide normal blood stem cells

to enrich her blood. The first step in initiating this transplant is to determine if the patient has at least one fully compatible sibling donor. Among her other two siblings, her brother's bone marrow showed the most promise as a perfect match. He was not only free of the sickle cell trait but free from the disease, as well. Also, she and her older brother possess the same blood type.

Contrasting with the way normal blood cells move, sickle cells tend to cluster together and cling to the lining of blood vessels. This impedes the movement of healthy, oxygen-carrying blood. Such clusters can create blockages in a growing child's small blood vessels, which in turn decreases oxygen delivery to the tissues and vital organs and causes severe pain and organ dysfunction. Sickle cell disease (SCD) is an inherited disorder, that most likely was passed on through the first three generations of my family. In an SCD patient, the hemoglobin is not normal and cannot pass easily through blood vessels. By definition, hemoglobin is a protein that is part of our red blood cells. It is the substance that carries oxygen in the blood. The spleen, which helps filter



CHARLES PERKINS, JR.

bacterial infections from the blood, tends to destroy the crescent-shaped sickle cells rather than recycle them as it would normal donut-shaped red blood cells. Each person can experience symptoms of the disease in different ways and many other complications and symptoms can vary from person to person. Sadly, people with SCD live in constant fear of the next pending pain crisis, which generally arrives as a "sudden surprise."

One in 350 to 400 African American children have SCD. There had been no cure for this genetic disorder until about two decades ago when the first bone marrow stem cell transplant was carried out. This blood or bone marrow transplant (aka stem cell transplant) can cure SCD. In general, SCD symptoms include chronic life-long pain, organ damage, delayed sexual maturity, infertility, visual and neurological problems, and a lower life expectancy.

Millions worldwide suffer complications from SCD and

nearly 300,000 infants are born with the disease each year. My granddaughter was one of those infants born in

2008 with the disease.

To be Continued in the November issue of The Anchor News.

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**Know thou that the Kingdom is the real world,
and this nether place (evil) is only its shadow
stretching out. A shadow hath no life of its
own; its existence is only a fantasy, and nothing
more; it is but images reflected in water,
and seeming as pictures to the eye.**

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DR. SHAMONICA TRUNELL, ON A MISSION TO CHANGE LIVES

Dr. Shamonica L. Trunell, D.C. is an executor by nature, a boss, and a mentor. She is the owner and Executive Of-

ficer of Hillcrest Chiropractic Clinic, PLLC where everyone is rooted in Wellness! Hillcrest Chiropractic Clinic cur-

rently has three locations to serve the community: Waco, Bellmead, and Gatesville.

Dr. Shamonica has three children, Malik, Samiyah, and Sarai. Known as GiGi, Dr. Shamonica has one granddaughter, Chloe. God has done great work for the community by using Dr. Shamonica as a vessel in the chiropractic profession.

Dr. Shamonica is on a mission to change the lives of millions one subluxation at a time. She has extensive training in pediatrics, nutrition, and functional medicine. A graduate of Alcorn State University where she received a BS degree, she is also a graduate of Parker College of Chiropractic where she received a BS and a Doctorate of Chiropractic.

Dr. Shamonica has become a pillar in the Central Texas Community. She has proven to be an important influence in the lives of many, using her platform to display a positive and successful image while raising awareness on important health and wellness issues in our communities.

She lives her life daily knowing, "Nothing happens to you. EVERYTHING happens for you!" She has seen the benefits of educating patients on the importance of their health and reminding patients that their health is their wealth. Communities are plagued by Dis-Ease through various conditions, but Dr. Shamonica feels it is very important to spotlight the relevance of adequate care and education on these conditions in each community. As a chiropractic physician who provides corrective care, her goal is Excellence in Wellness Care. With 19 plus years of experience in the chiropractic profession, she has given patients their lives back by not masking symptoms but



DR. SHAMONICA TRUNELL

getting to the root of the problem. As we begin to bridge the

gap between all medical professionals and provide each patient with customized care focusing directly on their condition and not a one size fits all approach to care, Dr. Shamonica is sure she will be able to help change the face of health-care.

She has been featured in several publications: Anchor News, Waco Tribune, The Wacoan, and Locals – Love- Us, just to name a few. She speaks frequently around the country on health, wellness, and self-esteem.

Dr. Shamonica resides in Waco, Texas with her family. She is a member of the Central Texas Health Equity Alliance.

JOURNEY

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simple as locking eyes with a black nurse and giving a knowing nod, engaging in mentorship from black doctors, or "a black patient requesting me as their PCP."

Dr. Constable explained that these moments may sometimes be brief, but "we share a rich connection of melanin-ated souls. We are a community that looks out for each other and encourages each other.

Our togetherness has allowed generations to survive and thrive in the most difficult of circumstances." Says Dr. Constable, "My medical degree is a community achievement. On behalf of doctors everywhere, Thank you!"

Dr. Petra Constable is a Resident Physician at Waco Family Medicine. She is a member of the Central Texas Health Alliance.

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**WANDA B.
GUNTER**

Author, Artist &
Contributing writer
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ACHIEVING A LONGER, HAPPIER LIFE WITH HOME HEALTH SERVICES

BY DR. ALEXANDRA JONES ADESINA

Many patients ask about how to maintain health and quality of life. Home health services is a fantastic way to achieve longer, happier lives. Most patients will have their own individualized medication plan and nearly all patients benefit from home health services.

Home health services are health care services that happen in a patient's home. Some patients benefit from having a nurse come to check their vital signs, while other patients will have a nurse help with medications. Some services include rehab therapies. Physical therapy is a therapy that improves muscle strength and flexibility. Occupational therapy improves how well a patient can do household activities, such as cleaning, cooking, and bathing. This type of therapy is often essential for patients who use canes, walkers, or wheelchairs. Nurses and therapists become important members of a patient's care team and communicate any concerns to a patient's primary care doctor. The communication



DR. ALEXANDRA JONES ADESINA

between these team members is what helps a doctor address concerns before they become medical problems that lead to a hospital stay. Therefore, these services have an important impact on health.

Home health services maintain and improve a patient's health. A recent study (published in The American Journal of Managed Care) showed that patients who receive home health services are healthier. The researchers measured how often a patient

needed to go to the hospital and the cost of hospital visits to determine how healthy a patient was. They compared patients who received home health to patients who did not. Patients who received home health had to stay in the hospital less and had less money spent on health care.

Because home health services are so effective, Medicare and other insurance companies pay for them. Once a patient and his or her primary care doctor decides to start home health services, the doctor makes a referral to an agency. The agency sets up a time to evaluate needed services. Afterwards, they determine a schedule to visit the patient and continue services for as long continue as a patient needs them.

So, as we each have the blessing of more birthdays, it's important to incorporate treatments that will help us achieve even more!

Dr. Alexandra Jones Adesina is a family physician who cares for children, expectant mothers, and adults at Waco Family Medicine-Martin Luther King Clinic. She is a member of the Central Texas Health Equity Alliance.

IMPORTANCE OF MEDICINE TO THE GLORY OF GOD

BY PASTOR MATTHEW REED

One cannot speak of medicine without speaking of physicians in the same breath. Physicians were present and needed after man sinned. Once Adam and Eve sinned and were put out of God's garden, sickness and diseases manifested. The Anchor News motto is "just the good stuff" only. So here is the good stuff about physicians and medicine.

Physicians didn't just hit the scene; they have been around for a while. In the Bible physicians are first mentioned in the book of Genesis, 50:2 And Joseph commanded his servants the physicians to embalm his father: and the physicians embalmed Israel. Jesus in Matthew 9:12, Mark 2:17, Luke 4:23, and Luke 5:31 spoke of physicians. Ezekiel speaks of leaves of trees used for medicine (Ezekiel 47:12). Proverbs 17:22, Jeremiah 30:13, and Jeremiah 46:12 all speak of medicine used for healing the body.

We the church can conclude that God uses physicians and medicines to heal our bodies. Medicines administered by qualified physicians are intended to repair the body. My experiences with my physician Dr. Michael Loden who is a godly man have benefited me greatly. It is important



PASTOR MATTHEW AND LADY HELEN REED

that you help your doctor manage your health. Take your medicine as prescribed and if you notice any negative effects advise your doctor at once. If you help your doctor by developing good health habits and following instructions, most of your health problems will be solved and the rest manageable.

Physicians (doctors) and medicines are a part of God's provisions for your abundant life. Doctors don't prescribe medicines and make diagnoses to make money; they do these things to heal your body. I suggest that you let your physician know how much you appreciate him. And then your physician just might become your friend.

ACHIEVING PEAK PERFORMANCE FOR YOUTH ATHLETES

BY DR. OLUWATORIMI ADESINA

Over the past 50 years, youth sports culture has changed dramatically. One of the biggest changes is the overall decrease in multisport athletes in middle and high school. This has given rise to the more common single sport athlete who tends to be under increased pressure to specialize early, play year-round and play at a high level. Sports specialization occurs when an athlete decides to focus exclusively on 1 sport. Increased emphasis on sports specialization has resulted in an increase in overtraining, overuse injuries, and athlete burnout. Parents should consider three general principles with their young athletes.

1. Early diversification, late specialization – Current recommendations are to delay sports specialization for most sports until late adolescence (15-16 years of age). Studies show that for most sports (excluding gymnastics, and figure skating), late specialization with early diversification (playing multiple sports) is most likely to lead to elite status. It allows athletes to explore



DR. OLUWATORIMI ADESINA

various sports while developing physically, socially, and emotionally. The skills they acquire can be transferred to their primary sport should they decide to specialize. Additionally, by late adolescence, athletes have acquired the physical, social, cognitive, emotional, and motor skills required for sports specialization. Patrick Mahomes of the Kansas City Chiefs, for example, has combined skills acquired playing baseball and basketball to become one of the best quarterbacks in the NFL.

2. Adequate breaks from the sport – Several principles can be used to guide training. Parents should do the following: Allow for at least 3 total months of downtime from training throughout the year, spread out in 1-month increments, for physical and psychological recovery; allow for at least 1-2 days off per week from the athlete's sport of interest; and closely monitor young athletes who enter intensive training, noting their physical and psychological growth, maturation, and nutrition.

3. Common goals – A common motivation for athletes and parents is the pursuit of an athletic scholarship. Only 3.3% to 11.3% of high school athletes compete at the NCAA level; only 1% receive an athletic scholarship. If an athlete decides to specialize, it is important to have discussions to distinguish the goals of the athlete from those of parents or coaches.

Dr. Oluwatorimi Adesina is a pediatric sports medicine physician at Ascension Medical Group - Providence Orthopedics and Sports Medicine. He is a member of the Central Texas Health Equity Alliance.

DUCKETT

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tute, and nursing policy and legislation from Yale Political Candidate School for Nurses. He was honored to be chosen by the American Nurses Advocacy Institute to represent

Texas at a national health policy conference. In addition, Dr. Duckett also holds an archaeology degree with a focus on the Paleo-Levant and East African Dynastic periods.

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DR. ALLISON AND DR. CHIDI ACHILEFU—IT'S A FAMILY AFFAIR

Dr. Allison Achilefu was born and raised in the small west Texas town of Monahans and is a college graduate of the University of Texas Permian Basin. Being one of three daughters to a musician father and having played the flute at a highly competitive level for several years, she initially planned on pursuing music as a profession. However, feeling a little burnt out with her musical career, she decided on following her other lifelong dream of becoming a physician. She obtained her medical degree at the University of Texas Medical Branch in Galveston where she met her now husband, Chidi Achilefu, and they wed during their third year of school. Both of their residencies were completed at the University of Oklahoma Health Sciences Center. Growing up as a self-proclaimed small-town girl, Dr. Allison was primarily exposed to the local family phy-



DR. ALLISON ACHILEFU

sician and credits Dr. William Davison for motivating her to pursue family medicine. Four days after residency, she embarked on her most arduous, yet rewarding adventure to date—motherhood.

Dr. Allison has over ten years of experience in family practice with special interests in adolescent medicine, women's health, and obesi-

ty medicine. She is currently practicing at the Baylor Scott & White - Waco Clinic. "I thoroughly enjoy being able to offer my services to a variety of patients from all ages and backgrounds while also recognizing the potential for building long-lasting relationships."

Dr. Chidi Achilefu is a native Houstonian, and after completing high school at Episcopal High School, he earned his bachelor of science degree at the University of Texas at Dallas. During his time at UTD, he participated in the JAMP (Joint Admission Medical Program) program, which he credits with making his pursuit of a medical career more plausible. This program is for economically disadvantaged students. JAMP support students with scholarships and internships at all Texas Schools. He subsequently went on to receive his Doctor of Medicine degree at



DR. CHIDI ACHILEFU

the University of Texas Medical Branch. He has over ten years of experience as an anesthesiologist and enjoys all facets of his career, but especially appreciates being able to provide regional anesthetic techniques in addition to trans-esophageal echocardiography. He is currently a partner at MidTex Anesthesia Associates.

Together the Achilifus share four children, Carisa, 7, Hannah, 5, Christian, 3 and Noah, 1. When not at work, Allison most enjoys exercising along with family dinners, dance parties, and karaoke sessions. Chidi has a passion for golfing and teaching their four children the benefits of healthy eating as they assist him with his backyard garden. They have called Waco home for about seven years and are faithful members of Mosaic Church. The old adage "It takes a village" rings true in many parts of their lives and they are extremely appreciative of the daycare providers, teachers, pastors, and fellow healthcare workers, along with countless other community members that have assisted them in day-to-day life. Says Dr. Allison, "The people are truly what make Waco a special place to grow." They are members of the Central Texas Health Equity Alliance.

HEALTH SERVICES THROUGH THE LENS OF COUNTY GOVERNMENT

**BY COMMISSIONER
PATRICIA MILLER**

Four years ago, I stood on the steps of the McLennan County Courthouse and announced my candidacy for McLennan County Commissioner for Precinct 2. In keeping with the promise to be a voice for those uninsured and under-insured here in our county, I continue to support, advocate, and put forth education on those programs that address the healthcare needs of our most vulnerable populations.

Robust discussions and actions targeted toward access to quality healthcare and its cost, to our citizens, are vital to the welfare of the State of Texas. Texas is ranked #5 in "America's Top States for Businesses" and #1 in exports and energy production, being the top crude oil and natural gas producing state in the nation. However, Texas also has the dismal distinction of being ranked #1 in uninsured people in the state. According to the Texas Tribune, Texas has both the highest number and the highest percentage of uninsured residents in the nation. According to recently released U.S. Census data, the share of Texans without health insurance, 18.4%, is twice that of the national average of 9.2%. In raw numbers an estimated 5.4 million Texans

are uninsured while Texas remains one of the 12 states in our nation that has decided to not expand Medicaid. That is why the provision and cost of quality healthcare at the local county level is so important to the people of McLennan County and to me.

MCLENNAN COUNTY INDIGENT HEALTHCARE PROGRAM: Chapter 61 of the Texas Health and Safety Code establishes the County Indigent Healthcare Program (CIHCP), which helps low-income Texas residents who do not qualify for other state or federal healthcare programs have access to healthcare services. It is provided through the McLennan County Indigent Healthcare Program, located at 824 Washington Avenue. To be eligible for this program, the applicant must live in McLennan County and the household 'monthly net income' cannot exceed 21% of the federal poverty guidelines. Eligible participants qualify to receive primary care, specialty care, inpatient/outpatient hospital care, diagnostic, and prescriptions. For fiscal year 2023, McLennan County has allocated \$2.75 million dollars for this program. This is an increase over last year's budget. (More information on this program may be found at the county's website, co.mclennan.tx.us.)



COMM. PATRICIA MILLER

WACO - MCLENNAN COUNTY PUBLIC HEALTH DISTRICT: Chapter 121 of the Texas Health and Safety Code gives authority for a Public Health District. Public Health Districts may consist of a county and one or more cities or two or more counties or cities. They provide a vast array of services from immunizations, disease control to public health emergency preparedness. I would like to take this opportunity to thank Ms. LaShonda Malrey-Horne and her staff for navigating McLennan County through COVID-19 with the mass COVID-19 vaccination clinics. As a division of the Texas Health and Human Services, the District provided the COVID-19 vaccine to our community inclusive of those most suscepti-

ble to receive poor healthcare and continues to provide current statistics on the number of new cases, hospitalizations, and fatalities due to COVID-19 (See covidwaco.com). An online information page has also been designed to keep our community up to date on the Monkey Pox here in McLennan County. McLennan County along with 18 of our cities within McLennan County help in funding the Public Health District. For fiscal year 2023, McLennan County has allocated \$586,301 to the Waco-McLennan County Public Health District. However, over \$4.5 million dollars goes into the District from governmental entities. While federal and state grants along with fees received help to cover the operating expenses for the Public Health District. I am extremely proud to be the McLennan County representative to the Public Health District Board of Directors and extremely proud of the District and their work on behalf of the citizens of McLennan County.

WACO FAMILY MEDICINE: Waco Family Medicine (WFM), established in 1969 by the McLennan County Medical Society to address a shortage of doctors and a lack of primary care access for low-income community members, is a Federally Qualified Health Center or FQHC. A FQHC is a

healthcare center that treats underserved populations. They offer an income-based sliding fee scale and provide comprehensive health services. I am proud that 9 of the 14 clinic sites operated by Waco Family Medicine are located within the boundaries of Commissioner, Precinct 2. WFM provides integrated medical, dental, and behavioral healthcare. For fiscal year 2023, McLennan County has allocated \$783,113 to the health center along with providing \$2.5 million dollars toward WFM's \$51 million building expansion. True to their mission of serving underserved populations, WFM is rebuilding at its current location, 1600 Providence.

The mission, purpose, and work of the McLennan County Indigent Healthcare Program, Public Health District, and Waco Family Medicine are most admirable; however, these programs are unable to serve all of our citizens in need. Many citizens in McLennan County, as well as across the State of Texas, are working yet uninsured. Considered the "working poor," their earnings make them ineligible for Medicaid. Under the expansion, adults up to age 64 with an income up to \$17,774 would be

DR. NATHAN LOTT WEIGHS IN ON THE DANGERS OF SMOKING

Ever since its introduction, smoking cigarettes has been something that people have done for a variety of reasons. Many people smoke because they started the habit at a young age to defy their parents. There are those who started smoking because they wanted to look cool with their friends who did it. Some smoke because they picked up the habit to avoid stress.

For whatever reason, smoking is something that is not generally thought about too deeply once the habit has been ingrained. The problem with this habit is it can cause a person to develop a chronic lung disease called COPD (chronic obstructive pulmonary disease). In 1977 a research study demonstrated the long-term effects of cigarette smoking, revealing several revelations. First, for people who are susceptible to the effects of cigarette smoke, the amount of lung function they lose per year is greater than that of individuals who have never smoked. Second,



DR. NATHAN LOTT

their loss of function can be slowed down once they stop smoking, although it takes a few years. Last, smoking can decrease people's life expectancy.

This last reason has brought the focus on smoking cessation to the forefront of medical discussion. What is it that makes someone continue to smoke, despite being aware of the dangers of smoking? Part of it is the chemical addiction that the

body craves. The other part is the habit of smoking. When you have a habit, breaking it takes time and dedication and isn't something that is always easy to do. Some people have a harder time than others, but the simple fact of the matter is, when a person is ready to quit, he or she will be able to.

All most people need is the right motivation, whether that is their children or their own health. There are many options when it comes to quitting, from using specialized medications that decrease the chemical addiction, to patches and gums that can be used when the urge is strong. When it all comes down to it, the choice to quit is yours, but your healthcare providers are willing to help you in whichever capacity we can to ease the process. Nathan Lott, Doctor of Osteopathic Medicine, is at Baylor, Scott, and White Hillcrest in Pulmonary Critical Care. He is a member of the Central Texas Health Equity Alliance.

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"If they need to see a specialist, I will call on their behalf or refer them to someone who can call and help them get an appointment, or I will ask them to follow up with their primary care provider. It is an extra part of my job

WALLACE | CONTINUED FROM PAGE 1

but entirely worth it if I help someone. The most important variable is my taking the

time and special interest in their health which makes a big difference in their lives."

Dr. Wallace also focuses on increasing awareness of the maternal morbidity and

mortality of pregnant women of color. She says the number of pregnancy complications and deaths are astonishing and the reasons are multifactorial. Dr. Wallace spoke at the National Medical Association (NMA) about how anesthesiologists can make a contribution through risk stratification, escalating care in high-risk patients, and working closely with obstetrical colleagues. "It is imperative for physicians to listen to understand what their patients are saying as well as what they are not communicating."

"There is still a lot of work to be done in our respective communities to improve health care disparities. Patients respond differently when they see that someone genuinely cares about them."

Dr. Wallace enjoys mentoring young people to pursue medicine. "I always encourage young people by saying that being smart is great but also having a big heart is ideal for a career in medicine."

Dr. Angela Wallace is on staff as an anesthesiologist at Baylor Scott & White Health Medical Center-Hillcrest. She is a member of the Central Texas Health Equity Alliance.

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CLINICAL RESEARCH: FREQUENTLY ASKED QUESTIONS

BY DR. NADEGE T. GUNN, MD, CPI

1. What is clinical research?
If you suffer from a disease that lacks an approved treatment, a clinical research study

offers investigational medication to volunteers suffering from these conditions. These medications are carefully studied for safety and effectiveness.

2. Will I be a guinea pig?
The simple answer is NO.

Before the drugs are ever tried on humans, they are tested rigorously in both animal and simulated human models.

3. Will I be paid any money?

As a clinical trial participant, your time and commitment to advancing medicine are highly appreciated. In most cases, you will be compensated for time and travel.

4. Can I change my mind about participating?

Clinical trial participation is entirely voluntary. You can withdraw at any time.

5. Could I get a placebo?

A placebo is often referred to as an "inactive" medicine or a "sugar pill." To know if the actual or active medication is working, we must also evaluate those who do not get the medication. However, by being a part of a clinical trial, your chances of getting a medication that could improve your health are higher than if you do not participate.

6. Why should I participate in a clinical trial?

Because you are a hero and could save a life. Clinical trials do not recruit enough ethnic minority groups. When this happens, we cannot be sure that the drug will work well in people not represented in the clinical trials.

7. Could I be harmed by participating in a clinical trial?

There are risks involved in clinical research, as there are with available drugs and devices. Because these medica-



DR. NADEGE T. GUNN

tions are new, some of the side effects may not be well known. However, most study-related adverse reactions are temporary and will go away when the study drug is discontinued. You will have ample opportuni-

ty to review and consent with the study physicians and have all your questions answered. You are not obligated to participate or remain in a trial and may withdraw at any time.

8. Who authorizes these studies and whom do I call if I feel my rights are being violated?

The studies undergo rigorous approval processes by the FDA to ensure studies are fair, necessary, and appropriate for humans. Also, the Institutional Review Board ensures the rights of human subjects are a priority. For concerns about your safety or well-being in a clinical trial, call the IRB anytime.

Dr. Gunn is Medical Director of Clinical Gastroenterology/Hepatology - Impact Research Institute. She is also a member of the Central Texas Health Equity Alliance.

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QUESTIONS AND ANSWERS WITH DR. OFOBUIKE N. OKANI

WHY SHOULD A PATIENT CHOOSE TREATMENT AT YOUR PRACTICE?

Our cancer center is patient-centric, a fact that is evident from the time someone steps into our center until he/she leaves. The atmosphere is relaxing with a beautiful healing garden that wraps around the infusion center. The kindness of our staff is very palpable. Our technology is the leading edge and our doctors stay up to date with advances in radiation and medical oncology and apply these advances to the diagnosis and treatment of various solid cancers and hematologic disorders.

WHAT IS YOUR PERSONAL PHILOSOPHY AROUND PATIENT CARE?

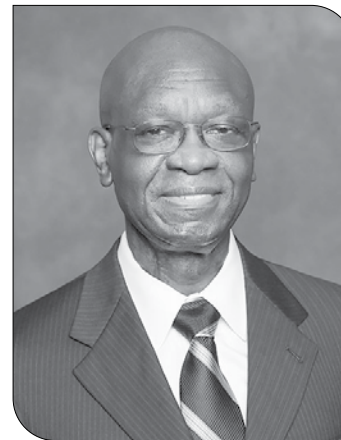
Human beings are the crown jewel of God's creation. I believe that patients deserve a sensitive and understanding Hematologist/Oncologist to be able to go through, sometimes the rigorous journey of diagnosis, treatment planning, and delivery.

"W.C. Okani Memorial Scholarship Initiative" in Nigeria was established in 2005 in honor of my late father who loved education, to see young men and women from poor families get a good education.

WHY DID YOU BECOME A

DOCTOR?

Exposure to a simple instrument, the microscope in high school, stimulated my interest in the biological sciences, especially when it became apparent that I could peer into the human body with this simple instrument and tell what the blood cells were doing. However, it was the compassionate care I received from my physician as a teenager while I was sick that created in me an unshakable desire for a career in medicine. I was fascinated by the structural complexity of the human body and yet its organized and coordinated function and that it is a perturbation in



DR. OFOBUIKE N. OKANI

this organization whenever it occurs that leads to disease. Although I came to like the sciences, I also loved people, especially the vulnerable and I found that medicine is not just a science; it is also about people needing help with various ailments. "To whom much is given, much is required." I wanted to extend to someone the same compassion I had received from my caring physician. I began to see medicine

as an opportunity to fulfill two aspirations: to love and care for people and enjoy cutting-edge technology.

Dr. Ofobuike Okani, an oncologist in Waco, Texas, received his medical degree from the University of Nigeria Faculty of Medicine. He received a fellowship in Medical Oncology and Hematology at the University of Texas Southwestern Medical Center, Dallas, TX. He completed his residency in Internal Medicine at Columbia University, Harlem Hospital Center, New York City, NY Internship in Internal Medicine Columbia University, Harlem Hospital Center, and New York City. His research interests include head and neck, lung, colorectal cancers, Leukemias, and Multiple Myeloma.

Dr. Okani is an oncologist and senior partner at Texas Oncology in Waco, Texas. An American citizen, he is married and blessed with three children – one daughter and two sons. He is called to the ministry as a Bible teacher.



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**SUBMITTED BY
LINDA MCDONALD**

You may already know what foods are best for a healthy body, but your brain deserves the best too! Try incorporating these 'superfoods' into your diet for the best brain-boosting benefits. Fatty fish such as salmon, tuna, and sardines are rich with omega-3 fatty acids. Omega-3s can increase blood flow to the brain, enhance memory and thinking ability, and alleviate depression.

Nuts and seeds are another great source for omega-3s. They're also high in vitamin E, which helps you maintain cognitive function as you age. Eating an ounce of nuts or seeds a day can help your brain in the long run.

Coffee and tea are full of antioxidants and known to promote alertness, so it's no surprise most people drink it to wake up in the morning. One study published by the U.S. National Institutes of Health's National Library of Medicine (NIH/NLM) suggests that caffeine may also increase the brain's ability to process information.



LINDA MCDONALD

Leafy green vegetables are packed with nutrients and vitamins that benefit your brain. Find leafy greens too bitter for your taste? Make a fruit smoothie and throw in some spinach, kale, or Swiss chard. Your brain will be so enriched, so you'll think twice about skipping your veggies in the future!

Call Linda McDonald, ABR, CRS, GRI, PMN, SRS, TRLP, "The Real Estate Lady," for all of your real estate needs: Coldwell Banker/Apex Realtors, 254-855-1717.

ALLERGIES, ALLERGIES, ALLERGIES

BY JERRY SNIDER

As a health coach, I'm excited to offer a Health Q&A column for the readers of the Anchor News.

If you have lived in the Waco or Central Texas area for long (meaning more than a year) you realize that allergies are serious business here. Depending on how the weather acts towards the end of the summer, seasonal allergies begin to show their ugly head between September and November. Sometimes they even come back around before we hit our true winter season in January/February.

When my wife and I moved to the area 20 years ago, it was my first real experience with allergies. It seems this happens to a lot of people. Never a care or concern about allergies until they move to Central Texas. A big reason why is the topography that allows so many allergens to gather in the area.

It's common to hear someone who is coughing or dealing with congestion say "Don't worry. It's just my allergies." The difficult piece is that some of the allergies will allow other viruses to take hold in turn causing a true illness. We want to avoid



JERRY SNIDER

that as much as possible.

So what can you do? First, stay hydrated and eat healthy foods. These are both basic pieces for building a strong immunity. That will prevent a simple battle with allergies from becoming something that knocks you down for a week or more.

Of course there are many types of medication you can take from daily allergy pills to nasal sprays. Be aware that with any medication there can be side effects that may actually be worse than the allergies you are trying to get relief from.

There are also some options

if you are looking for a holistic, natural way to prevent allergies from taking hold.

First - think raw local honey. Honey can be the great equalizer for many people, especially if your allergies are pollen related. Local bees make honey from local plants. Those same plants are the ones that create the pollen in your area that causes you a problem. If you eat one tablespoon of raw local honey a day, you can build up an immunity to those local pollens. It might take a few weeks to notice the effect, but it will help. It doesn't need to be from your neighborhood to be local, I've had success with honey from as far away as Austin.

Your next option is essential oils. There are a wide variety of oils available that can help with allergies. Lavender, peppermint, and lemon are just a few to try. Remember that just like with honey, it will take a few days to weeks to notice if it is making a difference.

Have a question for Jerry? Send it to jerry@allinhealthandwellness.com.

Jerry Snider is an exercise physiologist, health coach, and owner of All In Health and Wellness. He has authored two

books available on Amazon: No More Sugar Coating and Confidence Through Health, and is the host of the podcast Con-

fidence Through Health. Visit www.allinhealthandwellness.com to learn more about Jerry Snider.

ANCHOR'S ATHLETE OF THE MONTH

BY DR. CJ WALKER

October's Anchor Athlete of the Month is Jaylin Petty. Jaylin is from Waco, Texas, and attends Connally High School. He started playing football when he was in the 5th grade. Jaylin states, "Football is not only a physical game but also a game that challenges you mentally." That concept is what piqued his interest in football, but he said the person who influenced him "to play" football was his mother. She motivates him and pushes him to be great on and off the field. Jaylin's goals for the year are to improve his GPA to above 3.5 and obtain more interest from colleges. He plans to attend a great university and



JAYLIN PETTY

obtain a mechanical engineering degree.

Dr. Charles Walker is with Hillcrest Chiropractic Health and Wellness Clinic.

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- WHIPLASH
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- LEG PAIN
- VERTIGO

LET'S NOT GIVE THE DEVIL LEGAL RIGHTS, PART 10

BY EVANGELIST
RUBY MCCRAY

Continued from the September edition of The Anchor News. To review the previous article, please go to www.theanchornews.org, click "Archives," then the year and finally, the month.

I had never thought about this until one of my mentors constantly said that sin is the only thing that gives the devil legal rights, not only to the one who committed the sin, but to everything that person owns, whether it be living or tangible. The devil comes to steal, kill, and to destroy. John 10:10

According to Revelation 12:10, 11, the devil is accusing humanity before God, day and night. He can only be defeated by the blood of Jesus and by the word of our testimony.

In John 9: 1 -41, a man was born blind, and Jesus' disciples asked him who had sinned, the man, or his parents. Jesus said neither the man nor his parents, but that God's will needed to be made known. Why would they ask such a question? I have no idea why they asked if the baby had committed a sin

that caused his blindness, not yet being born. However, they were very familiar with the Tora, the first five Books of the Bible, which have a lot to say about sin and sicknesses. Let's review a few of them.

"If you diligently heed the voice of the LORD your God and do what is right in His sight, give ear to His commandments and keep ALL His statutes, I will put none of the diseases on you which I have brought on the Egyptians. For I am the LORD who heals you." Exodus 15:26

"You shall not make for yourself a carved image—any likeness of anything that is in heaven above, or that is in the earth beneath, or that is in the water under the earth; you shall not bow down to them nor serve them. For I, the LORD your God, am a jealous God, visiting the iniquity of the fathers upon the children to the third and fourth generations of those who hate Me. But showing mercy to thousands, to those who love Me and keep My commandments." Exodus 20:4-6 So, it doesn't have to be a parent, but a grandparent, great grandparent, etc. down to four generations.

There was a man who had



EVG. RUBY MCCRAY

been waiting at the pool for 38-years, hoping to get in to be healed. Jesus had compassion and healed him? But Jesus said to stop sinning unless a worse thing would come upon him. According to this account, it was sin that got him in this state. John 9:1-42

What about the man who was possessed by many demons. He lived in the cemetery among the tombs and could not be tamed. People would bound him with chains and shackles, but he would pull them apart then break them into pieces. Night and day, he would scream and cry,

even cut himself with stones; no one could tame him. Finally, Jesus came on the scene, casted out the demons who went into two-thousand hogs and drowned them in the sea. The man was set free, put on some clothes and was completely sane. Mark 5:1-20

Katie of Katie Souza Ministries believes he had unforgiveness which opened the door to the devil. I tend to agree with her. She said since it plainly stated that he lived among the tombs, and tombs are monuments which cause people to remember, he no doubt could not forget the wrong that was done to him and would not forgive. We are told that it's no harm to get angry as long as we don't sin. We are to get things straight before the sun goes down, and give no place to the devil. Ephesians 4:26-27

It's obvious that committing sins open doors for demons, but what about omitting things that we are told to do? Yes, that too will open doors for the devil. God told Jonah to go to Nineveh, but he rebelled and decided to go to another city. He was thrown off the ship, swallowed by a great fish that God had prepared for

him, and was there for three days and nights. He prayed mightily, the fish spat him out, and he ran to Nineveh. From where he was would have taken three days, but he arrived in one day.

I have a personal testimony. I was told to take care of a few matters several months ago. It's not that I didn't want to. I didn't know how to. I began the process, but apparently, I was too slow. On Friday, September 23, I was struck with an affliction after enjoying divine health since 1976—not even a common cold. Friends and family wanted me to get medical care, but no doctor can medicate a demon; neither can one be psychoanalyzed, only confession and repentance works.

Please join me in November as we continue this series. All Scripture is taken from the New King James Version of the Bible unless otherwise stated. You may not believe me, but....just what if I'm right!

Evangelist Ruby McCray is the founder of A City of Refuge Ministries. For questions or comments e-mail rubyacorm@yahoo.com or write to A City of Refuge Ministries, P. O. Box 2025, Waco, Texas 76703.

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MEDICARE CHANGES FOR 2023

BY MARGARET IVORY

Great news! On September 27, 2022, Medicare released changes to Parts A and B premiums, deductibles, and coinsurance for 2023. Also, Part D Income Related Monthly Adjustment Amounts have been modified as well. In some cases, amounts will be lower than in 2022.

Medicare Part B premiums went from \$164.90 in 2021 to \$170.10 in 2022. This jump was due to a new drug for Alzheimer's called Aduhelm. Medicare anticipated paying more for Part B benefits and for this medication but something astonishing happened instead! They spent



MARGARET IVORY

less on this medicine and other Part B services. Thus, there

are more reserves in the Supplementary Medicare Insurance Trust Fund aka SMI for Part B.

This upcoming year, the Medicare Part B premium will return to \$164.90! This is great news for most Medicare recipients who pay the Part B premium themselves. However, this is income based so if an individual makes more than \$94,000 or a couple makes more than \$194,000, they will pay more for Part B premium.

A program available to help low-income seniors and disabled recipients is the Medicare Savings Program, which helps pay for premiums, deductibles, coinsurance, and copays. Only half of those who qualify for this

program have applied. Applications in Waco can be completed at 8th and Austin on the fifth floor.

Another benefit is for disabled recipients who are post kidney transplants for three years. The anti-rejection meds are very expensive, ranging from \$10,000 to \$15,000 annually. Starting in 2023, these recipients will pay a premium only for the anti-rejection meds but this is the only Part B service that they will receive since they will no longer qualify for full Medicare now that they have been doing well with their new kidney.

The Annual Enrollment Period starts October 15th through December 7th. This year, we have plans that will pay some of the Part B premium. Call me to set up an appointment to find out more about available plans in McLennan County and the surrounding counties. All new appointments will be done at my home office where I will explain plans for all three Medicare Plan companies in our area: Humana; Scott and White and United-Healthcare.

Hope to see you soon.

Medicare Plans Broker: Margaret Ivory - 254-523-8978.

MYTHS

CONTINUED FROM PAGE 2

(unless something concerning is going on). It is to establish the relationship between doctor and patient. Our main concentration during this visit is to ensure things are developing normally. We ask about her menstrual cycle (if she has started), how she's doing at school and exercise. We ask about concerning habits like smoking or vaping, symptoms of depression or anxiety, etc.

We do NOT advise performing a pelvic exam at this visit unless again, there is something concerning to the patient and ONLY if she consents to the exam. A word to mothers: please allow her to have time with the gynecologist on her own (if she desires) in case there is something she doesn't want you to hear. Please don't be offended. Give her this autonomy to become her own

self-advocate.

Myth #2: "It's time for my annual exam." Many women believe they need a pelvic exam every year. THAT SIMPLY ISN'T TRUE! Pelvic exams for collecting pap smears are not required every year unless you have had abnormal cervical cells. The first pap smear is recommended at age 21 and would need repeating every 3 years. Women over 35 are recommended to have pap collection with HPV screening every 5 years. If you have a pelvic issue, then an exam is warranted. There are other issues that can be discussed at the annual visit, but an exam is not needed.

Myth #3: "Birth control is only to prevent pregnancy." While birth control can prevent pregnancy, it is used for other gynecologic issues as well. We commonly use birth control for heavy periods, and painful periods, to decrease frequent periods or stop them all together. We also use birth control to decrease the formation of ovarian cysts which can decrease a woman's risk of developing ovarian cancer.

Dr. Terri Woods-Campbell, MD FACOG, is a founding member of the Central Texas Health Equity Alliance.

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12:45PM - 3PM

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INVESTMENT IN WELLNESS, PART 1

BY MONA DUNKIN

What does it mean to invest? What does wellness or wholeness mean?

What are some synonyms of wellness?

If I could take these definitions and boil them down to one concept that embodies the totality of wellness, it would be relationship. Our needs are met - directly or indirectly- through our relationships with others. The irony is that when we are out of sorts, we attack the very people we need.

Relationship and health are about people skills. The foundation of people skills is about valuing the individual. Everything requires people. Everything is about people. Psychiatrist Dr. William Glasser suggests that except for abject poverty, incurable illness or living under tyranny all human misery is a result of failure

to have a good relationship with those people important to us.

Let's look at the four great relationships of a lifetime - 1) self, 2) God, 3) those in our quality world and 4) the rest of the people of the world. These relationships are interconnected and affect each other. Anytime we are improving one relationship, we are improving all our relationships, as well as increasing our health. Anytime we are destroying one relationship, we are destroying all our relationships, and our health. To make improvements in your over-all health, start with the relationship in which you are most comfortable.

1) Your relationship with you. In Attitude is Everything, Paul Meyer relates the story of Maxwell Maltz, a plastic surgeon that performed cosmetic surgery on clients because they were unhappy with the way they looked. Dr. Maltz' study

revealed that most thought the surgery was a failure because they were still dissatisfied with themselves. Since your self-relationship is the one you have total control over, why make it negative?

Self-image is the picture you have of your and it can be true or false. Self-worth is an internal knowledge of your intrinsic value and dignity as a human being whether you are thin or fat, short or tall, talented or untalented, business owner or hourly employee, rich or poor, or a multitude of other external measuring rods. Know and humbly appreciate your innate worth, value, and dignity. Receive the gift of yourself.

Healthy esteem recognizes your worth and value, simply because you are the highest



MONA DUNKIN

created order on planet earth. You belong. You are not a mistake. You are not junk. Healthy esteem recognizes that others have worth and value for the

same reason. This truth produces humility and cooperation.

2) Your relationship with God (higher-power). We are all on a spiritual journey, understood or not. Our free-enterprise country was founded to promote the freedom of worship. There is something about the human condition that wants truth or consequences. Some things are right. Some things are wrong.

3) Your relationship with the people in your Quality World

To be continued in the November issue of The Anchor.

Mona Dunkin, owner of Solution Principles, is a professional speaker, trainer, and personal success coach. monadunkin@gmail.com Subscribe to Solution Principles YouTube Page.

IMPORTANT THINGS TO KNOW ABOUT COLON CANCER

BY DR. CHRISTINA LEVINGS

One of the most difficult aspects of my career is delivering the news to a patient or patient's family member that they have been diagnosed with a serious medical illness. This can be especially difficult when that illness is preventable if health maintenance recommendations are followed. Colon cancer is a serious medical illness for which screening and prevention measures exist. The following are ten colorectal cancer pearls that are important to know:

1. Colon cancer is the third



DR. CHRISTINA LEVINGS

most common cancer diagnosed in men and women. It is also the second leading cause of cancer deaths in men and women.

2. Colon cancer occurs equally in men and women.

3. Younger patients are being diagnosed with colon cancer. Therefore, the age to begin colon cancer screening for average-risk patients is now 45.

4. Risk factors for colon cancer include a family history of colon polyps or colon cancer, a personal history of colon polyps, tobacco use, alcohol use and obesity.

5. Colon cancer can be silent, but common symptoms include rectal bleeding, abdominal pain, and bowel blockage.

6. Colonoscopy is the best option to screen and prevent colon cancer, but non-invasive stool tests are alternative options for average-risk patients.

7. Colonoscopy is performed under sedation/anesthesia, so it should be painless.

8. Colon cancer is curable if caught early.

9. Not all surgeries to cure colon cancer require the placement of a colostomy bag. In fact, due to advancements in surgical techniques, over 80% of colon cancer patients won't need a colostomy bag.

10. Health insurance companies typically help to cover most of the cost of screening colonoscopies.

Dr. Christina Levings is a gastroenterologist at Waco Gastroenterology Associates

She is also a member of the Central Texas Health Equity Alliance.

ALLIANCE

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sation got her wheels turning, thinking "maybe there should be a list of black physicians." She then took up the task of seeking out and coalescing the black physicians she knew (and some whom she did not), who were living and working in Waco. Her search, initiated in March 2022, has yielded an impressive group of black physicians in a wide variety of specialties in Waco all dedicated to improving health outcomes in Waco's black community!

Initially, the core group consisted of Dr. Woods-Campbell (OB/Gyn), Dr. Christina Levings (Gastroenterology), Dr. Nadege Gunn (Gastroenterology), Dr. Nathan Lott (Pulmonology) and Dr. Alexandra Jones-Adesina (Family Medicine). Over

the summer they have added Dr. Oluwarotimi Adesina (Sports Medicine), Dr. Angela Wallace (Anesthesia), Dr. Shamonica Trunell (Chiropractor) and Dr. Petra Constable (Family Medicine). Dr. Woods-Campbell has extended invitations to other local black physicians and the group is excited about its growth. Currently they are going through the process of "official formation" with establishing themselves as a nonprofit so their goals in the community can be fulfilled!

Local black physicians interested in becoming a part of this dynamic group can contact the group via email at CentexHealthEquityAlliance@gmail.com or email Dr. Woods-Campbell at tiakia70@gmail.com.

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MILLER

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eligible for Medicaid benefits. (At the minimum wage rate of \$7.25 per hour the "the working poor" earns approximately \$15,000.00 a year.) In addition, Medicaid Expansion would bring a \$9.00 for every \$1.00 match to the Texas state budget for Medicaid expenses.

LOCAL PROVIDER PARTICIPATION FUND/INTERGOVERNMENTAL TRANSFERS: However, even "the working poor" get sick. And research shows that, in most cases, they do not interface with the healthcare system until a hospital visit is warranted. Our local hospitals bare the burden of shouldering this healthcare cost or "uncompensated care." Intergovernmental or IGT and LPPF funding helps to numb the sting of the cost of uncompensated care hospitals have to carry. This is a "work around" in the absence of Medicaid Expansion.

McLennan County has chosen to implement a Local Provider Participation Fund (LPPF). This is a fund that our hospitals pay into that are maintained by the County. These payments are designed specifically to meet

federal requirements to draw down federal funding associated with Medicaid funding. The County then sends these payments to the Texas Health & Human Services Commission (HHSC) by way of an IGT or Intergovernmental Transfer. The payments by the hospitals, made to the county, and sent to the state (HHS) are used as the non-federal share of Medicaid payments. All states must provide the non-federal share of Medicaid funding to receive federal matching funds. The federal government then provides matching funds back to the State. In most cases our hospitals receive funding to help cover their uncompensated care costs. However, the State controls where the most need is for the funds that come back to Texas.

It is a privilege to share the work of McLennan County on behalf of the healthcare needs of our most sensitive citizens. While good work is being done, there is still more progress that needs to be achieved. As I work toward my re-election, I solicit your support to continue in this work.

FROM THE DESK OF ATTORNEY E. SHANK (CANDIDATE FOR THE TEXAS HOUSE)



**ERIN SHANK AND
HER DAUGHTER**

Hello Friends and Neighbors.

My name is Erin Shank and I am running to represent you in The Texas House of Representatives. House District 56 is a large district and in order to reach as many voters as I can before the November 8, 2022 election, I have decided to write a bi-monthly column introducing myself to our community and talking briefly about the issues.

In this first column, I want to briefly tell the readers a little about myself. I am a mother, the wife of a veteran, a lawyer, the owner of two small businesses, and a Christian. I believe that I am very qualified to represent our community in the Texas House because I have three college degrees, from three separate Texas universities, all with an emphasis in law and politics. I have a bachelor's degree from Trinity University in San Antonio with a double major in political science and journalism. I have a master's degree in public administration from Southern Methodist University in Dallas. Finally, I have a law degree from Texas Tech University School of Law in Lubbock, Texas. My opponent has a degree in veterinary science.

As a practicing attorney, I have represented over 6,000 Central Texans in federal court proceedings in Waco and in countless out-of-court settlements and mediations. I have represented individuals, families, and small businesses from all over McLennan County. Chances are, I have represented a friend, colleague, relative, or neighbor of yours over the past several decades. My opponent never represented anyone before he was elected to this seat. He was a practicing veterinarian. In fact, he was my puppy's veterinarian! Veterinary science is a great profession, but I believe multiple years of university study in politics and law, along with years of actually representing individuals and small businesses in our community, make me the more

qualified candidate to represent you in the Texas House of Representatives.

To learn more about my campaign, please visit our website at www.erinshankfortexas.house. com and on Facebook and Instagram at Erin4Tx. It would be my

honor and privilege to represent you and our community in the Texas House of Representatives.

Remember to vote for Erin Shank for Texas House on November 8, 2022.

Paid Political Advertisement by Erin Shank for Texas House.

On November 29, 2022 via Election Buddy, the election of officers and at-large members of the Executive Committee of the Waco McLennan NAACP will take place. Polls will open from 5:00PM-9PM. In order to vote in a Branch election, one must be a member in good standing of the branch 30 days prior to the election. A form of identification is required.

Should a run-off be necessary that election shall occur on December 12, 2022 via Election Buddy from 5:00PM-9:00PM. Run-off elections shall be conducted not less than ten (10) days after the original election.

We look forward to your participation in these activities.

Mrs. Delicia LeBlanc, Secretary



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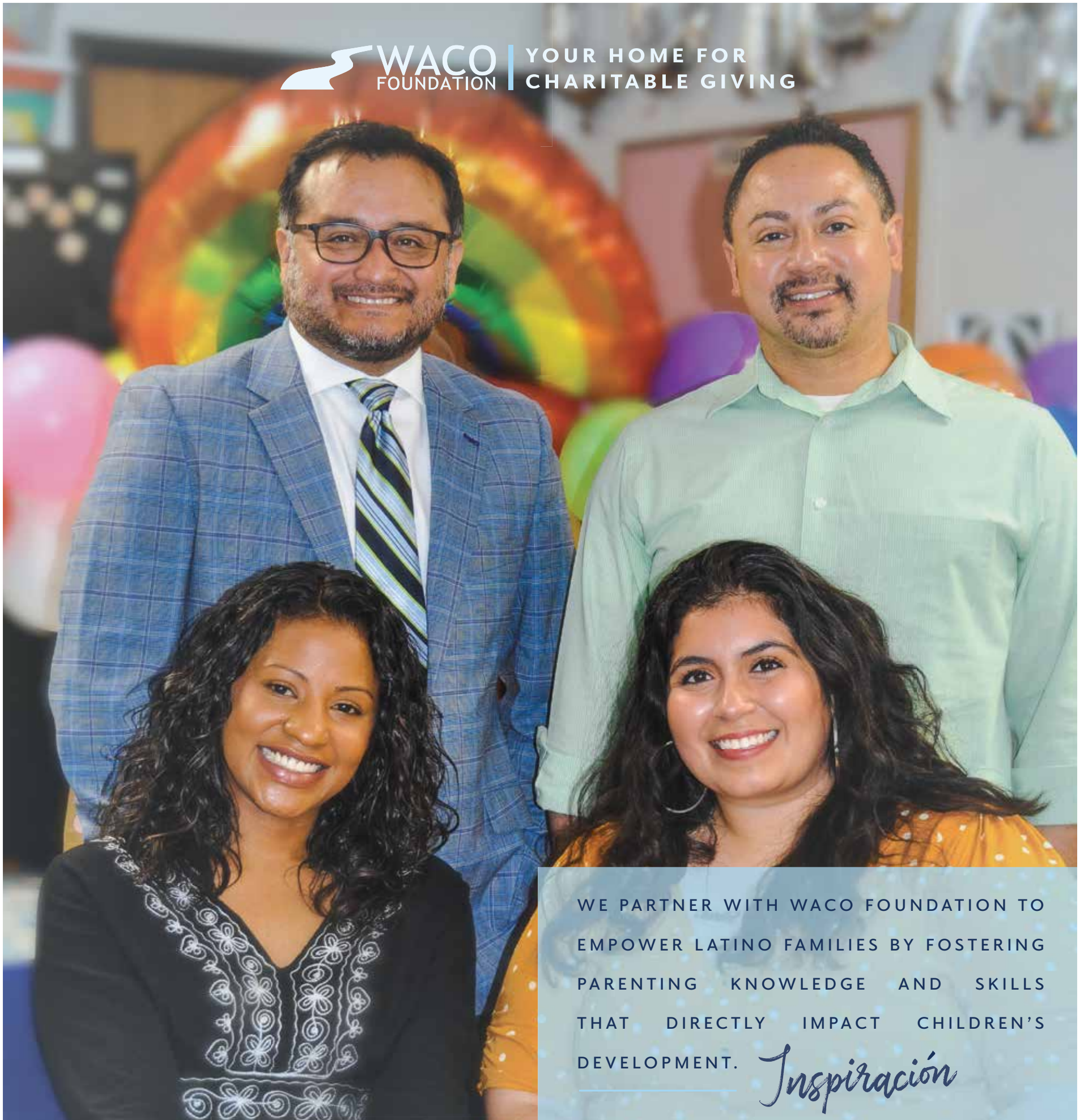
Who will benefit:

- Counselors and Therapists
- Social Workers
- Educators and Administrators
- Criminal Justice
- Health Care Professionals
- Business Leaders
- Pastoral and Parents
- Individuals



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