For people relying on the safety net of the public health system, gaining access to palliative, end-of-life care can be difficult. But since 1998, in Alabama’s largest county, The Balm of Gilead Palliative Care Unit has been helping to change that situation.

The center’s name was inspired by a verse from an old African-American spiritual still sung in many churches: “There is a balm in Gilead to make the wounded whole; there is a balm in Gilead to heal the wounded soul.”

Gilead’s community-involving, holistic approach to care reflects not just the words, but the spirit of the hymn, too. “We chose our name to reflect our philosophy that we’re not just a medical unit, but rather a place to have wholeness,” says James Bolden, the center’s project administrator.

The geographic center of the program is its 10-bed inpatient unit, which provides palliative care for medically underserved people with terminal illnesses who do not have a place to live or do not have support services at home. In addition, Gilead continues to offer services for patients needing home hospice care. Services are extended to all people, regardless of their ability to pay.

One of the center’s goals is to identify hospice-appropriate patients earlier in the course of acute care. “The population we primarily serve is relatively young, minority, and with few resources. Many who could enhance their quality of life through hospice services aren’t aware that they’re eligible for hospice benefits. So they don’t come in until much later in their illness,” says Bolden.

To close this gap, the center employs a full-time social worker, who helps patients access appropriate funding.

A key ingredient in Balm of Gilead’s success is its extensive volunteer program. The center works with six to 10-member Volunteer Care Teams, developed by church, civic and neighborhood groups. Coordinating their own coverage schedules, they serve patients in the hospice, as well as those in pre-hospice during terminal illness, and others experiencing bereavement. The teams receive special training to help them understand loss, develop appropriate responses, understand the care team model, and learn how to set boundaries and limits as volunteers. Currently, the Center has more than 200 volunteers.

“The care-team model has really taken off. It’s the new wave of volunteering, and it’s an enlivening, empowering and creative approach,” says Carol Padgett, coordinator of community education and care-sharing. “Every bed in our unit has a volunteer care team around it. Our teams have made many very touching connections with patients and families.”

The statistics tell an impressive story. In a recent one-year period, eight community-based volunteer teams, with a total of 68 members, contributed 385 hours to Gilead patients and families. Five church teams from four denominations contributed 373 hours to four families served by the home-hospice program.

“Our volunteers bring a totally unimaginable array of talents and skills to end-of-life care,” says Padgett. One category is known as Volunteer Professional Partners. These highly trained specialists volunteer as consultants in such areas as legal advocacy, research design, data management, photography, and even barber and beauty services.

One volunteer — a musician — initiated a music-healing program. As a result, the unit offers live music almost every day.

Balm of Gilead’s effort to enhance the culture of end-of-life care continues to earn the appreciation of its community. “As a long-time hospice professional, I know only too well how very much a program such as this has been needed,” says Max Michael, M.D., CEO and medical director of Jefferson Health System. “Is there a more noble cause than to extend our hearts and hands to the poor and underserved?”