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Hubert Department of Global Health

Title Faith and Health: Transforming Communities Tuesday Keynote Address

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Background Rev. Dr. Robinson, a medical doctor and an ordained minister in the African Methodist Episcopal Church, offered the Tuesday keynote address at the 2004 National Conference. Drawing on his experiences both as a medical doctor and as a minister, Dr. Williams spoke of the prophetic possibilities that the Christian church could play in addressing health and social disparities among African-Americans in the United States.

Well, it's 8:39 in the evening and if your day has been anything like mine, it's been good, and long, and productive and – look at your neighbor and say, "I'm tired." (Participants laughing) This is a good time, it's a great time, it's a wonderful time, it's a high time, if I could say it's a holy time, it's a time for us to be together this evening. I'm so grateful to be here with my friend, Gary Gunderson. He's done a marvelous job. He's been on this (Participants clapping) road for a long, long time giving us – transformational leadership, as we start to think about this intersection between faith and health, and he's a good man. We've known each other for a gazillion years, and I'm glad to be with him tonight. [I] want to thank Dr. Fred Smith. I looked over, and I can't even remember in what world, in what life, in what time (Participants laughing) I first met that brother, but it's been a long time ago. And, looking down I see Ann Langston from the Church Health Center – when I see her I know that I'm home, because that's a little bit of Memphis, even though I'm living in Nashville. I don't really know, but I think I'm in Atlanta (Participants laughing), and what a challenge it has been tonight. I really applaud Emory and the Centers for Disease Control for exploring this collaboration between faith and health. It's my first time being with you tonight, but thinking about what this Interfaith Health Program really means, and thinking about this second national meeting, and thinking about these institutes for public health and faith collaboration just excites me, and I'm generally a low key (Participants laughing) kind of reserved sort of fellow. I'm just kind of excited about all of this, and if you could just [stay] [a]wake for the next half hour, tell somebody, say "I'm excited." (Participants saying, "I'm excited" and laughing)

Let me just tell you why I'm here. I have a particular orientation to this interface, this intersection, this interrelationship, between public health and the faith community. It is true – I

am a physician. I've got the credentials. There is an M.D. behind my name. There's a cute little poem on my desk at work that my daughters gave me when they children. It has the initials M.D. on it, and, the little poem goes on to say something about My Daddy (Participants laughing). I know that the M.D. means that I'm their daddy, but I also has, I has the credentials. Tell somebody to say he's got the credentials. (Participants saying he's got the credentials) (Participants laughing) I tend to get on the tube a lot these days, but I don't just play a physician on television (Participants laughing) – I is a physician. I *is* a physician. My mother is a great English teacher, and she would just be cringing to hear me say that. (Participants laughing) That's my own form of Ebonics. I *is* a physician. I always wanted to be a doctor.

I was born almost 50 years ago in a place called Nashville, Tennessee, in a hospital called Hubbard Hospital, which was the teaching hospital, and is the teaching hospital of me harry Medical College. I was a premature baby in 1954, and I spent a lot of my early days in the hospital, and I was nurtured in the cocoon of the extraordinary care that was given to me by the African-American physicians, and nurses, and therapists there. From a little child, in and out of the hospital, and all of the time that I spent at Hubbard [and] at Meharry, I [acquired] so much desire to be a doctor. And, so I went on through the public schools, the public segregated schools of Nashville, Tennessee. I finished high school, [then] I got a chance to go off to Harvard College. In 1975, when I entered Harvard Medical School, I was on my way to being a trained, scholarly, occidental, traditional healer. I was finally able to live out my life dream of being a physician. Four years later I would get that M.D. degree, and I would be doctor. Somebody look at me and say "Hello, Doctor." (Participants saying "Hello, Doctor.")

I am a physician, and yet it is also true, as Gary has introduced me tonight, that I'm also a minister. See, an odd thing happened to me. The summer after my first year in medical school, after all of those years of desiring to be a physician, after all those years of training, and all of the organic chemistry, and all of the physics, a strange thing happened to me the summer after my first year in medical school. I was minding my own business, excited about the fact that I had successfully navigated that first year, that M 1 year in medical school – and [then] God called me to preach. (Participants laughing) Messed up my life. Anybody here know that when there is a movement of the Divine, sometimes all of our plans, and all of our goals, and all of our ... (Participants agreeing) Can I get a witness up in here?! Just wanted to make sure that there were some people of faith in the house. I really paused, and I thought, and I struggled for months thinking about what that calling in the midst of medical school meant, and I came to understand that God was calling me, not only to be a traditional healer, but to be a nontraditional healer, to be a Biblical, spiritual healer. To understand that there were other … things that God wanted me to do with the M.D. degree. I did not quit medical school. I finished medical school. I was subsequently ordained as a minister in the African Methodist Episcopal Church. I went on to Vanderbilt Divinity School to get a Master of Divinity, so that I would also have the credentials as a preacher. So I is a preacher, ya'll. (Participants laughing) I's a doctor, and I's a preacher.

So, tonight when I stand up in here in front of you, I'm just not another talking head. I'm going to do a lot of talking in the next few minutes, but I'm not just another talking head, because I know that of which I will be speaking tonight, and really, I am a pastor at heart. I pastor St.

Andrew African Methodist Episcopal Church in the thriving metropolis of Memphis, Tennessee. And, so tonight, as a physician and as a pastor, I am certified to declare that *there is a disease in the land*. If we are faithful to our task and our calling, we are called to be about healing the land. Tell your neighbor, say, "Got to heal the land, got to heal the land." (Participants saying "got to heal the land") It's not optional.

I realized during medical school that the overall well-being of the patient populations that I was learning to treat, was significantly and adversely affected by macro-environmental factors – factors so prevalent in matters of public health – macro-environmental factors, such as poverty and oppression. Not long after my clinical medicine [studies began], learning how to take a history from a patient, that I discovered, in my physical diagnosis course, that the problem behind the chief complaint was often not in the history of the present illness that they taught me, as a medical student to take, but the real problem was often in the social history. Early on, I became convinced, despite my training, despite my educational preparation, that the answers lay, not within the realm of physician patient dyad, or the doctor's office, or the hospital, I learned early that the answers were not only going to be given by the M.D. behind my name; however, the answers lay not only in the care of a PPO or the HMO or the NCO, [but] in a broader context of how we would bring healing to the land and effect a therapeutic plan to counter the health related problems of our society, of the people in our society, of the public.

It had [to] encompass more than just healing the individual. One of the reasons I no longer practice medicine, was because I understood that if I was to do what I was called to do, that I had to move beyond the traditional physician-patient dyad, and move beyond my focus on individual sickness. There had to be some institutional, societal healing in our community. There had to be somebody dedicated, not only to bringing wellness, by one individual at a time, but there needed to be some institutional – I'm saying something today – there needed to be some institutional approaches to healing the disease in the land. Look to your neighbor and say, "the land is sick." (Participants saying, "the land is sick") *There's disease in the land*.

I told the Governor, when he appointed me to be Commissioner of Health in the State of Tennessee, "Governor, you have no idea whom you have just appointed." (Participants laughing and clapping) When he first asked me to speak at the Governor's prayer breakfast, and I began to preach at the prayer breakfast. I said, "Governor, you asked, [and] what you see is what you get." (Participants laughing) And, so tonight I come and I cannot help thinking that we gather together in Atlanta, in the middle of Black History Month.

As you have identified it as one of the bullets of your focus here in these Institutes, we must be compelled to be compelled to action by the racial and ethnic health disparities that exist in the land. There is disease in our land, and it's not new. Almost 30 years ago, Margaret Heckler, who was then the secretary of the Department of, what was then called Health and Human Services, published a report called the Secretary's Task Force Report on Black and Minority Health. At that point, almost 20 years ago, they identified 6 causes of excess morbidity in blacks: heart disease, stroke, cancer, unintentional injuries, heart attack, diabetes, cirrhosis of the liver, infant mortality. Today, the big seven – heart disease, stroke, cancer, diabetes, cirrhosis,

injuries unintentional and intentional, including homicides and suicides, infant mortality – still account for more than 80% of the excess mortality and morbidity in minority community. There is disease in the land. 20 years later, we are still sick in America. Despite Healthy People 2000, now Healthy People 2010, multiple initiatives from well meaning governmental entities, including departments such as the one that I now head in the State of Tennessee. *There is still disease in the land.* Touch your neighbor on the shoulder and say, "There's still disease in the land." (Participants saying, "there's still disease in the land")

That's the only conclusion. When you look at the communities, and the cities that you serve, that's the only conclusion. When we look at our nation as a whole. When, nationally, African-Americans are three times more likely to be poor with the – adverse health – of poverty. When it is true that African, African-Americans are three times more likely not to have prenatal care, that black children, here in the middle of black history month, still die in infancy at a rate 2½ times higher than those of white children. When it comes to breast cancer, the CDC reports that, over a five year period, the death rate for all women fell 10%, but black women's higher rate did not budge. *There's sickness, there's disease in the land.*

When black men, under the age of 65, are diagnosed with prostate cancer at nearly twice the rate of white men, and they suffer heart disease at twice the rate of whites, *there's disease in the land.* The disparities of which you talk when you come to gather together in your coalitions are apparent. When diabetes affects black people at a 70% higher rate than white people, when just 20% of black adults get pneumococcal vaccine compared to 35% of white adults, when 75% of all AIDS cases among women and children are in minority communities. When, even with modern therapeutics, the overall death rates are declining among blacks, [and the] rate is still falling, but only at half the rate, *there is disease in the land.*

In order to be fair, I understand that other minority groups suffer from some diseases greater than blacks. American Indians have higher levels of diabetes. Hispanic-Americans tend to suffer more fatal and disabling strokes. Puerto Rican children have the highest incidents of asthma. CDC reports that tuberculosis among Asian-Americans is nearly 15 times higher than that among whites, and nearly twice the level for blacks. I understand that, but as the minority group with the highest death rate, for most diseases, blacks arise the greatest concern among public health experts. *There's disease in the land.*

Within my State of Tennessee, the gap remains wide between the health status of African-Americans and white Tennesseans. African-Americans in Tennessee are twice as likely to die in their first year of life, so they have low birth weight babies, to be born prematurely, to be uninsured, to die of complications of diabetes, to succumb to cirrhosis. Adolescent pregnancy rates are twice as high. They're twice as high, if they suffer stroke, to be diagnosed in the late stages of breast cancer and prostate cancer. 60% of the HIV cases in Tennessee are among African-Americans. Homicide rates for African-American males are six to seven times higher. *There is disease in the land.*

These statistics reflect more than a difference between the races. They reflect disparity, and if it sounds like I'm getting indignant, I'm getting indignant, because I'm standing behind something that looks – like a pulpit. And, and when we recognize that there are disparities ... Ah, you missed that. (Participants laughing) I did not say "differences" – I said "disparities."

Howard Thurman, the African-American theologian, talked about the "isness" and the "oughtness" of things. For those of you who are more mathematically inclined, you can think about diagrams. The "isness" is over here and the "oughtness" is over there. Howard Thurman talks about realities as the "isness" and how things ought to be in terms of the ideal. When we really look at the differences between the races, that is the case that is reality. That is the "isness." We are sitting in the middle of America, in the communities that you represent, in the cities that can reflect the same sorts of statistics that I quote tonight. Then you understand that that's not how it ought to be, and when the differences, which is how things are, really ought not be there, then suddenly we're not talking about differences only, we're talking about disparity. When those differences ought not occur, we ought to be righteously indignant about that, and tell somebody, as loudly as we can, that *there is disease in the land.* I wish I had had another witness. (Participants clapping)

Well, I use the term "disease," singular, rather than "diseases," plural, because "disease" comes in various and sundry forms. If ease is defined as the lack of worry, and lack of pain, and lack of agitation, then "dis-ease" is the lack of ease. It is the very state of worry, the state of pain, the state of agitation. Surely the root, or the genesis, the etiology, around disease forms and develops, is a societal sickness, and that is why we are so excited about our collaborations here tonight. We're talking about societal sickness. That's a sickness that transcends traditional medical public. It's a sickness that strikes at the heart, at the conscience, of society. It is a sickness that pierces the mind, not as a hemorrhagic cerebral vascular accident or stroke, but as – public policy making. That's why we have gathered here tonight. It is a sickness that separates ball and socket, not as an orthopedic manipulation, but as a disassembling divisiveness – and that separates the haves from the have-nots.

The miracle of your being here tonight is that somehow the boundaries that have separated us have been transformed by you, such that you can gather together, and plan together, and envision together for your communities, even in one place. It is a sickness. It is a dysfunction, an illness, a syndrome, a sickness that generally keeps our nation from being whole. And, in my opinion, it is that sickness that ultimately must be the target of public health. It is the resultant disease among those who are economically oppressed, politically impotent, and racially outnumbered, which is at the root of psychopathologic and pathophysiologic presentations that, in medicine, we so often find ourselves treating.

So, I say to you tonight, it's bigger than the individual patient. The land is sick, and the land needs to be healed. I'm acknowledging with you that the solution to this sickness must be broader than that offered by traditional health care. Although, it is imperative in a nation such as ours that has the best health care in the world, that all Americans gain access to universal coverage. I wish I had a witness. It is imperative (Participants clapping) that we all have health

insurance. But, it is bigger than caring for one individual at a time. The solution to the sickness in our society, to the disease, the disease that is indented in our land, [is that it] must address the health, the wellbeing, the wholeness of our people. It must address the health of the public. [For those who] are trained to care for the body, or for those of us who are in ministry, who are trained to care for the soul, there is for us a true calling.

Ah, yes, I'm going there tonight, because I want us to understand it's not a j-o-b, it's not just something that we're doing because we are involved in these Institutes, it's a calling, it's a calling, it's a calling that is upon us, a true calling to heal the land. The good news is that we don't have to do this thing by ourselves. Touch your neighbor and say, "we don't have to do it by ourselves." (Participants saying, "we don't have to do it by ourselves")

I read somewhere in Judeo Christian literature that, "if My people, who are called by name, shall humble themselves and pray, and seek My face, and turn from their wicked ways," somebody say "Pray" (Participants say "Pray"), "Seek" (Participants say "Seek"), "Turn" (Participants say "Turn") … You didn't hear me. Somebody say "Pray" (Participants say "Pray"), "Seek" (Participants say "Seek"), and "Turn" (Participants say "Turn". When we start talking about what we're doing in our collaborations, it's about praying, seeking and turning. "If they would pray, seek My face, turn from their wicked ways, then I will heal the land," God said. God said I will heal the land. Give your neighbor a high five and say, "Whoa, we don't have to do it by ourselves." (Participants laughing)

What is our role? We come here where, some of us with academics, healing must come, yes, from those of us who are trained in the ageless art of the healing and therapeutic sciences, from those who matriculate and then graduate from great institutions like Emory, through young minds and bright minds which are being forged to be the next generation of traditional healers. Those of us in academia, Gary, must have the task of educating and treating and researching. There are some in the room, and I know you love your numbers and your statistics, [who] must educate us to the risk, the challenges, the maladies, the illnesses. We must learn to treat the common and the uncommon diseases. We've got to perform the research that will elevate the physical health of the public. But, I want to suggest tonight that if we are to be about healing the land, healing has got to be more generic, it's got to be more holistic. This is why I so much appreciate the Interfaith Health Program, generic, holistic.

Our nation is suffering from a cardiopulmonary arrest. It's primary day in Tennessee and Virginia. Our nation is suffering from a cardiopulmonary arrest. (Participants talking and saying, "hmm, come on") With hearts of compassion, cold and lifeless, unfeeling for the plight of those who are standing in unemployment lines, losing house and home, living and dying in the streets, I don't care for whom you vote, vote for somebody, because our nation is sick. (Participants saying, "yes") *There's disease in the land.*

"I work for the government now, and I'm here to help." (Participants laughing) I'm privileged to serve Governor Bredesen in the State of Tennessee, and the people of Tennessee as the Commission of the Tennessee Department of Health. Our ambition, our mission, is to improve

the health and to promote the health, and to protect the health of all Tennesseans. We have a tremendous structure in the Department of Health in the State of Tennessee. We have over 3,000 employees, organized in 95 counties across the State. I have the privilege, for a man that spent all his life in nonprofit organizations, pastoring churches, begging for money, I have the privilege of superintending a $460 million budget. Whoa! (Participants laughing) $200 million worth of Federal funds. But, but I claim tonight, that as I stand before you, that our 95 health departments, in the State of Tennessee, cannot be the places to bring out the generic, holistic healing that our land needs. I cannot do that with $460 million worth of Federal and State funding. I cannot do that. By ourselves, as public health professionals, public health workers cannot get into the minds, and the hearts, and the value systems and, and the belief systems of a community. We can't do that. Stick your finger impolitely in your neighbor's face and say, "*You* can do it." (Participants laughing) Come on, I know your mamma told you not to do it. Stick your finger and say, "*You* can do it." (Participants laughing)

I support the rationale that our communities need a healing place where disease can be addressed holistically. Health departments cannot be those places, by ourselves. You'd better believe in the one year, four years, or eight years that my Governor is reelected that I have the opportunity to be there as Commissioner of Health, I'm going to make our health departments be more responsible to our community. You'd better believe that. But, we cannot do it by ourselves. I submit to you that it is the faith community. Somebody shout, "Faith community." (Participants saying, "faith community")

We recognize the disease, and we are uniquely positioned to be acknowledged as the places that our communities sorely need. We nurse our children. We nurse our families. We nurse our communities. We will nurse our nation. We *must* nurse our land back to health. This alignment of public health and faith communities does not come about naturally, although one might have thought it would have been a very natural alignment. From Hippocrates to Walter Cannon, there has always been, among the traditional healers, an understanding of the need to address the whole of things, the whole person. To understand that, that it is impossible for there to be true healing without addressing the things of the soul, and of the spirit. Yet, for centuries, there has been tremendous tension. There have been these entrenched boundaries of which you speak in the Institute, that have divided us. There are educational issues, and credential and training issues, and orientations, the skepticism, and the cynicism has kept us from embracing the wholism requisite for us to heal the land. Even now, preachers don't trust doctors, and doctors don't trust preachers. I know I'm right about it. Somebody say, "amen." (Participants saying, "amen")

And, yet the miracle of it all, Gary, is that here we are tonight, gathered together, the academy, philanthropy, health professions, public health and faith community, and we understand that we must engage in what you've been doing tonight. We must have a vision. We must have a plan. We must make a covenant together to heal the land. I've just come tonight to champion the faith community's role in this alignment. Historically, the faith community, collectively, has been the most significant value-conveying institution in the community. We've been integrally, holistically involved in promoting [the] individual's well being. This philosophy has been

holistic. We've always addressed the whole person. We've always addressed the whole family. We've always addressed the whole community. It has been a healing place, the faith community, restoring and promoting wholeness, wherever there was brokenness and lack. Bodies have been fed and clothed. Minds have been forged through church instituted schools and academic enrichment programs. Spirits have been brought into communion with their creator. The Church has been the standard bearer of a holistic philosophy, addressing realities that are both spiritual and material, deemphasizing the individual on behalf of the entire community. Integrating theory and praxis. We had to do that for our people, and for our communities.

I just want to suggest to you tonight, (I know I'm preaching to the choir), that there is no better place than the faith community, whereby we can bring healing to the land. My God, there are churches and mosques, and temples everywhere, on every corner, of every city, in every community, in the whole U.S. of A. I wish I had a witness. (Participants saying amen) We are everywhere. We are ubiquitous, we are owned by the people. We are, we have a natural ability and credibility with our communities, and so this emphasizes the rationale for why we ought to be doing what we're doing tonight. We understand how to build networks. We understand how to establish linkages. We understand, because of our multiple affiliations in the community, that have been cultivated out of necessity and demand, that have been nurtured over years of community based interdependency, we understand how to build networks and to create linkages. We have tied ourselves to schools, and to social service agencies, and governmental agencies, and community based nonprofits, and youth service agencies, and entities. We understand what building networks, and creating linkages are all about. And, [we understand the] obvious value they are to public health. We can provide sites and settings for health care services. We know that we can do that. We are a user-friendly comfort zone for service provision. We understand how to do public health screenings, and seminars, and health fairs, and CPR classes. We understand how to be satellite sites for public health settings, and for health care delivery. We understand how to open our doors to those that want to get into our communities, and to provide immunizations to at-risk children.

We have noncapitated human resources in the faith community, and I'm tired of capitation and diminishing budgets. I just cut another $8.6 million out of my budget, in a time of shrinking staff. We have a huge potential volunteer base in the faith community. We know how to identify the lay health workers, the sisters in the projects, the grandmas in the pews who can speak the language, and relate to people who are their peers in our communities, in our churches. I love the Church Health Center, and Ann is here. I love the Church Health Center. But, the Church Health Center has come to understand that there is no entity, there is not center, there is no practice of health care that can do this without the support of a faith community, and that there are people in those pews who will communicate the messages of a health care delivery system better than any doctor, any nurse, any therapist. We are intricately engaged in health promotion and education, there's no better place. It's consistent with our good, strong, Biblical message of good stewardship of the body. We know how to do disease prevention programming.

Oh, we know how to [encourage] the healing process of individuals who are hurting. We can, in the institutional faith community, encourage compliance with medication and follow up regimens. We can sustain those who are hurting through difficult times, through their new diagnoses, and through their terminal illnesses. We are the perfect place for support groups and programs, whether 12 step recovery programs or, or cancer survivor support groups, or support groups for persons living with AIDS, or people that are affected by HIV and AIDS, for caregivers groups, or for Alzheimer's support groups. We know how to do this in the faith community, and so the alignment between the faith community and public health ought to be a natural one. But, it isn't a natural one, and it takes leadership. And, that's why you're here tonight, because it takes leadership.

That potential alignment and partnership cannot be left to happenstance, it is not just going to happen. It should not be an afterthought. It cannot be perfunctory. It, it cannot be somebody's obligatory operation, someone who just decides that what we need to do is to go out and get the faith community involved. It's going to take leadership. Somebody shout, "leadership." (Participants saying, "leadership") Look at your neighbor and say, "That's why you're here." (Participants saying, "That's why you're here") It's going to take leadership, leadership, informed leadership, inspired leadership.

This is a critical time, the time [is] now. This is a critical time for you to gather together, and to form, and to storm, and to put your heads together, and to put your hearts together, as you are gathering around tonight, your conceptual frameworks. This is a critical time for you to bring in to alignment the practical focus of what you will do when you go back to your communities. As leaders, you must be clear that this alignment is going to involve some formal liaisons. I've just come to let you know that I'm just, totally proud and pleased as punch that you're working on formal liaisons, formal liaisons, community outreach, public relations, joint endeavor, joint endeavors, joint endeavors, such as collaboration on grant funded projects. Grant-funded projects, where funding also flows, not only *from* the faith community, but *to* the faith community. Put your hands together about that. (Participants clapping) Grant-funded projects. Formal liaisons that involve representation in your coalitions and in your collaborations, that allow service recipients, who are recruited from the faith community, to have active voices in your planning and in your vision. Formal liaisons that get the people, who are always the ones receiving the services, who are always the consumers of services, formal liaisons that bring them to tables, so that they can participate in the things that will impact their future. (Participants clapping) Look at your neighbor and say, "That's what I'm saying, your future." (Participants saying "your future")

As leaders, you also have to recognize the caveats and the potential obstacles of doing this. You've got to understand that in order to effectively move into this partnership, this alignment with the faith community, the public health community has got to understand the mechanics of churches. Can I get a witness? (Participants saying "amen") There's uniformity and value and utility of the faith community, but not all churches are alike. (Participants saying yes) Somebody in this setting, informed by what we're doing, must understand, pastors and congregation, and if you understand congregation, you've got to understand the pastors and the

priests, and the imams, and the rabbis. I wish I had a witness. And, those guys and gals are strange people. (Participants laughing) (Participants clapping) (Participant saying, "say that again") It'll take leadership for you to understand authority and administration in the faith community. (Participants saying yes) You've got to understand who's really in charge in the faith community. If you go in looking for the ones with the titles, sometimes you will discover, a little belatedly, that the ones with the titles are not the ones with the power. (Participants saying, "amen") (Participants clapping) It will take leadership. You've got to understand [the] policy (what a church teaches), and how it implements those teachings. You just can't go in with your little pat speech and your little pat approach, and think that you're going to have an automatic in road into the faith community. You've got to understand what makes the faith community tick. I wish I had a witness. (Participants saying "amen")

You've got to understand the difference between social gospel churches, and evangelistic churches, and high churches, and fellowship churches. You've got to understand, the things that motivate one part of the community will not motivate another part of the faith community. You've got to understand those that see health care and public health as a tool that allows them the loaves and fishes that allows them to bring attention to the wealthier things. You've got to understand those churches that like having structured programs, and then understand those in the faith community that don't want structured programs, and want to be able to be relational with their folks. Touch your neighbor and say, "You got to understand that." (Participants saying, "you got to understand that") You got to understand that this alignment will not happen accidentally. You got to know your boundaries. Somebody say, "Know your boundaries." (Participants saying, "know your boundaries")

We've got to never be paternalistic, even though we are sitting up here, and we're all high and educated, the Emory and CDC partnership faith community – that would be paternalistic. (Participants laughing) We've got to be able to find some clergy persons who can speak to other clergy persons. I wish I had a witness. (Participants talking) Pastors have a natural ability with other pastors, rather than with other professionals, and it's nothing new. Doctors only talk to doctors. Nurses only talk to nurses. (Participants saying yes) Teachers only talk to teachers. You've got to find clergy folk who really relate to other clergy folk.

Let me just understand that this is a critical time for the faith community and public health. The faith community can be a tremendous repository for the conscious of the community, vis-à-vis public health. You can tap into the hearts and the minds of that community, and find advocates advocating for equitable care for the poor and underserved populations. You can tap into the minds and the hearts of that community, and bind those who will be eyes and ears, and will martyr to access to care, who will come in to monitor the quality of care and the provision of substandard care that might be occurring in at risk populations, in at risk communities. You can tap into the hearts and the minds of the faith community, and understand their sensitivity to cultural issues, and to the lack of cultural competence, sometimes, in those who are providing programming and health care to them. But, it's going to take leadership. The land is sick, and *we've got to heal the land*. We can do this. We must do this. (Participant saying amen) Look at your neighbor and say, "We can do this." (Participants saying, "we can do this") Look at your

neighbor and say, "We must do this." (Participants saying, "we must do this") We can do this. (Participants laughing) We must do this. We, we, we can do this – we *must* do this. We can do this – we *must* do this.

I hope you'll pardon me tonight, but I've got to make a personal reference to my own faith tradition. And, I pause to invoke the name of a man by the name of Jesus. You have your faith tradition, and there will be one, there will be a model, there will be a pinnacle in your tradition, and in my tradition it is the name of one called Jesus. He was a social revolutionary in his day. What you are called to do is to be a social revolutionary. The task to which we are called is a task that will revolutionize, that will transform our communities. He was a social revolutionary in the day, whose life embodied the transformation of healing theory into healing praxis. The theory of divine healing became the praxis of ophthalmologic, otolaryngologic, rheumatologic, and orthopedic therapeutics, which opened, as we might say, opened blind eyes, and unstopped deaf ears, and straightened out withered hands, and dried up issues of blood, and caused the lame to walk.

But, not only that, his praxis ushered in another kind of healing, and that's the kind of healing to which I call you tonight. It's a healing that is bigger than that of an individual. It's a healing that moves beyond one women that was sick for over 18 years. It's a kind of healing that moves beyond the guy who sat at the side of a pool. (Participants saying yes) It is a social political healing. (Participants clapping and saying, "yes") A social economic healing, that proclaimed that the first shall be last and the last shall be first, and that the poor shall be blessed, and that love conquers hate. I know I don't sound like a Commissioner on Health, but you asked me to come here as a preacher, (Participants clapping) and I've just come to believe that when we walk together, children, and don't get weary, and when we gather together, and when we can join hands and sing glory, glory, hallelujah together, we, too, can be the agents of transformation in our cities, in our communities, that we can do what we're called to do, to bring healing to the land. Give your neighbor a high five and say, "Let's heal the land." (Participants clapping and saying, "let's heal the land")

I'm going now, back to Nashville, or Memphis, or wherever I'm going. I'm going (Participants laughing), but I just come to let you know that I'm excited about what you're doing, because I do believe that in this house there are some folks that feel as I do. I believe that we can bring healing to the land. (Participants saying yes) That's why I am where I am. That's why I have lived a very different, and strange, and eclectic life. That's why I sacrifice making the kind of money that other physicians who have the kind of background that I have make. That's why I minister. And, and when you look on my C.V., you will see that I identify myself, not as physician, or a minister, but as minister physician. That's why I picked up and left Nashville, and my comfortable position as an internist and a member of the faculty at Vanderbilt University Medical Center, and I went to a little place called Memphis, Tennessee, and began to pastor a church called St. Andrew where I knew that I was sitting in a city where every health statistic was the worst in the state. I do it because God has called me to heal the land. Can I get a witness, someone? (Participants clapping) That's why, that's why, that's why I pastor a church, not in the suburbs, but I pastor a church in the middle of a decaying and a declining community.

That's why I lead a great congregation. They have a pitiful pastor, but I got a great congregation that is concerned, not only about the fact that their pastor is a physician, but a congregation that serves 33,000 meals a year to folk that are hungry, a congregation that puts 1,000 shoes, new shoes on the feet of school children. *We got to heal the land.*

[I serve a] congregation that started a new school, K though 5, to help little lives understand that if they learn how to read at an early age, they can become academically successful, that they become academically successful, that they will not be engaged in the kinds of at-risk behavior that will make them health statistics. [Our congregation] builds and sells new affordable housing to low income home buyers, that builds new affordable class A rental housing, so that they can have plumbing that works, and HVAC systems that make it hot in the winter time, and cold in the summer time, so they don't have to come in to see their internist with sniffles (Participants saying yes), because they don't have heat in the winter time. I wish I had a witness. That is why, because *I'm called to heal the land*.

I'm excited tonight about what you're doing. I am. I'm excited because Emory gets it, and the CDC gets it. This sort of collaboration and interaction, this alignment of public health and the faith community, not only signals an appreciation for the unique role in the faith community, but it also reflects a major commitment to fostering and enhancing, and informing, and supporting their goal. And, I know that I came to preach to the choir tonight, but since you got me out of my office in Nashville, away from my church in Memphis, and you had me come, I decided I might as well take the time to let you know that I'm with you all the way (Participants clapping), and what you're doing here is who we are called to be. If God's people, who are called by God's name, will humble ourselves, learn what we need to learn, plan the way we need to plan, envision what we need to envision, program the way we need to program, if we would do what we are called to do then I believe there is a higher power, there is a God above somewhere that says I'll go back to your cities, I'll go back to your communities, I'll go back to where you're serving, I'll go back to where you have gathered together, around the tables of these Institutes, and God says, "*I will heal the land*." If you believe that's your calling tonight, give yourselves a hand. God bless you.