

## Pandemic\_Panel\_4X\_Richardson

Dr. O'Connor: Welcome to our series of special pandemic editions of the Health Disparities podcast from Movement Is Life. This is our weekly exploration of equity, diversity and inclusion in healthcare. My name is Dr. Mary O'Connor, Chair of Movement Is Life and Director of the Center for Musculoskeletal Care at Yale School of Medicine at Yale New Haven Health. Today, we welcome back Reverend Dr. W. Franklyn Richardson, Senior Pastor of Grace Baptist Church in Mt. Vernon, New York, a leading church of historic significance. For many years, Dr. Richardson has integrated health education with his messages of faith, civil rights and social justice, something that he has discussed in a prior Movement Is Life podcast, in fact, our fifth podcast, which you can find on our website and link. Born and educated in Philadelphia, Pennsylvania, Dr. Richardson has achieved national and international prominence as a religious leader and activist. He serves with the National Action Network, the Conference of National Black Churches, and the World Council of Churches. He is also a frequent attendee and speaker at our own annual meeting, the Movement Is Life Caucus. Thank you for joining us today, Dr. Richardson.

Rev. Dr. Richardson: It's a joy to see you and to be a part of this important work that you are doing.

Dr. O'Connor: Well, thank you, Dr. Richardson. You know we love you equally as much and with great admiration and affection. Alright, Dr. Richardson, I'm

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just going to frame this first question with a little bit more of what I think is important background regarding you, so that the people who are watching and listening to us, who may not know you, have a little more appreciation for who you are. So, Dr. Richardson, you are a very influential leader, both regionally and nationally, and both from a political and spiritual perspective. This virus has highlighted the horrible inequities in our healthcare system. What impact has this pandemic had on the faith-based community?

Rev. Dr. Richardson: Well, I think its at the very ground level of what the faith community represents and stands for. It has shaken the foundations of our institutions in the fact that the norm has been changed. And so, churches are having to find new space and new ways to do the things that they've become accustomed to doing. So, in the African American community, out of which where I pastor, there is a serious concern about the disparities. Health disparities are being uncovered, much as they were in Katrina, in this moment. The churches and my ministry struggles with trying to be faithful to the spirituality and the social justice implication, holding social justice and spirituality in tension with each other and, in this moment, this pandemic, those things are high and central to what we are experiencing.

Dr. O'Connor: So, I believe that the church is seen as a very trusted source of information for communities, for all communities, but, in particular, your

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community. Before the pandemic, church services were driven by, primarily, personal interaction. The parishioners came to the church. You had prayer meetings, you had health ministries. Now, with the social distancing, we know we're not having those face-to-face interactions. How have you maintained a sense of community given the need for social distancing at Grace Baptist?

Rev. Dr. Richardson: Well, fortunately, the church building is closed, but the church is not closed. Consequently, the people are, we are, at Grace, for instance, we are not just trying to hold the church through this. We're trying to discover how the church can grow through this. So, we're not just in a holding, waiting for things to get better, we're assuming that this can last a longtime. How do we reinvent the church and make the church relevant for the times in which we find ourselves? The Lord has called us the plant in the soil we've been given, and the soil is not always cultivable. Sometimes, the soil has rocks and stones in it and it's hard, but we still have the commitment to blossom, to bloom where we are planted. And so, right now, we're planting this challenging culture and soil of the pandemic and the tensions of it that's rearranged our world and put the distancing in it.

One of the things we've done at Grace is we have seen ourselves as potentially, a virtual congregation. The substitute for the building is the

relationships that we continue to perpetuate. For instance, we have some 80-something deacons at Grace Church. The whole congregation is divided into what we call sheepfolds. So, everybody belongs to a sheepfold. Everybody has a deacon. So, the deacons have an assignment and responsibility to be in touch with every member once a week. So, we makeup for the building that draws us together and replace it with the personal contact. They call and they say, "Pastor wants to know how you're doing. Is there anything we need to do to help you?" So, that's one way we do it, through calling. Then, the ministries team, they call. Then, I'm available all the time. So, when we have a death, within an hour, I'm on the phone with the family who has a death or if there's a crisis in the family, I'm on the phone with them. There are people I call sporadically, just to build this whole culture of contact and that's working very well. We're sustaining. The second thing we've done is we're filling up the airways with contact opportunities. So, we have virtual service on Sunday morning. Well, first of all, Sunday morning, we have what we call the Pastor's Moment. That's where people who want to come, up to a thousand, can come and just be on the screen, talk with me, pray, give a scripture, talk and just kind of fellowship at 8:00 o'clock on Sunday morning. Then, at 11:00 o'clock we have worship. I go to the sanctuary and I preach from the sanctuary and fortunately, by God's grace, we have seen our people attracted by the opportunity to be online. We have four platforms and we are now seeing 9,000 viewers every Sunday morning,

and some of those represent families, but that's what we're seeing, right now.

We're making up for it. For instance, you'd love this and it's on YouTube, by the way, too. Monday night, we had a townhall meeting. We have a Doctors Ministry at Grace Church. So, we had a townhall with our doctors. Our doctors are always with us, every Sunday morning, I mean, once a month, we have a Doctor's Moment. So, the doctors have always been educating the congregation. Now, we had an online townhall and I guess there were about 500 people who came to that townhall and they were able to ask questions and we had about eight doctors on the panel, wonderful diversity of physicians, two psychiatrists. They were able to get those answers. So, a powerful presentation. Like I said it is on YouTube. It can be visited by people, GraceChurchToday.org. It is those kinds of things. So, we're thinking our way through. We're going to launch this Sunday a Children's Church that is designed for the children and the parents to participate in the worship service. We did a virtual choir, where the choir was coordinated, and each person does their solo. Then, the engineer puts it together and makes a powerful presentation. We're finding ways to connect, to be connected, to take the place of the physical connection. I'm teaching a bible study on Wednesday. For instance, I'm doing a bible study every Wednesday night on the season of Pentecost. So, the whole issue of the Holy Spirit. This emphasis of the Holy Spirit for

these seven weeks helps people to connect to God. So, we're finding new and what is becoming exciting ways to maintain the church, and to grow the church, because we even have people joining the church, as a response to the worship service on Sunday morning. So, we're making our way, but like I said, we are committed to growing. It's a mindset. You can decide that you use these virtual things, just to hold it together, or you can use them as the pathway to a stronger and brighter future.

Dr. O'Connor: I'm excited just listening to you. I have a couple of follow-up questions to some of those comments. The first is I think our listeners and audience would be interested, you had 9,000 people engaged in your virtual church service. What do you normally see at Grace Baptist on a regular basis?

Rev. Dr. Richardson: I normally see 2,000. In the course of the three services we have, we have 7:30, 9:30 and 11:30, I, normally, see 2,000. When we started this five weeks ago, really, intensely, we saw 2,000 and 3,000. Then, it went up to 5,000 and then it went to six, and then, it went to seven for Palm Sunday. Easter it was 9,000 and we thought, "Well, it'll go back down." It's amazing, last Sunday, it stayed up at 9,000. So, it's a much broader impact and we believe there is no ceiling on that. If we do a good quality job, if we continue to market it, there's no ceiling. There's no idea

what we could really, reach if we can get equality and keep the quality in the product.

Dr. O'Connor: Congratulations. Amazing work. Blessings to you and all involved because I think that the connection that you're bringing to all these people is of great comfort, in this time of stress. People are stressed and people are anxious and they're uncertain and they've had all these life changes and some people, now, don't have jobs and there's a lot of economic insecurity, in addition to this health insecurity. So, it's a very stressful time.

Rev. Dr. Richardson: Let me add a little bit to this. We are not just committed to being, a television show, we are still doing ministry. So, for instance, one of our pastors, he's over getting volunteers for testing at the local community health center. We provide groceries for 500 families every week. I went out and I got a guy in Idaho who I knew, his whole family owns Idaho potatoes. They're sitting in New York. So, he sends us 500 bags of five-pound bags of potatoes every week. The local food pantries give them to us. Uber made a sizeable Uber Meals contribution where we can get to the seniors and so forth. Then, the members volunteered to distribute this food. We had a building next door that we turned into a food storage and distribution piece. The difference, we always had 300 people a month to feed, but the difference between the people who are coming, now, every week, 500, is that they are much more desperate than the

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people who are coming once a month. I've had people come to me and said, "Pastor, I did not know. We ate up everything we had last night, and I didn't know where I was going to get a meal this morning." The desperation level is higher with the tremendous number of unemployed people. Some of them can scrounge up their rent but they can't scrounge up anything for food. So, we're not just wanting to be a television, media appearance. We want to also have a ministry of substance. So, we still speak out on social justice issues. We still engage in the community's challenges. We feed the people. We respond to people in crisis and we have people, on the staff, who listen for counseling and that kind of thing. It's ongoing. My vision is not just a television appearance or media appearance.

Dr. O'Connor: Have you had your colleagues, other pastors and religious leaders, reach out to you and your team for guidance or suggestions or kind of like if you're doing best practices, what we would call in medicine best practice, do you have others reaching out to you?

Rev. Dr. Richardson: Yes, I talk to pastors who I try to share these with. One of the things that are fortunate for us is we were already live streaming, when we were in the regular building, regular church mode. So, we had equipment that made it possible for us to transform. I guess we were kind of experimenting with the possibility and, consequently, we were prepared

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to move into this direction. Many churches, you need an expertise pool that gives you the capacity to respond, but the challenge is that we were kind of prepared because we were already in the web streaming space and it takes certain equipment and it also takes an expertise pool to be able to do virtual. Actually, it takes camera people, you've got to have some engineering, you've got to have some editing capabilities, then, you have to have cameras and you have to have people to work the cameras. So, there are some limits but more and more, the churches that are surviving, and we will have casualties during the season. We will lose churches. There's an article out, just recently, where many churches have already gone out of business. So, we're going to lose churches, but the ones who survive are going to be taking advantage of virtual and media.

Dr. O'Connor: I'd like to ask one more follow-up from one of your earlier comments. You had the Health Ministry, you had your physicians and I know you have wonderful, engaged physicians at Grace Baptist. So, as you were listening to the questions that were coming out from the parishioners, what surprised you the most about that whole event and the questions that they asked or the responses?

Rev. Dr. Richardson: I think the thing that was most impactful to me was I realized how diverse our medical team was. We had such a spectrum. We had a top immunization specialist. We had a cardiologist. We had the head of

pediatrics at Montefiore. We had two psychologists. We had a general practitioner. There were about eight of them. I was impacted by the diversity and the depth of their understanding and the compassion that they brought to want to share it with the congregation in that panel. From a standpoint of the what the members were asking, I guess, if you listen, you heard the hunger for information to diffuse things that were not true, to help them come to how it relates to the African American community and the African American experience. How does it impact us? So, I think that was, for me, the most sharpening at both ends.

Dr. O'Connor: So, let's follow that train of thought right now because we know that access to healthcare can be a challenge for members of less privileged communities. Those that are less affluent, even if they have insurance through the Affordable Care Act, don't have the same level of access to healthcare. We've also seen safety net hospital closures, both in cities and in rural America. I'd like your thoughts on kind of the general topic of access and how you see that has impacted your church and your parishioners and your community.

Rev. Dr. Richardson: I think the access question does not start or end just in the immediate access, but it conditions, over time, a community to be able to respond to great crisis. So, the fact that we have been denied or not had access to healthcare is not just in that moment, but it creates a

precondition that makes us vulnerable to the pandemic in ways that people who have had sustained healthcare do not. So that what happens is the African American community and the people of color and poor people have not had care. So, along comes the pandemic and the underlying causes are already there. They've got diabetes, they've got obesity, they've got high blood pressure, they've got all kinds of things. In addition, they don't have access to medical direction. So, what happens? The statistics show that 20% of cases are African American, while we're 12% of the population. We end up having this disparity that leads to premature death or disproportionate death. Perpetuates further poor quality of life. Increases the number of people who get it. So, it's like the Katrina Hurricane. Katrina pulled the cover off of the biases, health biases in America and this pandemic is pulling the covers off of the whole global village, because it's not just America. It's all over the world where people don't have access to healthcare, they are the disproportionate victims of the pandemic and, not only the health issues, but the economic issues. So, people who have wealth have other places and have a different experience going through the pandemic than people who do not have access to wealth because they are living in concentrated housing. They are living in housing with six or seven people living in a one-bedroom apartment. They live in places where there are no supermarkets, and there are food deserts. They can't get access to food. It's a really complicated challenge for us and I've been blessed by the work that you

all do, Movement Is Life, as we seek to unearth these disparities because they're easily hidden in our society.

Dr. O'Connor: We know they've been hidden and we know some of them remain hidden but we certainly appreciate what this pandemic has shown and, I think that all of America is starting to understand the horrible disparities that we have. One good thing that has come out of this has been the attention in the media to the fact that individuals of color, particularly African Americans are disproportionately dying from this virus and we have to make things different. We have to prepare in some different way for the next version of the next virus that's going to come, or this will be the same story over and over, again, and that is certainly not acceptable.

Rev. Dr. Richardson: I had a gentleman, a friend of mine, who is a white, Italian fellow says to me, "Reverend, why we didn't know about this?" I said, "I've been talking about it all the time, but the pandemic makes you listen. The pandemic makes you see." He begins to see what we've been talking about. He said, "Why didn't we hear about this in the last administration?" I said, "Last administration? We've heard about it for a longtime, but people weren't listening until they see what's happening in this pandemic and they get the statistics, and now they're alarmed. Hopefully, they'll stay alarmed and it won't go back into the same place where they were.

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Dr. O'Connor: I could not agree more. Let's turn for a second to what you see as the most important lessons that you would want our policy leaders to learn from this pandemic. If we look at it as, okay, there are lots of things that we're going to be able to look back and do kind of an autopsy on the pandemic and say, "Well, we could have done this better. We could have done that better." We know that will always be the case, right? You never bat a thousand. But there's going to be some lessons that are more important than others for our policy leaders. What would you hope that they see in terms of the lessons from this pandemic?

Rev. Dr. Richardson: The first thing they need to do is adopt a long-range vision, a view of what is coming. This ought to tell us that this is coming again, and it ought to tell us what kinds of adjustments could we make that would lessen the impact of it's coming again. How do we have policies that change the distribution of healthcare? How do we look at some of the dynamics? Is it healthy for people to live in density, the way we are? Is that something that needs to be challenged? Is the whole idea of New York City needs to be reconsidered? Is it unhealthy for people to live on top of people and infrastructures insecure? New York will never be the same. There are three things that may change New York. One is the people who live there, now, having gone through the pandemic, I've talked to people who are going to leave New York because they don't want to be in that potential, again. Also, corporations are finding that they don't need

a building to do their business. Many of the people, my daughter, for instance, works from home on the computer. They have, now, capacity ways in which they can examine the quality of the work of people who work at home. Then, the malls and the shopping stores. People are shopping online. Real estate is going to be less significant. I think there are some ways in which the church also is going to have impact of the role of buildings and brick and mortar in this society. I think the policymakers have to consider that. They've got to anticipate hard questions before they become catastrophes. You've got to get forward thinking out front and we know certain things that'll happen. We know if we had put equal distribution of healthcare that would have lessened the impact of this.

Dr. O'Connor: So, Governor Cuomo has stated on several occasions that the impact of disparities exposed by this pandemic must be addressed. What recommendations would you have for Governor Cuomo?

Rev. Dr. Richardson: Well, we've got to change the priorities of government. I think I would recommend to the governor that we change priorities. The priority of government ought to be the health of its citizens and that's got to be at the top of the servant responsibility of the government. So, we've got to put health issues at the top. We've got to also speak to this whole idea that we are one people, one world, one nation. This pandemic has illustrated for us in ways we could never articulate how this is one world.

The things that we use to separate us, borders like on countries are frauds. There's nothing separating us. There's only one world. It also goes down granular, also, we are one people. We are not black. We are not white. We're human beings. The cure for the disease is the same for blacks, whites, red or whatever and the potential to kill is present in each of us. We've got to change our worldview. We've got to stop talking in commodities and in isolated glimpses and talking about walls and separation. We are one. This pandemic has shown us that if we pay attention and read it, it has shown us that we are one world. We're not Chinese. We're not Italians. We're not Americans. We are global citizens and what affects one, ultimately, affects all of us. The poverty all over the world is our poverty. I think the governor will have to identify, what are the most pressing issues that affect the long-term quality of life for people in the global village, and it's not just a New York issue. It's not just a New York State issue. It's a global issue. We've got to change our view of how we look at things.

Dr. O'Connor: Those are excellent, excellent comments Dr. Richardson. I hope that he listens to you. I have pointed out because it's so true and this is kind of a riff on your comment that no one is immune in this pandemic. Your level of affluence may provide you some protection, but not complete protection. There is no one who is not somehow exposed through some connection. We're all in this together and if we can improve the health of

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our communities to decrease the risk of transmission or exposure to make them more resilient, we improve everyone's health. Everybody's risk goes down. So, really, changing our mindset to understand that we are only as strong as our weakest link, I hope will be one of the lessons that we learn from this.

Rev. Dr. Richardson: I certainly will be pushing for that.

Dr. O'Connor: Absolutely.

Rev. Dr. Richardson: I think the pandemic give us authority.

Dr. O'Connor: Well, let's hope so because otherwise these lives would have been lost in vain and if we're going to honor these people who have suffered and the families who have suffered, by not just the loss of their loved ones but the horrible experience of not being able to be with them, which to me is just unfathomable, unimaginable. I've shared on this podcast before, last week I was operating on hip fracture patients and it was just surreal to go in and take care of these people who were so alone and so vulnerable and they had no family with them. I can call them and talk to the family on the phone and they can talk to the family, but it is not the same and I could just see their elevated levels of stress and anxiety, all the way around. I was just like this is just terrible. This is fundamentally terrible. We

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are meant as humans to be with each other, to be connected to each other and when we're isolated, we don't do well.

Rev. Dr. Richardson: That's right, that's right. We don't.

Dr. O'Connor: That's exactly right. So, I want to thank you for the generosity of your time and in closing ask you what messages you would like to share with our audience that perhaps we haven't covered or you would like to put a greater emphasis on.

Rev. Dr. Richardson: I think that the issue of solving how we view ourselves begins with us individually. Each of us has got to go individually and shoot down the frauds in our own thinking. All of us have fraud ideas about who we are and who other people are and the road to us fixing it is not a declaration by governments, but it is a recommitment by us, individually, in the one-to-one relationships that we have on a day-to-day basis to see people differently. To take this pandemic as an opportunity for us to see each other through a different lens that we didn't see each other before and know that all of us have the potential to be helpful to each other. We are brothers and sisters in the global village, and we've got to begin that with ourselves. I've got to make that clear. It's not a government decision, because if we get it straight with ourselves, we'll change policy. We'll hold the government accountable for their actions, but each of us in these

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discussions, in our reflections have got to say, where am I? Do I have fraud boundaries that are not real, nonexistent that I concribe to, that I function around? Do I have discriminations? Do I have racist values that keep me from seeing another as a full human being and it makes me happy or tolerant of inequities, tolerance of health bias. Am I driven to change myself because I see my attitude that way is flawed and will lead to further destruction and will contribute to us not being prepared for the next pandemic or for the consequences of climate change unless we, as individuals, begin to evaluate our own values and our own false barriers.

Dr. O'Connor: Dr. Richardson, I'm going to be a little selfish, now, as we close and I'm going to ask you to give a blessing to all listening to this podcast or viewing it because I think we can never have enough blessings and I would be honored if you would provide that for me and our audience.

Rev. Dr. Richardson: Gracious God, we invite you to help us to see ourselves as we are and to see ourselves as we can become. We seek your guidance through this very, difficult season. We are anxious, we are fearful, we are uncertain but help us to garner faith enough to face the uncertainty of these days with a renewed confidence in your capacity to deliver us to fulfill our best selves and actualize our potential as human beings. We pray gracious God that you would tear down the barriers that separate us from each other and give us in this hour fresh unity and renewed faith that

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we can go forward better than we went into this crisis. May we emerge better, stronger, and deeper into our relationship with each other and with you. In your name we pray. Amen.

Dr. O'Connor: Amen. Dr. Richardson, thank you so much.

Rev. Dr. Richardson: Thank you.

Dr. O'Connor: God's blessing to you and yours.

Rev. Dr. Richardson: Thank you and same to you, Dr. O'Connor. God bless you and keep doing what you're doing. Your work is very valuable.

Dr. O'Connor: Thank you, God bless you. That wraps it up for this session of our Movement Is Life Health Disparities Podcast and thank you for joining us. Be well, be safe.

(End of recording)