

Episode 47. COVID-19 Pandemic Series 9: Focus on the Southern States with The Balm in Gilead founder and CEO Dr. Pernessa Seele

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Reverend Willis Steele hosts a discussion about the impact of COVID-19 in Southern states with Dr. Pernessa Seele, the CEO and founder of The Balm in Gilead, a faith-based organization that provides support to people and their families with chronic diseases such as diabetes, as well as working for the prevention of HIV and AIDS. Dr. Seele is a public health advocate and spent many years working as a researcher in the field of immunology. Dr. Seele also talks about her book, “Stand Up to Stigma”, and ways faith-based communities can advocate for health equity.

Rev Steele: Welcome friends, to another episode of the Health Disparities Podcast. We are recording on May 18th, 2020, and we hope you are all doing well during these extraordinary times. The Health Disparities Podcast explores health equity, diversity, and inclusion through conversations with people who are working to eliminate disparities. And it's my great pleasure to welcome someone who has been doing these things with great passion over many, many years, Dr. Pernessa Seele.

Dr. Seele is the CEO and founder of The Balm in Gilead Inc., a faith-based organization that provides support to people and their families of chronic diseases, such as diabetes, as well as working for the prevention of HIV and AIDS. She is a public health advocate and spent many years working as a researcher in the field of immunology. The overall mission of The Balm in Gilead is to prevent diseases and improve the health status of people of African descent by supporting faith institutions in areas of program design, implementation and evaluation to strengthen their capacity to problematically eliminate health disparities. Welcome, Dr. Pernessa Seele.

Dr. Seele Well, hello, hello, hello. It is indeed my pleasure to be with you on this podcast today.

Rev Steele: So, Dr. Seele to jump right in, why don't you give us just a brief synopsis or summary of the mission and the history of The Balm in Gilead?

Dr. Seele Well, as you know, you've been around The Balm in Gilead for a long time, Reverend Steele. The Balm in Gilead is celebrating 31 years of mobilizing and building the capacity of the African American Faith Community and the African Faith Community across the pond to be a community hub for health education, promotion, disease prevention and screening. We want to make sure that our faith communities have the resources, have the capacity to really address the enormous health disparities that we have in our community.

Rev Steele: What then all the health disparities that rise to the top? What one or two most concern you all of these past years?

Dr. Seele Well, the immediate concern is COVID-19, that's the immediate concern and of course, as we see the enormous impact of this pandemic on the African American community and being disproportionately affected by the death rate, we know that we are getting a clear lens, a clear view of just the impact of so many chronic diseases that we have in our community.

So, what rises to the top, Alzheimer's is a major threat now in our communities. The Balm in Gilead addresses Alzheimer's through our National Brand Health Center for African Americans. Diabetes rises to the top. We are addressing diabetes through our Southeast Diabetes Faith Initiative where every week, over a thousand people come into churches, well, now, they're are virtual, to deal with their pre-diabetes

because we must begin to address pre-diabetes as a prevention for getting full blown diabetes.

Rev Steele: What states are those in? You said the South.

Dr. Seele Virginia, North Carolina, South Carolina, Georgia, Alabama and Mississippi. Of course, cancer, cervical cancer, ovarian cancer, just cancer in general, prostate cancer, also rises to the top and obesity. And of course, we can go on and on and on and on and on. But just to name a few that immediately come to mind, The Balm in Gilead, I would say in the last 10 years, since 2005, really, I think there's more than 10 years, we started out with HIV and then in 2005, we began to address other health disparities. And that list of disparities continues to grow because we are so impacted by so many health disparities.

Rev Steele: So, just for a moment, just for a moment, maybe 30 seconds, let's say 60 seconds, help us debunk the myth that HIV is under control. That's where you started. Many people have the misconception that it's over and done. It's not an issue anymore. What does The Balm in Gilead see?

Dr. Seele Well, what we see is that the silence, the silence that we spoke about, 40 years ago is still the silence that we hear today. Silence, the stigma that we spoke about 40 years ago, it's still the stigma that we hear today, which causes the silence. We know that, over 50% of African American gay men have the disease. We know that, just about 50% of black women now or a little bit less have HIV, AIDS. The epidemic is devastating our community, and now, because we have good treatment, Lord knows we have good treatment. People are living longer. So, now we talk about, living with diabetes and HIV, addressing cancer and HIV. Someone who has compromised

immune system for the last 30 years, now has to face, other chronic diseases like Alzheimer's. Alzheimer's and HIV, Alzheimer's and COVID-19, and now we have been constantly being told in this era, how can you compare COVID-19 with HIV? So, that's my 60 seconds, I can go on and on with that one.

Rev Steele: So, give me one crowning achievement of The Balm in Gilead.

Dr. Seele That one thing would be that when I started 31 years ago, walking around Harlem Hospital, trying to get churches to speak out and say something about HIV and AIDS, I think one of our shining lights we can say is that we have many, many, many, many, churches, around this country who are not only speaking up and standing up for people living with HIV, but also have health ministries. The Balm in Gilead over these years have been at the forefront of really, helping churches creating a movement. A movement that says that every congregation addressing African Americans must have a health ministry. Our health disparities today, it is just as serious for black people as it was for us to learn to read and write, at the turn of the century. When Booker T. Washington and George Washington Carver, and all of them were trying to figure out how we were going to get black folks to read and write. And guess what? It was our churches. Our churches were schoolhouses, where not only did we preach and learn the Bible and learn the 66 books of the Bible and all of that came out of church on Sunday, the church was also a school house because our goal was, we had to get black folks the skills of reading and writing. And today, when we look at our health, when we look at the health disparities and all the suffering that goes on around our health, including mental health, I believe that every church addressing African Americans must have a health ministry, and I'm happy to lift it up to say, we have many, many, many thousands of churches today who have effective health ministries, and we are working with these congregations, and we are always

inviting others. Those who do not have health ministries, come and get resources, come and tap into the resources of the Balm in Gilead to start your health ministry. If you're just doing a health fair, let's do a better health fair because our community needs it.

Rev Steele: Amen. Amen. I love it. I love it. I love it. I have two questions. Do you see those health ministries being as effective in the space of mobility? Many of our churches have seniors who live sedentary lifestyles. We have many people who have joint and pain issues and they just don't move enough. Do you see those health ministries in this network that you've helped develop that you've birthed in many church organizations being impactful in the area of mobility as well?

Dr. Seele Absolutely. Because most health ministries, they start off with what? Fitness. They start out with, some kind of fitness class. And that's so important. And I really love the creative churches, especially down in the South where we are encouraging them, that you can just get out and walk around the church. Some of our rural churches, as you know, they have so much land. Just come to the church and let's walk around the church, walk around the old cemetery. We can get some exercise just walking around the church and walking around the cemetery like my grandmother and I down in Lincolnton, South Carolina. Every week, we didn't call it cemetery then of course, we called it the graveyard. We used to walk to the graveyard, and we used to say hello to everybody in the graveyard, but we did not know we were getting exercise. So, I think mobility is very, important to our health ministries and to the movement about churches and those churches who have fitness programs and who are doing just walking programs. We really encourage them to do that. And for those who are not yet doing it, we encourage to get the congregation moving, get them moving.

Rev Steele: Amen, movement is life. I really appreciate that thought. Let's talk about your book, "*Stand Up to Stigma*". How does stigma undermine health and what are some of the stigmas more pronounced in the African-American community, especially in the face of COVID-19? COVID-19 has highlighted the stigmas, but you've been seeing this for 31 years. Let's talk about that in the spirit of your book.

Dr. Seele Stigma is so complex as well as convoluted because in the African American community, especially in the faith community, Jesus is going to fix everything. Jesus is going to fix everything, and he is however, Jesus is also going to help the doctor when you go to the doctor, he's going to anoint the medicine when you take the medicine. I think, for some reason, from generations to generations, one of the greatest stigmas that we deal with is I have to test my faith. I have to test my faith; therefore, I'm not going to take my medicine. I have to test my faith; therefore, I'm not going to go to the doctor because, I have to prove that Jesus is going to heal me. I think that's one of the convoluted parts of a stigma. And I don't want you to see me, really struggling in my, disease awareness state. I don't want you to see me struggling with pain because, struggling with pain means my faith is not strong enough. I have had one too many, far too many friends who have actually left the planet. Intelligent, just highly intelligent human beings who have left the planet because they did not want to take their medicine because they had to prove God was going to heal them without the medicine.

We see that every day and we see this today with COVID-19, there are just too many folks who are like, I don't have to wear a mask. I don't have to do any of this because of the blood of Jesus. I have too many crazy friends, and they are crazy. Because of the blood of Jesus, I don't have to wear a mask. Because of the blood of Jesus, I can go and do whatever I want to do. And I think it's a stigma and I think it's insane.

Rev Steele: What would you see as more pronounced in terms of stigma? I know it's in the church, but when it comes to healthcare, when it comes to the many pastors and congregations you've worked with, what do you see as the most pronounced stigma in the African American community?

Dr. Seele The stigma of silence. I want to live in silence. I don't want you to know that I have this disease, because if you knew I had it... I can think about people who died when I was a little kid in Lincolnton. It was the 'C' word back then. I didn't want you to know I had the 'C' word, because if you knew I had cancer, you would think that God had sent the wrath. The wrath of God was on me and cancer was the wrath of God. We saw it with HIV. That HIV was the wrath of God. Mothers and fathers, they're not going to tell you about the pain of their children having this disease. And they're not going to tell you when they have it, because it's the wrath of God, and clearly God is punishing me. I think that that is the biggest stigma and the biggest convolutedness that we face and continue to face in our community that we always bring something back to the silence. And the silence is rooted in our fundamental belief that God is punishing us for something with this disease. God is punishing us with COVID-19, some kind of too many of us serve a God who's always punishing us for something. That's not the God I serve, but hey, what can I say?

Rev Steele: Got it. And, what's interesting and it leads right to my next question. What you're saying is, if we don't say it, then it doesn't exist. And I remember your start of getting pastors to say HIV and AIDS from the pulpit, because they felt that if they kept silent, they wouldn't lose their membership. But if they said it, they were going to lose people. But the reality is they were losing people anyway, because people were dying in their congregations, living alone lives, living with HIV and AIDS, because

nobody had the nerve to say that HIV is real. So, to that end, how do we de-power stigma?

Dr. Seele Well, it's exactly what you just said. What we learned with HIV. Those pastors learned that, when we started out with the Harlem Week of Prayer for the healing of AIDS and the National Week of Prayer for the healing of AIDS. And when pastors stood up and said, we are going to pray and educate for the healing of AIDS, what happened? Oh my God.

The pastor was so taken that their congregations embraced him, embraced him or her, that the congregation was hungry, was hungry for a pastor who sought compassion toward them, who they want, you want to tell your pastor what's going on with you. You want to tell your pastor how you're suffering. And once the pastor opened up and said, listen, we're going to pray for HIV. Listen, we're going to have an AIDS ministry. Listen, for those of you who have HIV, God loves you, and this congregation loves you. We saw a complete turnaround and the doors of the open came open. Many people came in and those churches in the 1980s are now thriving churches today because they're known as compassionate churches, compassionate congregations. And they have ministries that provide services to whomever to the whosoever will come there's a place at the altar for everybody. And those are the churches that are thriving today.

Rev Steele: Amen. And I really believe that because even in the world of musculoskeletal health, in this COVID-19 era, in the world of heart disease, in the world of cancer, it is by saying it and informing people that we debunk the stigma. Because I can live with something that may be a part of me, but it doesn't make up the sum total of who I am. I'm really grateful for the work that you've done to establish that in faith communities and getting faith leaders, not just into the black church, but in mosque

and in synagogues across the land to say, this is important. In the context of coronavirus and this pandemic, I know that CNN interviewed you around the disproportionate impact on underserved communities. I'd like for you to speak for a minute on the differences between that rural and that urban impact and how there are underserved communities in both places.

Dr. Seele Yes, there are underserved areas. In America, as in the world, we live in two Americas and two world views, the rich, the haves and the have nots. And so, in urban communities, you have the haves and across the track, you have the have nots. Sometimes, in the urban communities, the underserved communities, it is mistaken because we feel that they have access, because if you live in Baltimore, regardless of what side of the track you live on, you have Johns Hopkins, you have all major medical facilities in urban communities as if you live in New York, or if you live here in Richmond, Virginia, because you're there, you have access, but that's not necessarily, the case. Racism, as we know, just when I go into an emergency room, just because of the color of my skin, I may not be seen as quickly as someone else, just because of the color of my skin. We know that information doesn't flow, as quickly through the have community versus the underserved community which is why our churches are so important to be that community hub. In the rural community, it's not there. You may have to drive or get a ride 50 or 75 miles to get to the nearest medical facility. I began to really look at the rural communities when we did our work in six African countries around HIV in the '90's, and because we had to go over there and create infrastructure on how we were going to provide services, how we were going to provide home-based care or HIV testing in rural remote communities where the only thing there was a church, a mosque, and a bottle of Coke. And I said, how in the world does, Coca-Cola get a bottle of Coke from Atlanta to the most remote areas in the world. And that was one of my questions. I wanted to be like Coke to get

health information to any and every part of the world, because I wanted to model it after Coca-Cola.

Seeing that really, helped me to understand what we needed to do when we came back home to the U.S. We don't like to think about it, but America looks to me just like rural Africa, having spent many, many, many, many, many days and months to nights, in rural Africa, there are some really rural remote communities right here, and they don't have access. They don't get the finest treatment. They have to figure out how to get a ride, to see the doctor. Even in this 2020, the rural community is suffering, and which is why I go back to, we have to find new ways. We have to find new strategies of reaching people who are not reached in America. There are too many people still here in America, who don't have clean water. We say no clean water in Africa we said, "Oh, I'm sorry," but what about so many people of all ethnic groups right here in the United States who do not have clean water, and who do not have housing. There is a major difference and yet it's the same that we have to continue to find ways to meet the underserved both in the rural and in the urban community.

Rev Steele: What do you see as the importance of faith communities or faith institutions in driving this change, driving awareness, driving connectedness in helping people access care?

Dr. Seele We know that in the African American community, faith leaders are the most influential. When faith leaders, whether they are Christians, mosque, temple worshipers, Yoruba whoever, they are the influencers in our community. We also know that the African American church, it is the most sustained institution in America. We're not talking about institutions who are here and gone. We're talking about

institutions who were started in the 1700's and who are thriving, and we understand the culture, the culture of African American people, and their relationship to their faith community. Today we may not have a lot of, although the Pew Research Center says that African American are young people, we are still going to church more than other ethnic groups. We can truly say that they don't go to church as maybe you and I did, but the influence of the church is still there. Just because I may not go to church does not mean that I'm not impacted by the voice of the church. It is still where social norms and our communities are set and where social norms are met in our community. So, the importance of faith community in addressing health disparities, from my point of view, it is the number one place that we must continue to partner with. We must continue to partner with faith communities and give them the skills and the capacity to provide sustainable resources and support for the long haul of addressing health disparities among African Americans.

Rev Steele: Sustainable is a remarkable word in that you have lived that you're not just talking it because my next question to do with your Sunday Morning Health Corner, where I've seen you do at least two bulletin inserts on COVID-19. And I've seen you do it around asthma and COVID 19, as well as coping with stress during coronavirus. So, the question is in the face of COVID-19 and the disparities that we see, what needs to change? Do we need more people doing what you do? Do we need to look at this COVID-19 response differently? I don't want to put words in your mouth, but I want to hear what you see as a needed change, when I look at something so remarkable as getting virtual messages out to the faith communities for Sunday morning worship around COVID-19.

Dr. Seele Well, thank you, and I hope that every listener will go and download our Sunday Morning Health Corners. This is something we send out to over 40,000

congregations, reaching 2.5 million African Americans every week. It is something that is downloadable for everybody to get one when they come into the church. And now that we are not coming into the church, it has a lot of more additional legs because now congregations are sending it out to each of their members, not just those who come inside the church.

To get to your question, I think that as we know, the African American church has been devastated by COVID-19. We just look at one denomination, the Church of God in Christ, where they've lost over 12 bishops, over 30 top leadership in that one denomination, we've lost so many pastors and first ladies and deacons, and the church has been just so devastated by COVID-19. What we need is we need that suffering in our congregations to turn into empowerment. We need leaders who will say, this is why we are suffering today. Maybe we went to a funeral when we shouldn't have, maybe we had church when we shouldn't have, or maybe we don't even need to talk about how we got it. But the fact is that we need our faith leaders to stand up and say, listen, we have got to adhere to social distancing. We are going to stay in place. We're going to continue with our live worship service. I know you want to come to church, but we're going to continue to sing Amazing Grace from home. And we're going to continue to pay our tithes and offerings from home. We need the suffering that we are feeling throughout our congregations today to turn into empowerment and leadership, so that we will not continue to have to die, just because we didn't have leadership and no one wanted to say, stay home.

Rev Steele: Amen. I love it. I love it. I love it. And I tell my church members, we're going to do this virtually for as long as we have to so that everyone is safe first. There's nothing better than being educated because education, in the words of Carter G Woodson, is power. So, let's talk about "*Dr. P on the Pod*". We know you have a remarkable

popular podcast every week. What kind of topics have you explored and what has been the reaction from the African American community?

Dr. Seele *"If it's Thursday, it's Dr. P on the Pod!"* Oh, my goodness, it's just amazing. I'm always amazed when I hear people, especially people in remote communities, down South. If I happen to see them or they see someone who's connected to The Balm in Gilead, they always have a story to tell about, I heard about this because I was listening to *"Dr. P on the Pod"*.

And I'm talking about folks who live in Yemassee, South Carolina, you know what I mean, or down there in Meridian, Mississippi or someplace. I'm just really honored about the legs and the traction that the podcast has and we address all kinds of topics. A couple of weeks ago, we were talking about midwife and black women and maternal health issues. How we are dying during childbirth and the racism and politics around black women giving birth. We talked about asthma last week, and we're getting ready to address mental health and schizophrenia. We talk about sexual health. We talk about everything on Dr. P on the Pod. The black community we are not a monolithic community. We love talking and we talk about everything, everything,

Rev Steele: Amen. Well, thank you for that. And I want to thank you so much for joining us today and sharing your insights, Dr. Seele. I think what I've taken away from this discussion in particular is there's been an evolution of The Balm in Gilead from serving those living with HIV and AIDS, and educating pastors and teaching them to have strength to say it from the pulpit so that people were not dying silently, and you've morphed that into talking about all sorts of health issues from brain health to asthma, to glaucoma, breast cancer and so forth and so on. And even in this environment, talking about COVID-19 and the reality of remedying or creating a remedy to de-

stigmatizing how we live in silence by saying something. We appreciate you. We appreciate your comments on the need for change and for pastors to stand up in this moment, not tomorrow, not yesterday, but in this moment and remind people to stay safe at home. Is there anything you would like to add as we close?

Dr. Seele Well, thank you again for having me on this podcast. I really enjoyed talking to you. I want to thank you for all the work, Movement is Life and just thank you for all the work that you are doing. And know that The Balm in Gilead continues to be a partner in this with you. We look forward to continuing to work with you and would love to have you on "*Dr. P on the Pod*", sometime. And guess what, there's always and will forever be a Balm in Gilead.

Rev Steele: Amen. Amen. Thank you, Dr. Seele, we wish you continued success and impact with your many initiatives and hope to see you at the upcoming Movement is Life Caucus at some point in the near future. The Movement is Life Caucus is a place of gathering, much like many of the engagements you have, because as you say, there is a Balm in Gilead. Thank you and our listeners, wherever you are. See the podcast page for our website for resources mentioned in the podcast, be well, stay safe and join us again soon at the Health Disparities Podcast.

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