From Alabama to Africa, Faith Fuels Aquarius Gilmer's Advocacy

The ordained Baptist reverend talks about the intersections of religion, HIV/AIDS and the South.

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Aquarius Gilmer is the Director of Governmental Affairs & Advocacy at the Southern AIDS Coalition (SAC), a non-partisan coalition of government, community, and business leaders working alongside thousands of individual members to end the HIV epidemic in the South. Gilmer is an ordained Baptist reverend and his faith deeply informs his work to reduce HIV-related health disparities and promote greater health equity among people living with or at heightened risk for HIV.

Aquarius has been hard at work to pull off the first ever Southern HIV Awareness Day (SHAAD), which was held Tuesday, August 20 (though this interview was held before the awareness day). This month also includes National Faith HIV/AIDS Awareness Day (FHAAD) on Sunday, August 28. We caught up with Aquarius to learn more about what brought him to this work, how his faith informs his advocacy, and what his hopes are for Southern HIV/AIDS Awareness Day.

Tell me a bit about yourself and how you came to be involved in this work.

My work in HIV began in my undergraduate studies at Tuskegee University, looking at the HIV epidemic and stigma in Black Belt counties of Alabama — rural Alabama where black folks make up the majority of the population. At that time, I was especially moved by the response — or the lack of response — among faith communities to the epidemic.

A memory that stands out to me is that the pastor of the church I was worshipping with invited me to do a home visit with a parishioner who was living with a really advanced case of AIDS. The stigma was so deep that he never left the house. His mom and brother cared for him the best way they knew how. When I walked in the door, I saw he was laying on the couch stricken with weight loss and deep spiritual isolation. He was so grateful to receive a visit, especially from people he didn't even know.

That work led me to apply to seminary at Emory University. I studied what was a faith-filled or faith-full response to public health and HIV. In school I learned all about the social gospel. The theology and preaching of Dr. Martin Luther King was rooted in social gospel. It looks at sin as systemic issues — poverty tax evasion, systemic manipulation of people, and robbing the poor — rather than individual action like who someone sleeps with. This helped me change my definition of sin. I wanted to develop theology that was rooted in empathy and grounded in helping folks

understand that they are never alone and without God.

Can you speak more about how you explored the connection between public health and faith while in Seminary?

In seminary, I had the opportunity to work in Mozambique over a five-month period. I studied and worked with community-based organizations (CBOs) that were providing home-based care for people living with HIV. I also had the chance to work with nongovernmental organizations (NGOs) — IMF, World Bank, Global Fund, etc. — to provide microfinance loads to women who are small business owners. This improved quality of life for women and improves quality of life for entire village. This was grounded in faith as well. These women were primarily Christian women, and the distributors were all Muslim Imams. To sit across the table from people of different faiths and share how our faiths connected us to the same mission was groundbreaking for me.

We also worked with the ministry of health to help traditional healers use new, clean razors in their rituals to help prevent disease. We had to help the ministry and other NGOs understand the importance of ritual and help the traditional healers understand the public health consequence of re-using razors. Together we came up with a solution to provide clean, inexpensive razors for the ceremonies that prevented disease transmission and kept the rituals sacred. I'd never been in a space like that before, and it was eye-opening.

I later became the chaplain at Grady Memorial Hospital, and again I remember meeting someone living with such advanced cases of AIDS that he would not lift his head up due to the shame and the guilt he felt – from himself, his religious community, and those closest to him. I literally had to find his eyes, his gaze was glued to the floor. That was jarring and propelled me to dive deeper into my work.

You're now an ordained reverend. How does faith continue to be an integral part of your work today?

In 2016, I became the first ordained openly black gay man at a Church in Harlem. As a person who directs an AIDS policy and government affairs portfolio at the Southern AIDS Coalition, I cannot remove my vocational calling — to be licensed, ordained to administer the rites and privileges of sacrament — from my advocacy work. HIV criminalization reform, immigration work, and anti-poverty work is all rooted in my faith and how I understand my calling. We live in a democracy; public policy is the root and the people are the groundswell in our work for a better society. Faith and public policy are intrinsically intertwined for me. I bring this to my work by always asking people who are we considering the "least of these" and how does policy impact those persons? How does public policy affect people who are so marginalized that they are invisible?

Acquarius Gilmer of the Southern AIDS Coalition

Studies based in Alabama show how Black same-gender-loving men who attend church regularly test less frequently than those who do not attend church. And, when they do test, they have more advanced cases of HIV. We know that people are dying in the South at greater rates than anywhere else in the country. Particularly as we think about HIV, it's important to ask how religious languages reinforcing stigma. You hear people say things like, "We can love the sinner but hate the sin." But my makeup and my entire being cannot be separated from who I am. In fact, my gayness — my identity — is not a sin. You can't love me without loving all of me — without loving my gayness.

The sin is that people don't have access to prevention or care, not how a person contracts HIV or that they are living with HIV. As you might imagine, this message is being met with lots of interest but also resistance. A lot of religious folks still hold the belief that if a person acquires HIV that they brought it on themselves since they were not living a "holy" lifestyle. We need to unpack this and take back the language. We also need to support people who are dealing with religious trauma after enduring stigmatizing and shameful teachings.

What's your approach to counter stigma from faith communities?

There are folks who claim to be "the religious right" who think they own the concept of God and God's understanding and are shaping God's understanding. We have to take back that language and call them what they are, and that's the "religious wrong." God cannot be a god of love, justice

and mercy and all we hear and see are policies shaped in exclusion, punishment and hate.

In some parts of the world, trans women are revered as holy people, which they are. They too bear the image of God. But the religious wrong has co-opted religious freedom to set up a theocracy in the name of the God that they love and worship, which is primarily whiteness and white supremacy. Anything that does not align with that is somehow incongruous with God and God's teaching and is disposable. Trans people, immigrants, and others who do not align with their values are disposable.

We can see that in the federal Department of Health and Human Services (HHS) rule change (section 1557), where providers can essentially discriminate and provide less or no care to people who are incongruent with their faith teachings. That is incongruent not only with the law, but also with the teachings of Jesus in the Christian text. I am amplifying all those incongruencies and how they impact public health. That is one of the next waves of this movement and this sector's work is to help folks to reclaim and foster their own healing.

Switching topics slightly, SAC has been organizing the first ever Southern HIV/AIDS Awareness Day. What was the impetus for the day?

The Southern HIV/AIDS Awareness Day is a day to focus on where the disparities are and how to change the narrative, and advocate for greater resources, accountability, and infrastructure to improve the qualities of life and health outcomes for people living with HIV in the South. For years the Southern AIDS Coalition has been advocating for greater resources and attention in the South. Southern HIV/AIDS Strategy Initiative (SASI) has been producing reports demonstrating prevalence, incidence and death trends among key populations and appalling funding disparities in the area of the country that also has the largest amount of HIV disparities. On this day, we're hoping to amplify the needs of the South and to think about prevention, education, treatment, and sustained engagement around this epidemic in a new way.

On the awareness day, we have several things going on, starting with a Congressional delegation Tour of Clinic 1917. We've invited Sen. Doug Jones, Sen. Richard Shelby, Rep. Terry Sewell along with every member of the Alabama delegation to join us on a clinic tour and a roundtable conversation. That evening, we'll have a reception at the Civil Rights Institute where we're going to honor Rep. Sewell and Sen. Jones for their work and commitment to socially marginalized communities.

We're doing something different with this awareness day. The goal is to move this across the South. So, this year, it starts in Alabama, but maybe next year it may be in North Carolina or another Southern state. And we'll invite representatives from that state to tours, have a conversation, and talk about the great bipartisan opportunity to end the HIV epidemic.

You're also hosting a meeting the day after the awareness day. Can you talk a bit about that?

On the following day, we're hosting a meeting called Southern Solutions, to bring everyone who is named in the federal administration's plan together - AETCs, CFARs, state primary care

associations, community leaders, and the administrators of federal agencies like HRSA, CDC, SAMSA, NIH. We have over 140 people, including 10 different government principles who are leading these agencies, coming to Birmingham for the meeting. We'll talk about things that are specific to the south, including geography isolation, technology needs, faith, stigma, discrimination, and barriers to care. We'll be asking about measures of success, shared accountability and solutions to the various challenges that we in the South are confronted with. We're hoping to create a new model for how we can convene the necessary stakeholders to co-create solutions to our challenges through a regional lens.

We've been intentional to have tons of community leaders there, because we have been hearing that the implementors and creators of this plan have not been engaging community. We're creating a space for community to ask the government principles questions that may be difficult and but are necessary, so we can prevent implementing a plan for the next 10 years that does not yield results.

We're hoping to hold this meeting annually for the next 10 to 15 years as an opportunity to check in on how we're doing in achieving our goals and to learn from each other. We want to cross-pollinate from a regional perspective. The South has so many innovations, yet we don't get the credit, spotlight, or resources for it.

How can someone who lives outside of the South support this day?

There are several ways people can support this movement. First, educate your networks nationally and locally about what is going on in the South. Second, help us with our advocacy with the CDC and other funding agencies to think about how federal resources are competed and then allocated. As a sector we must become comfortable with understanding that if we want true equity in this sector, some regions who are well resourced may begin to see less to ensure those of us in the South are able to have the necessary resources to mount a sustained response to address HIV in this country.

Also, if you have or currently are working on promising interventions, reach out to us at SAC and let's explore if it can be adapted to the southern context. Come to us from a place of curiosity and not assumptions and a collaborative approach.

We will also be living streaming of some of our events on the 20th and the 21st on Facebook live. People can follow us on Twitter at @SouthernAIDSCo.

Anything else you'd like to share?

We are excited about the future. We are grounded in hope because history is on our side. As a faith leader that is what gives me great comfort and sustains my hope.

Despite what we hear, despite the craziness that's around, God is truly with us. If we can keep that message, we can combat everything we're up against.

Thank you, Aquarius!

Access tools to stop HIV stigma here.
Learn more about Faith HIV/AIDS Awareness Day here.
Learn more about Southern HIV/AIDS Awareness Day here.

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