Episode 7 transcript

Pandemics

G = Gabriel Lamazares
R = Robyn King
S = Stephanie Shockley

[Opening theme music]

S: Welcome to The Accessible Altar, a podcast of conversations at the intersection of faith and disability. I'm Stephanie Shockley

R: And I'm Robyn King

S: And we're your hosts.

Today we're talking with the Rev. Gabe Lamazares. Gabe serves as the Associate Rector at St. Phillip's Church in Durham, North Carolina. Since his ordination as a priest in 2011, he has served congregations in Portland, Oregon, Manhattan, and Queens. He received his Master of Divinity from the General Theological Seminary and his Bachelor of Arts in Theology from Boston College. Gabe lives in Durham, North Carolina with his husband Terry and their dog Marley.

[music interlude]

S: Gabe Lamazares, welcome to The Accessible Altar podcast!

G: Thank you, glad to be here.

R: On the podcast we've alluded to several times the ongoing COVID-19 pandemic, and…

S: Yeah, this entire thing, the entire podcast has been recorded within the COVID-19 pandemic.

R: Yup.

S: We started it in the spring of, started working on it in the spring of, what, 2020? Yeah.

R: Yeah.

S: Takes a minute, takes me a minute to remember what year we're in…

R: I was going to say, I have to stop and think, wait, what year was that? [laughs]

S: What year are we in? Yeah, right.

R: Over the course of that I think one of the things the whole world and especially the Church have been coming to new terms with is the role of public health and the impact of public health. But you come with a really particular background in some of that. And I think we'll start, if you're willing to share, some of your HIV/AIDS service work.

G: Sure, I'd be happy to do that. I worked for an agency here in the Triangle of North Carolina, which is Raleigh-Durham-Chapel Hill, called The Alliance of AIDS Services Carolina that provided all kinds of services to people with HIV here in the Triangle. And I worked as client advocate, I worked as a treatment educator for people with HIV around medications and other things like that, and I worked as a HIV outreach worker for gay and bisexual men, uh, which involved mostly going to places where gay and bi men were going to be and throwing a ton of condoms at them. So, uh, I did that from 2000-2004. But, in terms of my intersection with the AIDS epidemic, one of the first things I did when I came out when I was 18 was volunteer as a, it was called a quilt monitor, in Boston, at a display of a portion of the AIDS Quilt. And we unfolded the squares of the quilt and we walked around, dressed in white, with Kleenex in our pockets, for people who would be upset and crying and mourning at the various panels. I was 18, 18 years old! We were, when I came out we were conscripted. It wasn't Studio 54, it was like a war we were being conscripted

into. And it was scary in a lot of ways. But we were also able to take care of each other, which was great. So, since then, I mean, I lost a boyfriend when I was 23 and he was 28, to AIDS, which was, oh, absurd, awful. And I lost my brother to AIDS in 2001. So, I've been up and down and around the HIV epidemic since I came to adulthood. So, my opinions and my things I sort of think and say about the epidemic are not just as a professional, but as a person, as a volunteer, as someone who has lost people that I've loved, to AIDS, and as someone who has lived in a community dealing with all the repercussions of HIV in what is a relatively small gay community when you compare it to the larger society. So, I hope that's fair.

R: So you have/are living through really two substantial public health crises.

G: Yeah, one of which, I think it's, uh, one of which, the HIV epidemic, has such effective treatment beginning about 1996, that it's still, HIV is still certainly spreading, but it's not, people don't get sick, or don't get as sick as they used to, many people. Although it still has a social shape, which means poor people and marginalized people and people with all kinds issues tend to have a much more difficult disease course. And then we also have PrEP, which is pre-exposure prophylaxis, the availability of something that can help people prevent transmission, which is MASSIVE! Massive!

R: Yeah.

G: So those two things. But, but, in the middle of the other pandemic, I can't help think, you know, it took a long time, it took a long time to get to effective treatment, it took a long time to get to effective prophylaxis, and we still haven't gotten to vaccination. You know, this is 30 years! This year [meaning 2021 when this was recorded] was the anniversary of the appearance in the MMWR, the Morbidity and Mortality Weekly Report from the CDC, of, you know, this many guys the Kaposi's sarcoma in San Francisco. You know, it's been 30 years. And we still don't have a vaccine.

R: We still don't have a vaccine.

G: You know, I know there are lots of factors involved, but speaking of, we were talking earlier about urgency, and how urgency can cause, you know, things to change, and things to change quickly, and things to happen, and it's impossible for me to not consider the urgency of a pandemic, that, to be fair, spreads through respiratory droplets, and that you know, can get everywhere pretty quickly, but that BAM! Things happened, you know? I got my first vaccine for COVID, March 1st of this year (2021). Basically almost a year to the day as to when lockdowns began to be considered in New York, which is where I was at the time. And it's just… I was stunned at how quickly it all went down. And I'm glad, I'm not going to, you know…

R: Yeah

G: I'm not going to complain about it. But I can't help think, where does the urgency come from? Does it come from the people that are infected, the people that are in danger…? Um, yeah. So… I kind of went on, sorry.

R: No, I think you brought up a lot of points I'm hoping we're going to spend some more time on. And, if it's okay with you, I want to dwell a little bit on some of the factors you think you have observed are driving urgency differently between the AIDS epidemic, the HIV/AIDS epidemic, and the COVID 19 epidemic.

G: Sure, um, so some of the things I think just have to do with the epidemiology of the disease, right? With AIDS you're talking about a blood borne, sexually transmitted disease, which means you can't go to the supermarket and get it. You know, it doesn't spread that way, whereas with COVID you definitely can. You can go to the supermarket, you can go to church, you can go to all of the places that people tend to go, you can get it at home if the wrong person brings it into the house. You know, it's a much faster um transmission profile. And it's much faster to kill too. You know, people can die relatively quickly with COVID. Um, with HIV

you have, like I said, it's sexually transmitted, which meant it spread slower, and also there's a latency period, or at least a period before… they don't like to say latency, because it's not like there's ever a time when HIV isn't working, but there is a long period that can be as few as three years as long as ten or never when… it will take that long for HIV to kill someone with opportunistic infections. So they're different in that sense, and you can see how something like COVID that can spread quickly, and that can kill quickly, and that is not as socially bound, although I'm not going to give up that it's socially bound, 'cause it is…

R: Oh, it's completely socially bound, I will not argue with you on that one

G: Oh yeah, no no no I definitely see that, but it is, HIV stays for the most part in the communities that it is. So, which is not to say that heterosexuals can't get it, it's not to say that people who received blood transfusions before the right time can't get it, I'm not saying any of that, you know, Ryan White got it, for goodness sakes. But I'm speaking from the perspective of a gay community that transmitted it within, within sexual networks, which meant that the toll, the death toll in the community was much higher than it was outside. And so, you know, people outside that community heard about it but didn't necessarily understand what the impact was, whereas we, within, did understand what the impact was, because it was happening to us with people who were relatively close to us. And so, there's that. And of course there's who's being infected, who's being affected.

R: I was going to say, like, you're talking about how it was largely, and again, not exclusively, but largely spread within the gay community, and for a lot of the history of the disease the gay community was already heavily stigmatized.

G: Mhmm. Yep, yep. And that was the thing that Larry Kramer, right, Larry Kramer, and some of the earlier history, and ACT-UP the protest and research group, and education group, that did a lot of actions – very public, very visible actions against people

that they thought were in the way of gay men getting the treatment that they needed, um, and the urgency that they need – that's what ACT-UP wanted, was urgency – um, but they all said, you know, [US President] Reagan didn't say AIDS until 1987. I mean, that's the dictum, right?

R: Yep.

G: Which is a way of saying "he didn't care, until 1987, until he was told to care in 1987, until after he had started his dementia and you know, until it was, for whatever reason, it was decided that it was politically expedient to for him to say it. But there's this, and it's hard to let go of that between MSM (Men who have Sex with Men) and IV drug users, who were the other group that were inordinately affected, that nobody cared.

R: Yeah.

G: Certainly people in government didn't care. You know, "they got what they deserved." I mean, you know. Whereas a narrative can be composed, at least at first in the COVID pandemic, 'cause there's more to that…

R: Yes

G: But at first, a narrative can be composed of innocence. Of "it just happened to these poor people!" And it did just happen to these poor people, I'm not making fun of that. And, but the narrative of innocence really does help in terms of people, you know, feeling urgency and getting behind care and research. So…

R: Yeah, well, and I think we're starting to see that tilt in the COVID pandemic, where it is the people who are more likely to have grocery cashier jobs, and places where you don't necessarily have access to paid time off; you can easily lose your job, especially in the US, who are remaining in places where they are very high risk. Whereas, you know, white collar workers are much more likely to be able to work from home and get their food and

groceries delivered and construct a much safer universe for themselves.

G: Yeah, absolutely, and that was true from the beginning. Um, you know, when everybody went on lockdown, who lost their livelihood?

R: Yep

G: You know. It was people who had to actually show up in body and do things who were let go from their jobs. You know, it's, it was clear from the very beginning that the in-person service class was going to be affected significantly. And that's part of the social shape, which is something that I think I learned about through the AIDS epidemic, was that they would talk about the social shape of the epidemic. In other words, that it wasn't just about how the virus was medically transmissible, that it had a shape that was based on socio-economics, that was based on stigma, that was based on a number of different factors that affected access to care, that affected you know, the ability to choose to use protection, for instance. Um, you know, women in abusive relationships especially would bring that up and say "do you think I can choose to use a condom? Do you think that's something I can tell my husband to do?" Sex workers would bring that up, and say "you know, sometimes I can, sometimes I can't. I charge more when I don't use a condom, but I have to make money." And so you have this social shape that the, that any epidemic assumes. And, I mean, and I think it definitely has a socio-economic shape, and it has since the very beginning, but the COVID pandemic, also right now, speaking of the narrative of innocence, the demonizing of the unvaccinated…

R: mhmm

G: …has become really interesting, and by interesting I mean troubling. It's something that really needs to be looked at.

R: Yeah, I was thinking about this interview last night and I think I saw a news article from Australia where the government is

threatening, is really the only word, to stop covering the care for people who don't get vaccinated. And I'm like, "this is not good, we, no. This is not Christian… the government may not care about that but this is going to lead to a lot of worse situations."

G: Yeah, and we're still, you know, it shows up even in news. Like the headlines will say… it's not like it's not true, but, you know, cases begin to rise, right now it's happening [in late 2021] cases begin to rise among the unvaccinated.

R: Yep

G: "The unvaccinated" like, are we talking about, what were they called in The Game of Thrones, the un…

R: The unsullied!

G: the unsullied… yes

S: The unsullied… ooh, ok…

G: What are they, the unsullied? The unvaccinated. THE unvaccinated. And I get that. I mean we, we had, I won't get into the whole relationship, but someone connected to Terry's family who was an anti-vaxxer, she was not going to get vaccinated, she thought, you know, it was poisonous, and that she was just going to boost her immune system, and that was all. And she contracted it, and she died in four weeks.

R: ooh, I'm sorry.

G: Oh, thank you, I mean, we weren't that close, luckily, but it, uh, at the same time it was this awful, tragic thing which

R: Yeah

G: on the one hand, you can say "it didn't have to be that way, it could have been different. And on the other hand it's easy for that to turn into "well, it's her own fault." You know? "Oh well." And

that is a troubling sort of turn of events, that is similar, speaking of things that we've learned from the AIDS epidemic, that is stigmatizing, and that is similar to kind of saying, I don't care. If you don't want to get vaccinated, go ahead, do what you want. And it may turn into, like you said, not paying for services. I don't think it will turn into not offering services, although that's talked about all the time, all the time, like why should these people be able to talk about how awful medicine is and how awful the vaccines are and then when they're sick, show up at our hospitals and take up resources? And…

R: Because society is judged by how it cares for the least among them

G: Yeah. How 'bout that.

R: Very, very like, basic…

G: How about that. Because as humans we owe care and alleviation of suffering, if we have it, to other human beings, how about that.

R: Stephanie, I know we have strayed very close to topics, both generally, and specifically about the pandemic, that are very close to your heart.

S: This is a really interesting conversation and I'm right there with both of you on this particular issue, and you know, in this sense of, you know, we all have a lot of feelings about what people do, and sometimes people do really reckless and thoughtless things, behaviors around COVID are an example. But there's not, it's not a good reason, we need to be better then, like, revenge, right? Or whatever it is we want to…

R: I think at some level it's punishing, that's my sense of some of the rhetoric around that.

S: right

R: is we… and this is very like, I read the news, and I listen to people who I think are smart armchair observation, so um, but I think a lot of people are really angry at all of these like, you know, the unvaccinated army. Which they're not, they're people who are struggling with health decisions. Who are keeping them from resuming their life. And a part of me gets that, and a part of me also knows that we still owe them care and a livable world, and time, as much as it also irks me to figure out what they're going to do, and for us to provide some of the other buffers to keep us all healthy.

S: I mean, I find it as irritating… I really do, find it as irritating as the next person, and I was incredibly angry, I mean, Robyn and I talked about this in an earlier episode of the podcast. I was incredibly angry at the beginning of the pandemic when commentators or in some cases politicians kept making comments like "well, don't worry, you'll be fine if you get it, it's just xyz people who it's going to kill." As if xyz people, fill in the blank, whoever they were, didn't matter. That's such as huge, huge issue for me. And related to that, it is very frustrating when people don't want to do things that protect all of us, you know, they don't want to participate in making public health better, but at the same time, the leadership that they have had, the rhetoric that they've been exposed to, whatever, is so toxic and so unhelpful, that, how can people make good decisions? Honestly. And regardless, that's never, it's never a reason to talk about whether or not people get treatment, or whether or not we pay for it, or whether or not, whatever. I don't. You know, you can be mad, that's an individual emotion you get to have. It's not… policy isn't supposed to run on emotions.

G: It is, um, blowing me away how much this conversation is parallel to conversations that were had in the kind of, mid-90s, about HIV. Because there were, well there were always people, who wouldn't use condoms. Um, who, for all different kinds of reasons, and reasons that you can't just chalk up to, you know, malice. Reasons that you can chalk up to mental health issues, reasons that you can chalk up to actual values about the importance of sex in gay male identity and communities, there

are all kinds of ways to talk about it. But people wouldn't use condoms. And some of them would get infected. And the RAGE that was directed at them. Not by other people with HIV who'd caught it before, but by people who hadn't. Who were just like "my lover died after, you know, a year of the most miserable you know horrible things that happened to him, and you're just going to go out there without condoms and have sex and get infected. You're spitting on his grave. Like, I am making that up. I am not exaggerating.

R: No.

S: No. No. No. No.

R: I was going to say, that sounds like something you heard.

G: That is… I did hear it, you're spitting on his grave. But it recalls, sort of, the loss of that narrative of innocence that I was talking about right? Um, which is, we didn't know, we were innocent, we caught it, and we couldn't do anything about it, and we deserve all the compassion and pity in the world. But you knew, you could have vaccinated yourself for COVID, you could worn a condom, you could have done all of these things and you didn't do it and you deserve whatever you get. And there were people who were like "I hope you do get it." Um, because you know, how dare you? You know, you were saying, Stephanie, you know, "why won't they contribute to a better sort of public health, kind of system, to the behaviors that lead to there being less infection, less sickness, less death, you know, why won't they do it? What's their…?" We're talking about the unvaccinated, but it was the same thing that was happening with people who weren't using condoms.

R: And as you were going through that list… sorry if I'm interrupting…

G: No, please, go ahead

R: I'm hearing in my head the conversations I hear behind the backs, in a way that's not meant to be malicious, but, "so and so got COVID – well, were they wearing their mask, let me see if I can track this airborne infection that you received going out into spaces with other people down to the specific thing you could have done.

G: Yep

R: And sometimes you can do that, and sometimes you just can't.

G: Mhmm. Well, and to an extent too, 'cause there's the whole kind of, they weren't doing what they were supposed to be doing so they got it. But there's also the "I need to identify what I do that they weren't doing…"

S: Yeah

G: "so that I can defend myself from my own fear of getting it." Like if they didn't wear their mask, well, ah, there it is, I always wear my mask, I'm going to be fine. But these, it accretes to all of the public health behaviors, you know?

R: Yeah

G: You know… "So and so got HIV, well did he always wear a condom? Oh, well he went to the bathhouse, so, obviously… he deserved it, I don't go to the bathhouse." You know, the dynamics are so similar that it's really almost shocking.

S: I think… I had a thought about that and it's just, left my head, hold on. Oh, oh, I know what it was. You know, one of the things that I certainly felt, at least in 2020, is I felt like there was such a lack of leadership that you had to just… guess. And that almost seems like a parallel too. Like, there's not a lot of information, they kept saying it's droplets but it's not aerolsalized, a mask doesn't help, oh, does a mask help? Maybe a mask helps. Everything was just back and forth and whatever. You know. People were wiping down their groceries, people are doing all

these… Like, you just felt, many of us at least, speaking for myself, felt kind of paranoid trying to figure out what is the thing that is going to be the best practice here. What can I do.

R: Mhmm

S: And I, I didn't, you know, you just didn't know. With the guidance, who knows? There wasn't a lot of guidance, it was like this power vacuum at the top of nothing. And there we were, and all three of us were in situations of, we've got communities of people that gather in a space and we have to figure out what to do. And um… that was awful, it was just awful to feel like, you know, I'm not an epidemiologist, I don't know anything about this and I'm trying to figure out what I do and how to make decisions that protect people, or whatever. And that was I think one of the things that was so hard about it, and that made people want to be like, well, wait, what did you do? Tell me exactly what you did. Because there wasn't a lot of information, and it kept changing constantly.

G: And I want to… we could go down a really interesting thing I think, if we wanted to, which is how did we as clergy make decisions about what was ok and what was not ok and what we were going to do with congregations. But I do want to address kind of what you were saying before. Which is the lack of information. Which is, if you go right back to the HIV epidemic, 1981, 83, you're talking about people saying that it's caused by poppers…

S: Oh gosh, that's right, I'd forgotten about that.

G: Absolutely it was caused poppers, it was caused by all these different things,

S: yeah, yeah, yeah

G: could you get it by kissing, could you get it by sharing plates and glasses…

R: Public toilets, I remember there being a whole

G: Yeah, oh yeah. Public toilets are always a favorite of

R: Yeah

G: of people who are scared, who are freaking out about, you know, where is this going to come from. Because it already feels like here you using a toilet that someone else has used.

S: Public toilets kind of sketch out everybody

R: Right

G: Like we're already on the edge with public toilets, you know [laughs]

S: We're all sketched out by public toilets

G: And so it's easy to push people right over the edge with that. But you know, I remember, these were apocryphal stories, but of people going home, because they were sick, and they were always fed on paper plates and on disposable cups, and they were forced to eat outside, because people thought well, that might be one of the ways that it's transmitted. And so you know, people's, and oh gosh, the AIDS epidemic was so rich. And, so, can I, can I talk a little bit about that kind of, the Church's response?

R: Oh no, yeah, please

S: That's on the list, that's one of our questions, so yes

R: So, please.

G: So, I've got a couple of different ideas. One of them is that in my experience, and I've been, I've been here in North Carolina the whole time, so the guidance that we received from the Church was from the Diocese of North Carolina, in addition to the

various masks mandates, and various things. North Carolina has a heinous Republican legislature but a Democratic governor. And so he was really on it in terms of following the science, you know, issuing the mandates, all of that. So we had all of that. But I found that the Church, for reasons that we can talk about, was always more conservative than the guidance. Um, you know, the guidance said, you can be inside, be careful, you know, we can't guarantee no risk, but you can be inside with masks and distancing. Or to be safer you can be outside with masks and distancing. Whereas what the diocese said was stop. Stop any in person meeting. No in person meetings. No worship, no, that's what North Carolina said, no, no, no. Everything goes on zoom. Close down the offices, everything goes on zoom. Which is a bit of a more conservative standard, you know. And it was just, it was interesting to me, because I think ultimately it was motivated out of compassion, right, out of, there's no way we would want anybody to get infected in our churches. So we're going to do whatever we have to to make that happen. I don't know if you all found that as well…

R: I know… I found some of that. I would say, I mean, so I'm in the Diocese of Edmonton in Alberta. And I was watching the pandemic sort of move from the East Coast to the West Coast, which is imperfect; I know it hit places like King County very early. But that was sort of the general trajectory in like late February/early March 2020.

G: Mhmm

R: And I was looking ahead at what some of my colleagues on the East Coast were going through as they were navigating the move to being online and out of their buildings, and thinking "it's going to come here, what do I need to have like, in my head." And it was literally four months after my start date at my current church, and I was like "ok, on Sunday I will need to tell people we're probably going to get shut down for the pandemic. Check out of Facebook page, get on our newsletter, do all of these things." And I was playing D&D with my friends and checked my email when it wasn't my turn, and I had an email from the Bishop

saying like worship services are cancelled, you can do something online, we're out for at least two weeks.

[all laugh]

G: Ours did too, "at least two weeks." Hahahahaha!

S: Two weeks!

R: Two weeks! And two years later we have managed to be in the building for like, five weeks, five, six weeks?

G: Wow.

R: Because our building is small. So as long as like, physical distancing exists, we are online. But yeah, two weeks. But the province didn't act for another week.

S: So I'm in New Jersey. So, you know, so we were early, and obviously we were early, and I have not been out of New York City for very many years, so I was sitting here in New Jersey watching New York City just fall apart, experiencing what I would call survivor's guilt for the first time… I've never experienced that before. And I watched New York with such a sense of guilt that I was here in New Jersey and that I had… I live in a rectory, I live on five acres, I was just… I had so much space and safety, I just felt… oh God, I felt awful. But New Jersey was very very affected and again it happened really fast. I had a big funeral that I did on March 6, and I'll never forget this because it haunted me for weeks. And March 8 was the last Sunday services. So March 6 was a Friday and I remember having all these people in the building and all this chaos. And I was concerned about it but not concerned enough not to do it. And then we had, you know, regular services on March 8, and the following Friday. Which I guess was the 13th, makes sense? Yeah, I think the 13th. We had a zoom with the Bishop and with an infectious disease specialist who is a member of one of our congregations in the diocese. And we went from "this is something of concern" to "close everything now." And we were like "when?" and they said, the bishop said to

the infectious disease doctor, he said "do you, can we wait until after the weekend, or do we need to do it now?" and he said, now, like, as soon as you get off this call. And I literally shut, I notified our preschool, and we shut the building, and for months, right? Just, and it happened, it was like the zombie apocalypse, just like [makes sound effect] all the sudden.

R: Yeah

S: I mean, really really fast. And New Jersey was like a ghost town, because there was nobody on… we went on lockdown, there was nothing, nobody on the roads. It was a very weird time. And they told us nobody is allowed in your building except the people that live in the household of the rector, or you know, the priest in charge or whatever. And so that meant, my husband and I, in the building, by ourselves, any time anything had to be done, for months and months and months. Yeah, it was very. It was very strange. It was a very strange time. The only thing that was reassuring to me is that it all came from the Bishop, so it was very much like, these are the Bishop's orders. If you have a problem, here's his phone number, but we're going to do this. This is our polity. When the Bishop gives an order, we follow the order, even if we don't like it or whatever.

G: Yep.

S: And that we had a governor who was very… there was a lot of leadership in New Jersey, whereas I felt like at the federal level there wasn't. It was… it was a very weird time, but I was very glad the Church was taking it seriously. Because I was so concerned. I have a… my parish has so many people who are older, and I was so concerned about the safety of people in our parish.

R: And that's what I was going to say. I think some of it was driven by a deep concern… I hope, I know this has been some of my propelling thought in a lot of the decisions, is churches tend to have at least, a population disparity in people who have serious health conditions

G: mhmm, mhmm

R: Um, so we tend to have people who would be much more potentially susceptible to COVID. And then as I think all, everyone who has ever tried to do sound or things in church buildings also knows is that they get really stuffy and the airflow is not great so as we started to realize that was a problem it's like, well, there's just so many elements to this that are hard to manage well in a church building.

G: And the um, the removal of the common cup, as well. Which is understandable, and which still hasn't been restored, at least for us.

S: We just had clergy conference earlier this week, and that was, we are actually working on bringing our common cup back in the diocese of New Jersey. And that's just one of those things… the science can say whatever it's says, but it's just complicated for people.

G: Right. And you know the visuals, the optics don't yield to the science. Like, I am drinking out of a cup with everybody else. Like how can that be sanitary.

[all laugh]

G: It's something that finally… you know, we tell people, it's alcohol, don't worry about it

R & S: It's silver…

G: you know, but like, still no

R: You're drinking out of a cup with everyone else.

G: Yeah. There's no getting away from it. And I think there were places in the epicenters, early on in the HIV pandemic, that did the same thing, at least until they knew what was going on, how

it was transmitted, for a while I think they did that in specific parishes. Not, you know, globally like we've done now. But there's a, we currently have a, there's a way to do it that has been approved

R: Oh, ok,

G: it involves either eye droppers and pipettes and disposable cups. And nobody's into it. [laughs] Like, we're all "I'd rather not do it!"

S: Oh geez, I can't figure out why not… [laughs]

G: I would rather not do it, that's cool, thank you! Thanks for that!

R: Yeah

S: Can I, I wanted to ask a little bit about the parishes that, speaking about the Church's response, I want to go back to the HIV/AIDS epidemic for a second and talk about the parishes that responded well to the experience their parishioners were having, to the fact that people in their congregations were getting sick. Because I know that you worked for one of those sort of really, famous now, for that. I know you worked for St. Luke-in-the-Fields in New York City.

G: I did. I did. And they uh, so for those who might not know, St. Luke-in-the-Fields is in the West Village, is on Christopher Street and Hudson Street. Which then, not so much now, but then, and for a long time, was kind of the heart of the gay community in Manhattan, for a period when AIDS started. And what I know about St. Luke's is that they worked really hard. First of all, to welcome gay people. Which was the precursor. You know, if they hadn't done the work to welcome gay people, they wouldn't have had to deal with this problem, right? So first they worked to welcome gay people. And then, when people started getting sick, they did not essentially turn them, they did not sort of say stay home or don't come back, or we're scared, they kept them in.

And they provided, they began to provide, like I remember one parishioner who was still there when I was there, was one of the first people that you know, went into the kitchen and started making a ton of food, you know, for some of these guys that really needed it, and that needed community as much as anything else. You know, not just a plate and go, but to be fed, and to sit down and talk with other people, and to be in community. Because a lot of times the, sort of the pariah kind of thing was as painful as the illness itself. Sort of being cast to one side by communities that they had been part of. And so that was one sort of major response that they did. And then they, and this was, the ways they did this were really gay, like they weren't just making, you know, mac and cheese, and you know, and uh, I don't know, chili. Like, they were making fancy fancy things. Because they wanted these guys to have the best, because they weren't going to last.

R: You identify that as really gay and I get that

G: Yeah

R: but I also want to name that that is true hospitality too.

G: No, absolutely, and I think they were able to demonstrate hospitality in a way that other people maybe hadn't taken the opportunity to do quite like that. They also went into St. Vincent's Hospital which was one of the first hospitals that really became a place for people to receive treatment. And they would go around with the tea cart and little, you, petit fours and finger sandwiches… [laughs]

R: That's so… like, Episcopal/Anglican…

G: Right?

S: And so gay at the same time

R: Those two cultures have found the overlap on their Venn diagram

[all laugh]

G: All these things have come together. And I just love it. I just, you know, in the trenches man, cucumber sandwiches and tea. Um, and they did that for a long time, like they, I think they did it until 2000, maybe a little after when the shape of everything started changing, after effective treatment in ’96, like I said. I think they had to sort of change their model and stuff. But they did it for a long time. Um, so you know, that was, and they became, they became a place where, you know, services of remembrance for people with AIDS could happen, you know, just all of the things that I think people looked for from the Church, they were able to provide them, and made a point of providing them. The rector helped, whose name I don’t remember, but who was totally gung ho about the thing, which is great, but even if he hadn’t been, the parishioners would have done it anyway. It’s that kind of church, I mean, you know…

R: Mhmm…

G: The rector is, you know, he is respected, or her, as long as they tell you what they want and then like, it’s going to be a problem if they don’t want to do what needs to be done.

S: [laughing]

R: As I have sometimes joked, the moment I have like the most authority in getting people to do what I have asked them to do is right after the Gospel when I suggest they sit down for the sermon.

G: yeah, yeah

R: And they’re like “YES! That’s what we wanted to do anyway, sitting!”

G: Exactly!

S: I've never heard that, but it's totally true! [laughing]

G: Oh, the intoxication of telling people to do what they already wanted to do!

S: Please have a seat, like yes, we're here for this!

G & R: Yep!

R: Ready for that!

S: Amazing.

G: And I, there were a number of churches in San Francisco, not just Episcopal churches obviously, just all kinds of churches who, who responded well, and I don't want to neglect to mention churches in places like Raleigh and in places like Mobile, Alabama and places that weren't, weren't you know, that were, unfortunately, one of the narratives, one of the stories that is cliché is people going home from New York, San Francisco, and Chicago and the big cities, and going home to their towns, wherever they came from, wherever they ran away from, as quickly as they could, in order to try to be taken care of, and to die. And so there were churches in all of those places, including Raleigh, there were especially Baptist churches here, um, who stepped up. Which is not to say that Episcopal churches didn't, but there were some Baptist churches that really went out of there way. And actually, there was something called the Triangle AIDS Interfaith Network here in the Triangle, which were different churches who were all responding to the epidemic. And they were one of the partners that became the Alliance of AIDS Services, what I worked for. So there were three partners that became consolidated right around 2000, and they were one of them. And they, I'll stop in a second, I'm sorry, I just keep talking. They provided, around the time that my brother was sick, they provided what were called care teams. So, one of the early models of providing companionship and accompanying care for people with HIV was called the buddy model, and that, AIDS services agencies did that, you know, they paired up somebody

who was trained to be a buddy with one person with HIV, and they would be their buddy. But, you know, a lot of people found this to be really just crushing.

S: I'm tired thinking about it.

G: Yeah, yeah, real

S: Like, that is a lot, it's devastatingly hard, thinking about it.

G: Totally right, and a lot of these people burned out real hard, real fast. So one of the ways that the model was changed was to have a church, here in North Carolina, basically get together a team of people, kind of ten people, to pair up with this person with HIV, and, among the 10 of them, kind of provide various kinds of support, you know, but it doesn't fall on any one person. And my brother Tony had a care team that was assigned by the Alliance of AIDS Services, the agency that I worked for. And they were from a Catholic church, St. Michael the Archangel in Cary, North Carolina, and they were, chef's kiss, they were splendid.

R: Wonderful

G: They were his confidantes, they were people who would help, from, you know, take him out to lunch, you know, do various things to kind of just be with him, call him during the week. It was magnificent what they did. When he died they put together his entire, the logistics for his funeral and memorial service. You know, I was, I basically with his partner and my mom put it together, you know, this is how it's going to go, but all the logistics, all the stuff, the locations, everything, they did everything.

R: Wow

G: And uh, yeah. So from very early on, like you were saying, Stephanie, well into the 2000s, churches were really stepping up and doing their work. Churches often get a bad rap because of some of the evangelical stuff that was coming out in the 80s

about AIDS and it being a punishment and about homosexuality and all that. But quietly, a lot of churches did the right thing.

S: So, I, one of the things I'm thinking as I'm listening to this, you know, and I remember some of this vaguely you know, from being a teenager/20 something in the 90s. And then learning later on about all of the things that had happened and living in New York City and hearing so much of the history. I remember all of this, and all of the community that people put together, and the… almost chosen family that people kind of developed and how people took care of each other. What I'm thinking about as you're talking about this and as your telling the experience that your family had with people who stepped up to support you, you know, as your brother is sick, and when your brother died, I'm thinking that one of the things that has been so devastating about COVID has been that everything that we would want to do for people in community, people who are suffering, etc. – it was, like, off the table. We all had to stay away from each other. I mean, I remember when there was a time, you know, there was a time when you couldn't get N95 masks, remember how we were all, like, using cloth masks or whatever, we had a stash in my house of two good N95 masks that we had at the time. And it was like, if there is someone who is close to us where the whole family is sick, and we need to help them, we need to bring them something, we have these two N95 masks and they're in reserve for an emergency. And it was like that. And otherwise you're not going near anybody… if it was like, a total emergency and like there's a whole house where everybody is down and they need something. Otherwise, you couldn't, the community wasn't there, you couldn't do all of the things you would do for someone in a disaster or a crisis. Off the table. And that's a thing that's been devastating in it's own sort of unique way, I guess, about COVID. And that's, and Gabe, you and I talked about this last week, an ongoing concern. The isolation is an ongoing concern, I think, in our communities, and in our churches.

R: It's created a whole other layer to the pandemic in terms of the community relationship and social support and mental health. I want to say dissolution but it's not really dissolution… but the

evaporation of those in the face of safety concerns and health concerns.

G: And that was something that we didn't, obviously didn't have to do, from pretty early on, once it was figured out how it was transmitted, you know, people could be around, people could hug, and be with each, and be in community, be in close community. You know, all, they could, you know, they could be in the room when a loved one was dying instead of not being in the room, or not even being in the hospital. You know, there are elements of this mode of transmission and the social distancing, and all of those things, that, to me, are new experiences. That, like you said, prevent some of the crucial aspects of community. One of the, and I'm not going to say, I'm not going to say that it's a good thing that came out of bad things. I'm just going to say that it was one of the things that was life giving during the AIDS epidemic was this enhanced community, really tight-knit community that felt a little embattled, and that sort of got closer because of that. And because of this sort of unified purpose, and all kinds of, just all kinds of reasons, but during the AIDS epidemic, I can only speak for part of the gay community, the one that I found myself in and belonged to, right? It's a much larger dynamic, a much larger phenomenon than kind of the generally white gay communities, you know, that are in urban centers. But that's where I was. And I found that during the AIDS epidemic, it was so, so tight, and so life giving, and so warm, in many cases. Some people will say it was the opposite, but that's how I experienced it. And after, you know, once it wasn't as big a deal, do you know what I mean?

R: Yeah

G: You know, when treatment was better, and you know, that whole portion of the gay community, kind of just, dispersed. Just kind of went our own ways. You know, I went off, and I started dating, and I got married and I had other things to worry about and to think about and you know, um, and it just, that tight community kind just came apart. And so… I don't miss it, I don't ever want it to happen again. And I did feel really close to those

guys then, in a way that I do miss. So, different things can happen, in the middle of those, in the middle of pandemics and epidemics, around human community. But like we were saying, COVID has this one, this social distancing kind of necessity that makes things difficult. And I think there are lots of things, too, that are coming out of it. Some people working at home, some people quitting their jobs… I don't know how they're doing it, honestly, but they are doing it. A lot of people are doing it, and they're really asking questions about why are we doing what we're doing. And I don't think they might have asked those questions without this experience. So, it is, I mean it's important to not say that, it's important to me to not say that, you know, there was a purpose, there was a purpose to all the suffering. 'Cause that makes me angry.

S: You haven't heard Robyn on this, I don't think, this is a pet peeve of hers. Pet peeve, pet peeve.

G: Livid, makes me livid. And I will say that there are sometimes things that will emerge from these difficult experiences that are valuable.

R: Yeah, I think that there's a significant line between looking at something that was hard and saying "that was horrible, and in the middle of that I was still able to find good things" and saying "that horrible thing happened so I could find these good things in it." The second one, like, that is not how my God works, I'm really certain that is not how the God of Abraham, Isaac, and Jesus works.

G: I have a whole rant on that that I'm going to save for another time but it's a whole, I just don't, I just don't buy that. And, like I said, good things, you can rescue good things out of the shit, sorry, you can rescue good things, and that's what I feel like I've done from the AIDS epidemic. I mean, like I said, I don't ever want it to happen again. And if I could choose for it not to happen, I would, even if it took away all of this stuff, all of this story and this experience and this community that I experienced and this opportunity to be of service, and these amazing people

that I watched die, that I valued. I would, in an instant, I'd be like nah, let it never happen. That's cool, that's fine, that's the thing. I'm not going to position it as you know, it happened in order for me to have this, or for us to have this, or for us to learn this. I'm not going to do this ever.

R: Do you remember the moment when you looked around and you really knew, that the AIDS, not just intellectually, but really knew inside yourself, that the AIDS epidemic, had stopped being an epidemic, at least had changed in how it was?

G: I do! I do remember it, and I remember it as this moment. I'll never forget it. You know, 'cause, and I, that, that shift was, like I said, right around '96. And it was the kind of thing that we started talking about, that people were like "oh my God, these new medications, holy cow!" And we were like, we've heard this before, the new medications that will work miracles, whatever. I don't believe it.

R: Second verse, just like the first.

G: That's right, like come on man, I've heard this before.

S: Yeah.

G: And I remember it was a date where I heard it first…

R: Mmm!

G: A date that didn't go anywhere. But… which is a pity, because he was real cute… Anyway, and he told me, and I was like "come on man, really, is this going to be another, you know, baloney 'this is going to change everything'?" And I was like, you're crazy. Maybe that's why we didn't work. Anyway, so, but then we started seeing it with our own eyes. Like, there was a guy in the chorus, I was in a huge gay men's chorus in Seattle for most of the '90s. And we saw a lot of guys get sick, we saw a lot guys die. We saw, yeah. But there was this one guy, who, like, was in a wheelchair, couldn't walk anymore, couldn't see anymore – he

had CMV retinitis – you know, just like, he will not make it to winter, we just knew. And then he went away for a bit, and we were like, I hope he's ok… And a few months later I went to rehearsal, and there was a new guy there. And I was like, who is that guy, do you know that guy? And they're like [whispering] "dude, that's so and so!" Did not recognize him. I had only known him sick, and I did not recognize him healthy.

S: Lazarus, right, wasn't that what they used to call it?

G: Boom, totally. That's what they called it at the time.

S: Right

R: Yeah

G: The Lazarus effect. Just boom! And that's when we all started thinking, oh, no, this is real! This is the real thing! And I remember… and I we all experienced it together in our little bits and pieces. And I remember when Benaroya Hall, which is the big sort of performance hall, performing arts hall in downtown Seattle, it had been built, and then it opened and we were one of the acts that was booked to open Benaroya. And we prepared the, a setting of the poem from World War I, "They Will Grow Not Old, As We That Are Left Grow Old"

R: Yep, Flanders Field

S: Ooh…

G: And we sang that on that stage and I think it was 1997 or 98 and we all knew, that that was, that that was the end. That was when everything changed. God, it still kills me! You know, 'cause the words are:
As we that are left grow old, age shall not weary them, not the years condemn. At the going down of the sun, and in the morning, we will remember them.

And we all knew, we all, 200 of us stood on that stage, and felt it sweeping through us, that that whole season of the epidemic was over, the worst of it, for us. For us. For, you know, gay men in urban areas. I'm not going to say for anybody else. But for us, that's when it was over. Yeah. And I don't know, like I said, that everybody experiences that. Some people, it's just a shading, that you from one thing to the next and before you know it it's like, oh look, things are really different. But for me and for us it was a very clear moment of goodbye to those years.

R: Thank you, yeah, thank you.

G: yeah, thank you.

R: The last question I have, because the other striking parallel I see, in part, because I think we are all slightly generally overwhelmed by an enormous problem, is the need to remain willing to care. Do you have any wisdom about that willingness and to both maintain it for yourself but also to cultivate that within a community?

G: So here's my thing! [laughing] The truth is I don't always care.

[everyone laughing]

G: But it is, it is my duty, it is incumbent upon me to continue to perform care, even when I don't feel it. And often that leads to feeling care.

S: But that, that right there, speaking of the basics of Christianity

G: yeah

S: That's what actual love is, not Valentine's Day, not "I love ice cream" love, like, whatever. That is actually love, is to continue to keep going in acts of care until you care again.

G: Mhmm

R: Yeah

S: That seems like, that's the foundation of Christianity to me, in my mind.

G: And you cultivate the willingness I think by experiencing care and experiencing the value of caring for someone else and the life giving quality of that, the complexity of that. You know, that's how you stay willing. But, man, yeah, there are…

R: It is hard some days

G: It is HARD, it is so hard. And I mean, I look, look, can we talk? As a priest there are lots of very important, very meaningful things that I do that I love, because I was called to this work. And I don't want to do it all the time. I don't want to do it, you know. There's lots of things. I don't always want to worship. I don't always want to lead meetings. I don't want to, you know, nurture volunteers, I don't want to care about people, especially very very emotionally quirky and manipulative people that nevertheless need my care. I don't want to do a lot of that stuff, I just don't. And so a good, you know, a good portion of my ministry is doing care that I don't feel. And it, because ultimately it matters. There was, there was this guy, and you can, this is just a little story to illustrate, there are lots of things to talk about in it. But this guy who was like, we were talking about charity, you know, giving, giving to people whether it's food or time, or whatever. And we were talking about motivation, you know, I don't know what my motivation is, like, am I doing it because I want to be seen as loving, am I doing it because I want to feel good about it but I don't care how to other person is receiving it. And some of these are really good questions. But there was one guy who was like, okay, look, the guy who's hungry, who's getting the food you're giving him, doesn't care about your motivation.

R: No.

S: That's right.

G: He doesn’t care about your motivation. He’s hungry, he needs food, you give it to him. You’ve done your job. You worry about your motivation on your own time. And that’s… not always, sometimes of course I have all kinds of feelings of compassion and the desire to accompany and all of those things. But ultimately, the person who needs care doesn’t always care what your motivation is. Or whether you feel it in the depths of your heart. You just do it. And they often get the, they what they need, they get what they want. And that is okay. That is the good enough priest.

R: One of the things, and you’ve talked a little bit about how maybe this wasn’t your year-to-year experience of the AIDS pandemic, but one of the parallels that exists between these two pandemics, because they are both massive health crises, is an enormity of loss and grief. Do you have any wisdom for people who will be walking into that for possibly the first time in their life? You don’t have to, but…

G: You know, I’ve said this before, but I’ll say it again. One of the reasons that I believe in the resurrection is that Christ rose with his scars.

R: Yeah

G: If he hadn’t, if he had sort of come out with a new perfect body, completely unmarked by his experiences, by the violence that he endured, by his death, I wouldn’t buy that, I’d just be like, I don’t need that. [laughs] Because, I’ll tell you what, I carry scars. And that’s, they just are. They just are what they are. They don’t hurt anymore, for the most part, but they are, they’re mine. Because I bore them, I endured them. And that, to me, that’s a good a metaphor for grief as any. It’s that it is what it is, it has its own story for you, depending on what you lost, how you felt about it, and what your heart is like in those days and weeks and years. Ultimately, it’s a scar that you carry, and it’s part of our humanity. It’s, it never goes away. It doesn’t affect you every day, but it never goes away. And a lot of people have said that about grief, I didn’t make that up. But like I said, the persistence

of the marks of our suffering as part of our story is one of the reasons that I buy this whole Christianity thing, this whole Jesus thing. So it's part of my faith, and part of that is grief, and loss.

[music interlude]

S: Thank you for joining us for this conversation about faith and disability. We encourage you to find local conversation partners about everything we've talked about in today's podcast, and we hope it's been helpful to you in your conversations about the pandemic, faith, illness, and disability. A special thank you to today's guest, Gabriel Lamazares.

So Robyn, as we wrap up this conversation, what are some things that stand out from this conversation?

R: Several things stand out from this conversation. One, it's worth noting that we recorded this in early to mid-December, so really like before the whole Omicron wave was a thing, at least in North America. And we came back and we're finishing it in January. And I remembered as I was doing some of the editing on this, texting and being like, the conversation about vaccination and the unvaccinated and the tension with that and protecting people's health and our ability to function well in society, that tension just feels so present, you know, so much later, in life, and in the pandemic. And that could be its own episode, I suspect

S: Right

R: But that, that felt very real to me.

S: Yeah, as we go along and we record episodes that mention the pandemic and there is no such thing as an Accessible Altar episode that has been recorded in non-pandemic times.

R: Yes! Someday.

S: Every time we mention it…

R: Someday.

S: Yes, someday, that's a dream of ours. But every time we mention the pandemic, whether we talk about it extensively, or just in passing, every time an episode airs where we're at a different place and yet the same themes keep coming up as time goes on.

R: Yeah, yeah. And then the other one that really stood out to me, and I remember that, like, Gabe left, and we were still on the call together, and just turning to each other and being like, amazed at how theology, especially at the end of the episode, is like a direct through-line with our previous episode, with The Disabled God. Which we had not queued up, he had not heard that episode, there's just this beautiful symmetry there though.

S: Right. I mean, we had not talked about those issues in particular in the sort of pre-interview interview. I mean, I had had a conversation with him to talk about possible themes and questions we might have the week before we did the interview. But I don't think any of those things came up exactly like that. And it's just… it's a good illustration of, I think, of the experiences that people have when they're dealing with faith and illness, and grief, and suffering, and the kinds of things that are said that really don't represent people's experiences. So I loved when he talked about, you know, just because you're going through a bad thing and you found good in it doesn't mean the good thing happened, or the bad thing happened so the good stuff could happen. That was great, and like you said, that's right in line with our discussion of The Disabled God. And then also what he said about the resurrected Christ being wounded, and scarred, and carrying his scars forward. Same thing, coming at it from a different set of experiences, but still reaching that same conclusion about what that means.

R: I think it's one of the signs that good disability theology is just good theology.

S: Yes.

R: Like, it's actually just good for everyone, to know, and to be able to articulate, and to hear articulated well.

S: Yes. That is just like good accessibility.

R: Yeah

S: Accessible design is good for everybody.

R: It's just good for everybody. I was gonna say, I feel like this is a subtle but definitely reoccurring theme in a lot of the conversations we have had and will have.

S: The only other thing that I was thinking, um, I just recently listened to this episode a second time, as I'm getting ready to transcribe it, and the only other thing I was thinking is I thought… I just want to say thank you again to Gabe, for what I thought was a really moving, and thoughtful look at the experience of the AIDS epidemic, um, within, like he kept saying, a certain component of the gay community, by no means representative of everyone's experience, but the experience that he had as a member of that community, and what it was like to be there at that time. I was listening to it and I thought, this is a really important thing, telling the history, and for people to be aware, it helps to know the patterns that show up in crises, that some things have happened before, so that when they happen again you have a sense that this is not new. Which can be both disturbing but also comforting sometimes. But I appreciated his discussion of what that time was like and just a look at the history for those of us who may not have known as much about it.

[music interlude]

R: You have been listening to The Accessible Altar: a podcast at the intersection of faith and disability hosted by Robyn King and Stephanie Shockley. We record on the tradition land of the Leni Lenape and Treaty 6 territory.

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