SUPPORTING EFFECTIVE INTERVENTIONS, ADVOCACY AND POLICY WORK ON BEHALF OF YOUNG BLACK MSM LEADERS

June 14-16, 2015 Columbia University Mailman School of Public Health New York, NY

Devin Barrington-Ward

6-16-15

Artel:

The HIV epidemic is devastating black men who have sex with men. HIV prevalence is estimated at 32% among BMSM.

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A strategic convening with young black MSM leaders was held June 14-16, 2015, at the Columbia University Mailman School of Public Health in New York City.

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To give some background, in June of 2014, the M•A•C AIDS Fund supported the Mailman School of Public Health at Columbia University to conduct a desk review of the context of the HIV epidemic among black men who have sex with men (BMSM) in the United States. The review was based on interviews, analysis of research, and government philanthropic interventions. It indicated that there were particular leadership access and advocacy issues for young men aged 35 and younger. As a result of this review, a convening was held a year later, June 14-16, at the Mailman School of Public Health. The convening was a collaboration between 24 YBMSM leaders from throughout the United

States, the M•A•C AIDS Fund, the Mailman School of Public Health at Columbia University, and The Foundation for AIDS Research (amFAR).

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I'm Sabrina Artel, and I spoke with some of the young leaders at the convening. The 24 young leaders all work on HIV/AIDS advocacy in some capacity. This includes direct services provision, research, policy work, organizing, grants management, the arts, and faith-based work.

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Devin Barrington-Ward is an independent consulting committing to advancing social justice causes, ending health disparities for marginalized communities, and achieving racial equity. Devin serves in numerous roles including as a consultant with Treatment Action Group, Domestic Advocacy partner with AVAC, and Vice Board of Chair of CNAC, advocates for black gay men. In 2012, while serving as Chief of Staff to State Representative Waites, Devin worked with legislators and HIV advocates from across Georgia to eliminate the waiting list for the AIDS Drug Assistance Program by successfully putting pressure on state leaders to increase its funding.

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Devin has worked with the Georgia Legislative Black Caucus, the largest caucus of black legislators in the country, to host a series of symposiums and summits aimed at increasing the knowledge of the HIV epidemic among state legislators. These summits and symposiums have led to the introduction of several pieces of legislation aimed at improving HIV and sexual health in Georgia, including House Bill 436, a measure signed by the governor in May of 2015 that will increase HIV and syphilis testing in the state.

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Devin:

Hello. I'm Devin Barrington-Ward, strategist, advocate, speaker training.

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And so, I started, I guess, my journey in social justice work as a teenager in high school. I got involved with the Speech and Debate Team at my high school, and I got a lot of national awards and local awards, won competitions. But my desire to not make these things just theories that we're debating out with other students, but actually work to address some of the things that I was talking about. So, I created my own political organization called the Young Political Leaders of America in my high school, and I also served as the SGA President as well.

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And so, kind of the work that I did was getting folks involved ... our high school was involved in the political process, having our school board members come and speak with us; local elected officials – I hosted a congressional debate during a hotly contested Democratic primary that was getting a lot of national buzz. Because of that, it just kind of opened doors for me, and I started working on campaigns, serving as a canvasser, and I got my first really big gig managing a campaign at 18, fresh out of high school.

Artel:

And where was this?

Devin:

This was in Atlanta. This was in the suburban area of Atlanta, in Lithonia in Rockdale County in DeKalb. And we won the primary and we won the general election. And later, I went on to serve as one of the youngest chiefs of staff in Georgia State Senate history in 2009, and I was 19 at the time.

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And so, that really opened doors for me. Again, I can just kind of see the trajectory of my life and just how blessed I've been to have some of these opportunities. But around that time when I was really growing in my political work is when I was noticing that many of my friends – fellow black gay men – were acquiring HIV at such an alarming rate, and it really hit me when my best friend became HIV+ and seroconverted. And because of that, seeing him go through the inability of being able to access services and access care, the stigma

and the shame that he had around his HIV status, really required for me to do something.

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And so, I recognized some years later that I had a skill set that was grossly under-represented in the HIV fight, particularly when we're talking about minority communities, in terms of really making sure that our elected officials and decision-makers know about the realities of what's going on as it pertains to the HIV epidemic in their communities.

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You know, my way of advocacy is, I definitely look at it from a state and local perspective in the sense that I think there are a lot of federal resources. We have the National HIV/AIDS Strategy; we have the Affordable Health Care Act. But on the state level, particularly in the southeast – states like Georgia, South Carolina, Florida, Mississippi, Louisiana, Alabama – those services and those policies are not represented there.

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And so, meeting with elected officials at the local level and saying, "Hey, you all have an obligation to your constituency to address this public health epidemic," but then also making folks in the community, particularly black gay men who are uniquely affected by this epidemic, that, "You are a taxpayer, you have a voice, and that your government has filed you, and the only way for them to see that they have a responsibility is for you to be visible and show up."

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Artel:

And what would be some examples of measures and bills that do make a difference, that shift that landscape so that people who are vulnerable to HIV have more protection?

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Devin:

Just recently, the work that I've been doing with the Georgia Legislative Black Caucus ... so, for the past two years I've been working with the Georgia Legislative Black Caucus, which is the largest caucus of black legislators in the entire country. They're even larger than the congressional delegation of black caucus members.

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And so, when working with them to host a series of summits, symposiums and public hearings, we actually hosted a public hearing in commemoration of National Black HIV/AIDS Awareness Day this past February. And so, a culmination of that work and educating legislators and decision makers about what's happening with HIV has resulted just in Georgia, on May 15 I believe, the governor signed – of this year – the governor signed House Bill 436, which is a measure that will require HIV and syphilis testing for pregnant women in the third trimester; and that it also removes the pre-counseling requirement, which often can serve as a barrier for doctors and physicians and emergency room in primary care settings to offer someone an HIV test.

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And so, New York, some years ago, removed the pre-counseling requirement and created an opt-out testing policy, and this legislation moves Georgia closer to something like that. And we know that testing is so, so important, because in terms of linking people to care and so that we can keep folks virally suppressed, which reduces their likelihood of passing along the virus to someone else, that step starts at testing.

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And so, in the southeast, we have to do a better job with testing, and this bill has done that.

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And so, I look at my work in HIV through the lens of advocacy and legislative work and working with elected officials as a means for us to move the needle on the epidemic, but I also value and recognize that there are so many approaches to the work. I'm just doing my one part. And really, what is

encouraging is, people, to find what's your part in whatever epidemic or whatever social ill is challenging your community; what's the part that you play in addressing that?

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I think, as a black gay man who is within the target for the epidemic, I am a part of a constituency that is the number 1 population for new cases of HIV. In a city like Atlanta, Emory University came out with a study and showed that if you're a black gay man under the age of 30, you have a 60% chance of acquiring HIV before your 30th birthday. And so, the numbers don't lie.

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And so, socializing in the community, I'm at a point where I know more men who are HIV+ than not. Me, being a negative black gay man, I oftentimes feel like I'm in the minority. But I also feel like I have an obligation as someone who is negative to uplift my own personal health and the health of other individuals who are negative or positive.

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And so, that's advocating for systemic change – so, addressing social determinants of health; making sure that there are policies in place that support people having access to more medication and PrEP, which is a prevention strategy, a pill that you take once a day to reduce your likelihood of contracting HIV. I take PrEP and am an outspoken advocate for PrEP.

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So, it's that systemic advocacy, but then it's also my own personal advocacy, which is, how do I treat my brothers? Do I stigmatize the people that are in the community that I'm dating, that I have friendships with, who could be HIV+ and I just not know about it; being cautious about my language; understanding that my own personal health is my responsibility, and my responsibility to remain negative is solely mine, and not putting that responsibility solely on someone who's positive.

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And so, it's a mixture of this large-level advocacy, but then my own personal politics in terms of how do I engage with other people in the community.

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The one thing I will say is that this convening and convenings like this allow me the opportunity to build camaraderie with people who are just as passionate about improving the community and addressing these epidemics and determinants of health. And so, that oftentimes ... I was lucky enough to, and lucky enough often, to see these folks regularly – at least every 3 to 2 months, where we're digging in our heels; we're talking about the epidemic in the south; we're talking about the plan to end HIV in New York and how we're moving the needle and how we can implement that in other areas of the country. But we're also having a drink together; we're also laughing together; we're sharing stories; we're talking about dating; we're talking about love; we're talking about the complex relationships that we oftentimes have with our families.

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And so, HIV, while unfortunately has decimated a community of black gay men – I mean, there are so many older black gay men that should be here but aren't because we as a country ignored their plight – but we are what's left, and we have a responsibility to uplift their legacy by not only doing the work, but treating each other well ... truly being my brother's keeper, in a sense.

Artel:

Thank you.

[END OF INTERVIEW]