Sabrina Artel Audio Stories Voices of Young Black Men about HIV/AIDS

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

Justin T. Rush 6-16-15

- Artel: The HIV epidemic is devastating black men who have sex with men. HIV prevalence is estimated at 32% among BMSM.
- [00:00:09] 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.
- [00:00:21] 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).
- [00:01:17] 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.

[00:01:36] Justin T. Rush currently serves as the Nicholas Rango Fellow for the National Alliance of State and Territorial AIDS Directors. Prior to that, he worked for years in policy, and has government experience. He served as a press secretary and senior advisor to New York State Senator José M. Serrano. He was a political consultant working in New York State and local politics. And he was also a Legal Fellow for the Mississippi Secretary of State's Policy and Research Division.

[00:02:05] In addition, Justin is a former CRIBB Fellow for National AIDS and Educational Services for Minorities, Inc. He has a degree in English and a Juris Doctor from the University of Mississippi.

[00:02:16] Justin also serves as the Chair of the Board of Directors for the CRIBB National Advocacy Coalition (CNAC).

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Rush: My name is Justin Rush, and I currently live in Washington, DC, but I was born and raised in Columbus, Mississippi.

[00:02:30] Why I think that the reason that incidence is so high among black MSMs, specifically young black MSM, because of the specific myriad inequities and injustices that we have to face on a day-to-day basis. So, let's just take my experience, for example. Being born and raised in Columbus, Mississippi, in a place that is highly religious in a small town of 28,000 people, you don't get much variations in viewpoints. And the stigma that I have had to face growing up as a young black male of color who was articulate and who enjoyed going to school and getting grades – that wasn't the idea of masculinity that my

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community had for me, and as I didn't fall in line with what my community thought who and what I should be, that I kept experiencing these inequities. So, I wasn't black enough because I apparently talked just like I was white – I wanted to be white because I spoke proper English; I wasn't masculine enough, so that left me out of spaces when it concerned other boys and on playgrounds and on the football team; pledging a fraternity; being a somewhat undercover black male trying to pledge a black Greek lettered fraternity.

- [00:03:39] I wasn't bodied enough [LAUGHTER] in the gay community, so the unrealistic pressure that we put on ourselves in regards to our physical appearance. I'm dark-skinned, so that is ... colorism that exists within the black community against individuals who are very clearly African in descent vs. those who are lighter-skinned, fair ... fair-skinned with curly hair.
- [00:04:05] So, I experienced so many different things on a day-to-day basis and throughout my entire life, and I think that those things – the colorism, the homophobia, the racism, the heterosexism – all of those things together make a ... a perfect ... perfect storm of us being more susceptible to HIV incidence within our community.

Artel: And Justin, how did you become involved, and then why?

Rush: I became involved about four years ago. Four or five years ago I joined a CRIBB fellowship, so it's "Creating Responsible and Independent Black Brothers." I joined a fellowship to that program, and the reason that I had an interest in HIV is, at the time my partner/boyfriend ... his mother was diagnosed with AIDS, and over the course of four years and over the course of our relationship she went from being a ... a very functional individual to where she was just a ... she was really kind of a caricature of herself at the end, and it was a very sad and scary process to watch her go through that, and to ... to have cancers and deal with her immune system basically breaking down. And that's when I ... I had an interest in HIV.

- [00:05:15] And so, I became a part of the fellowship, and then I would ... went and did a lot of LGBT work.
- [00:05:20] And then, around 2011, I had an uncle on my ... my mother's side who was prosecuted under an HIV criminalization statute in the state of Illinois, and because I have a background in policy and advocacy and legislative affairs, that's when my interest in HIV policy and advocacy was birthed. Watching him deal with his attorneys and them not knowing anything about HIV or anything about the science, and hearing it referred to as ... in a way that was very kind of 1980s, 1990s, because they were so far behind everything ... and that's when I kind of realized that there was such a disconnect between the information that's within the HIV community and the larger community. Health literacy and literacy around HIV is so poor.
- [00:06:01] So, that's when I ... I really got my ... my desire to work in the field was kind of birthed.
- Artel: And how are you currently working in the field?
- Rush: Right now, I serve as the Nicholas Rango Fellow at the National Alliance of State and Territorial AIDS Directors. So, essentially what that means is, I oversee a portfolio for the organization of 13 jurisdictions that I provide direct technical assistance to in regards to moving the needle on HIV incidence in the black gay community. I also serve as a Board Chair and cofounder of CNAC. We go by "CNAC Advocates for Black Gay Men," and that's about pushing state and local policy and grassroots mobilization, and serving as a resource for healthcare delivery systems on the needs of black gay men.

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Artel: So, how important is it to control the narrative around this issue?

Rush: It's very important, because I feel like a lot of the work that I've done before I joined HIV specifically was interacting with members of the media. I served as a press secretary and senior advisor for a number of different entities. There is where I realized the importance of you being able to control what's being said about you ... you being able to control the work that you're doing ... you being able to control the narrative that is out there about you, because the media ... it plays a huge part in shaping how the world views X number of people.

[00:07:15] So, lots of people go to the news as their absolute source of not just entertainment, but of reliability when it comes to information. So, if we're not engaging members of the media as black gay men on a situation like Michael John occurs, when you have him being betrayed as this wild, dirty, Mandingo character, they're controlling how the world is viewing us; how the world is viewing black gay men; how the world is viewing HIV+ people, and unless we're engaging with them, they have complete control over that. We don't have control over our own story.

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Artel: Can you explain why Michael Johnson is so critical, so essential to really exemplify what you're talking about being in control of the narrative?

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Rush: Well, I think that for a lot of HIV activists, that wasn't the best case to have tried in regards to HIV criminalization. There was a number of different things with

that case that ... the facts really weren't ... didn't go over as well with people in the community because it wasn't the perfect case. It wasn't like ...

[00:08:15] You almost need the perfect innocent individual to have a perfect case, and just wasn't the ... the situation. But I think that this is a black man; this is a black man of dark skin; and he was being vilified in media. It didn't matter if ... if he passed HIV onto anybody else; it didn't matter if anybody else contracted HIV. What they saw was a big, tall, scary black man, and that really kind of controlled the narrative movement for it. He was tried ... That case was tried in the media well before that was ever tried in the courts, and I feel like a lot of what occurred in the media trickled over into the ... the jury's decision.

Artel: And what are the ... the portrayals, or the very dangerous stereotypes that play into racism, that play into homophobia, that ... that have to do with issues around, well, white supremacy?

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- Rush: Yeah. I think that it's easy to want to portray black men in the way that the media did, in the way that he was vilified and the way that he was talked about, and the way that he was treated. I feel like it's easy in a white supremacist society. For some people it's actually kind of gratifying to be able to ... to vilify a person in a way and to break them down. But it's always, when it's a black man that it occurs to ... that is a representation of the entire black community.
- [00:09:37] If that was a ... an Asian individual or a white male, I don't think that people would have walked away thinking that this is a typical ... typical black ... typical black gay man. "This is what they do. They are spreaders of the disease."

[00:09:50] I think that that was easy, and I think for some people it was gratifying to be able to have that played out in the public, which is ... again, I think it's so very important for us to control our own narratives because, if not, it ends up in the hands of individuals who know nothing about our experience, know nothing about our story, know nothing about the oppressions that we experience on a day-to-day basis, and the kind of exploit that in front of the entire world.

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- Artel:Do you feel that you want to elaborate about a connection between the BlackLives Matter movement and the movement to stop HIV?
- Rush: It's because ... When I talk to people all the time, I tell them, "I am a black person first." So, it could be potentially good to align with the Black Lives Matter. I think that is very important that people understand we feel like we have to say, "Black lives matter," because we have to affirm that our lives actually matter. I don't feel like an individual who was born and raised in Columbus, Mississippi, who has lived my entire life as a black man, that it's ... my life has been affirmed in a number of different spaces. I feel like I'm constantly being pushed out of spaces, or I'm constantly having to affirm my right to a space.
- [00:10:58] I feel like as part of the Black Lives Matters conversation and that was birthed by black women – I'm thinking black lesbians, if I'm being correct – I think that there's a conversation in there how black gay lives matter in Black Lives Matter; I want them to be a little bit more radical in the conversation, because I do think that there's a space for us to say, "Black Gay Lives Matter" just like "Black Lives Matter" – "All Black Lives Matter." So, I think there's an opportunity to mesh the two.

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[00:11:24] So, the life that I lived as a black gay man in Mississippi was very different than I would have probably lived as a ... just a black man in Mississippi. So, going to church three, four times a week and being in situations [sounds like that are not necessarily affirming of my existence, it's so weird to be an outlier of a minority of a minority. That was probably the hardest thing for me. I grew up incredibly alone as a child, or as an adolescent. But the fact that I was a black male and I could not connect to other people who looked like me because I was an outlier – I was a little bit too feminine – I was a little bit too proper – but I ... I was going through the same experiences of injustice and racism in a place like Mississippi. That loneliness is probably what drove a lot of the things that I experienced in regards to substance use, or mental health issues. It completely changed and shifted my narrative as to who I am as a person.

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Artel: Do you think it's important that there be more faith-based initiatives within the movement?

Rush: Absolutely. Let's just say we had a ... a recent request for funding that came out for the CDC. They were talking about training providers and training individuals who were providing services to black MSM – which is very, very important.

[00:12:45] But, in a place like Alabama, Mississippi, Louisiana, Texas, Georgia, you are never going to make strides with HIV unless you are actively engaging minority religious communities. There's just no way.

[00:13:00] So, if you think about a place like Columbus, Mississippi – 22,000 people; the nexus of the black experience for a lot of people is within their church. On Wednesdays you're going to Bible study. On Fridays you may have a fish fry. On Saturdays you have choir rehearsal. On Sundays you go to Sunday school and you go to church. That's four days a week. Your entire life ... your entire social structure is built around a religious entity. And when you are someone who is an outlier within your entire community in a small place, a rural place, and you still don't have a place where you can feel safe, that creates so many different mental health issues and self-esteem issues, and ... it really is at the heart of the issue within rural populations in the south, definitely.

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Artel: So, Justin, what do you envision for the future? What is the next step? And then, what do you envision beyond that?

Rush: I think we really have to occupy spaces that we're not typically occupying and having strategic partnerships within our own communities. So, there's absolutely no reason why major AIDS services organizations that serve black MSM or people of color are not partnering with the National Pan-Hellenic Council, which is a council for our black Greek lettered organizations – very historical organizations. I'm a member of one of them. We've been around for 100 years.

- [00:14:17] But there's no reason why we're not partnering with these individuals who have the infrastructure and the ability to advocate for black people as they've been doing for 100 years. We have to absolutely bust up conversations and make people uncomfortable.
- [00:14:29] So a lot of the problem within black communities is, there's things we just don't talk about. So say, for instance, we don't talk about the fact that a lot of us had an early sexual debut due to child molestation. We don't talk about that. There's lots of things that we just don't talk about in our community.

[00:14:43] I have an uncle who has HIV, but they never specifically refer to his condition as HIV. We have to bust up the conversation; we have to make people uncomfortable; we have to hold religious communities accountable because they ... Black people put millions of dollars into religious institutions; we have to hold them accountable for our health. We have to make sure that this is a space for free thought, and that they are investing in our health and our health literacy; and if not, then maybe we should focus our money elsewhere because we need to hold individuals accountable; we need to understand that we are consumers; and we need to understand that just as we spend money, we can take it away; and we need to recognize our collective bargaining power and operate with more ... from more of a system of power vs. being scattered to the wind and ... and doing things individually.

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Artel: And how do you see that happening?

Rush: I see that happening by..... In a Utopian world we would have massive funding streams towards behavioral health and mental health and faith-based initiatives. I also think that it's very important, which is what I advocate for, is state-based policy and advocacy. So, a lot of HIV advocacy and policy efforts have been on the federal level.

[00:15:59] Working with Congress, we're trying to lift the congressional ban on syringe exchanges; working to appropriate funds for Ryan White. And that's great, but there has to be a grassroots response to HIV; there has to be a statelevel response. So when you have states like Illinois proposing a 66% cut to HIV prevention programs and treatment for African American individuals, and places like Texas where they're trying to appropriate funds to abstinence-only education vs. HIV treatment and prevention, that's a problem. And there has to be a proactive response on the state level, not a reactive response like there was in Indiana to viral hepatitis and to HIV. There has to be state-based policy and advocacy working in tandem with grassroots organizing on the ground level and with federal policy, in order to have a comprehensive response in regards to policy and advocacy for HIV and AIDS.

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Artel: And Justin, do you have a message for someone that might be out there who's dealing with some of these issues and doesn't know where to turn?

- Rush: I would say that my story has been a ... a story of pushing through. So, there's been a number of different things that I have constantly had to push against and fight against. But the funny thing about it is, is that when the dust settles and this is my message to them "When the dust settles, when it's all said and done, you're not dead; you're still there; you're still very much so alive." And it's made me stronger. The things that I've had to experience ... the things that I have gone through across my 29 years of life they've been hard, but everything that I have done has to been to try to make myself better. And believe it or not, these things that I have faced has helped make me a better and much stronger person.
- [00:17:37] So, you know, the issues that you're going through they probably will never stop. The life that we live is a very hard life to live, but it makes you better, it makes you stronger, and you actually have the tools within yourself and within this community of people who are fighting for you every day – people that will hold your hand and help you walk through this process and this life.
- [00:17:57] So, people can reach me via Facebook, Justin T. Rush on Facebook. My personal e-mail address ... that's jrush.nys@gmail.com.

[00:18:09] Thank you so much for your time.

Artel: You're welcome.

[END OF INTERVIEW]