

**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**

**P. J. Moton**  
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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).

[00:01:12] 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.

[00:01:30] P. J. Moton is a 2013 graduate of Washington University's School of Social Work in St. Louis, Missouri, where he earned his Master of Social Work degree with a concentration in children, youth and families. His research was published in the February 2013 Journal of Healthcare for the Poor and Underserved, where he collaborated with Meharry Medical College and provided a culturally appropriate prostate cancer education intervention to low-income African American men.

[00:01:59] It was also in Nashville that P. J. became very active in the LGBT community. He began volunteering with Nashville's Mpowerment program, "Young Brothers United." P. J. has designed programs in the areas of college access, community mental health, community mobilization, and more.

[00:02:15] P. J. is currently Lead Coordinator at the United Black Ellument in Dallas, Texas. This is the third empowerment program P. J. has been involved with as he continues his journey in the career field of HIV AIDS education and awareness, which now spans over 6 years.

[00:02:31]

Moton: I'm P. J. Moton. I'm originally from Birmingham, Alabama, but I currently live in Dallas, Texas. By trade I'm a social worker. I got my Master's degree in Social Work with a concentration in children, youth and families, specializing in management, from Washington University in St. Louis. And so, from there, kind of coupling that with my undergrad degrees in psychology and sociology, I was trying to figure out what is it that I could do to create change, but also doing

something that I'm totally passionate about. And what better way to change the world than to start with my own community?

[00:03:04]           And so, with my community, the black same gender-loving community, specifically with males, we are the largest disproportionately affected population in regards to HIV and AIDS. And so, I do understand that HIV and AIDS, and its transmission and the way that it works, is more than just condomless sex. And so, it involves a number of social determinants of health, whether that's health inequality or whether that's one's self-worth, or whatever the case may be – mentally, emotional, sometimes even financial difficulties that can increase one's risk of transmitting or seroconverting to HIV+.

[00:03:42]           And so, in doing this work, I do kind of community-level work where I address the different things that individuals deal with throughout this journey – or, I guess, this trajectory – with their identifiers, which primarily the individuals I deal with identify as black gay, bisexual, or same gender-loving men – and young men, at that.

[00:04:03]           And so, to be a practitioner for me means that I am working in this field as an individual who may provide resources or also an individual who may do direct resources, because I do some small group therapies and sometimes individual therapies.

[00:04:18]

Artel:           P. J., what was this journey? You talk about ... you said, "What can I do to create change?" So, what is the change that's needed to really address HIV and AIDS?

Moton:           So, what led me into this work? I always knew since birth that I wanted to change people's lives for the better. I just didn't know how I was going to do that. I

started off in college as a Bio pre-med major; I thought that I was going to be a doctor, a neonatologist; change people's lives – you know, make sure that there are healthy babies everywhere. Eventually, that kind of evolved as I matriculated throughout undergrad and the different hard sciences and things of that nature kind of wiped me out, especially when I got to chemistry. But I'm glad I went through those things because on that journey I realized some of the things I could do more directly to effect change or to create change in the community at large – the population at large – but I thought, “What better way to do it than specifically with my community?”

[00:05:13] I just kind of started out as a volunteer in this field, and it kind of evolved over time through internships and through just personal experiences that kind of solidified the passion for this type of work.

[00:05:25] In addition, there's a lot of community-level things that are available in regards to HIV and AIDS that weren't available to myself as a young whippersnapper coming up into this field. And so, I wanted to solidify some of those things that could help out with making sure that we're addressing this epidemic effectively, and not just spending millions of dollars on ineffective practices.

[00:05:48] Our community is definitely not a monolithic society. Even though we have specific identifiers that bring us all together – shared ideas and shared values, we are substantially different. Like, even just in the black same gender-loving community, and even just with males, there's a whole spectrum of where an individual could fall. And so, understand that and not treating everybody the same – not tailoring a universal message to everybody in regards to HIV and AIDS – is very vital to making sure that you're providing effective programming or effective services.

[00:06:20]           And so, whereas I might identify as one subpopulation within the black same gender-loving community, I may be serving a bunch of different people who might not identify with the same things I identify, and would never go to the places I go. And so, it pushes me to kind of push the envelope with the way that this type of practice is done, whether it's outreach, whether it's providing direct services – just going out to the community. It's really important to kind of meet people where they are. I know that's kind of a cliché saying, but it's very important.

[00:06:50]           To be honest, being a black same gender-loving man, the lifestyle – I know a lot of people describe it as a different lifestyle, but it's really no different than any other lifestyle. I wake up, I go to the gym, I go to work, I do all these things. And so, that's important to realize when you're dealing with these guys, like, it's not a different lifestyle; it's not you're far-reaching and going to the trenches of somewhere else – Neverland or the Land of Oz to find these people. They're right in front of you, right behind you, right around you. And so, it's just all about taking time to slow down and pay attention to what's happening around you.

[00:07:22]           Of course, we do the traditional outreach at social venues like clubs and things of that nature, but it's also important to go to churches. There's a sense of home that individuals identify at church. We go to colleges and universities where individuals may just be going into their own independent trajectory of their lives, and so they might need some guidance from there to keep them from steering in the wrong direction.

[00:07:45]           So, it's not very much different than anybody else's lifestyle. I don't know why people always seem to try to make it seem like they're aliens from outer space that live in isolation camps somewhere.

[00:07:57]

Artel: If you could talk about the Empowerment program and some of the different projects that you're involved with ...

Moton: So, Empowerment is an evidence-based intervention. So, typically, evidence-based interventions – or “DEBIs” is what they like to call them – are the directly-funded programs. They're the proven interventions that work in regards to whatever health field or health disparity. And so, for HIV and AIDS, Empowerment is an approved DEBI program. Typically they're individual-level interventions, but this is a community-level intervention, and so it tackles it from a variety of different perspectives, including peer-to-peer information and things of that nature; promoting testing; promoting condom usage and distribution.

[00:08:38] And so, I run what is the United Black Ellument in Dallas, TX, and it's actually what the research developed. So when they developed the African American adaptation of this, they actually studied the program that I currently run, and published it from that information that they absorbed from my program. And so, it's kind of like all eyes on us all the time, so all of the different things that we do – new things that we try with Mpowerment when we tweak it and kind of make it what we need it to be – it's kind of like looked at and modeled in other different places. And so far, it's been really effective.

[00:09:09] So, I work with that, and I also do a lot of policy and advocacy work, working with the City Council in the area because of the HIV epidemic that exists in the Dallas-Ft. Worth area, as well as with the Texas legislature and Texas Public Health individuals who kind of address this on a more systemic level. I get my hands involved in a lot of different things. Let's just say I get very little sleep, but I really enjoy what I do and I take many vacations.

[00:09:39]

Artel: What is the effect on you as a practitioner, yourself a part of this community?

Moton: And so, I like to always illustrate that we are young individuals ... myself and my colleagues are young individuals working in this field I feel that typically directly affects us in some type of way, whether it's we have a positive partner or we're HIV+ ourselves. A lot of times there's a lot of shame and guilt that is coupled with doing this work. It's kind of like we're just heavily entrenched with it. We're listening to the prevention messages from our colleagues and things of that nature, but we're also trying to get this information out to people and trying to live full lives ourselves without having to worry about whether we are living a safer life, or whatever the case may be.

[00:10:21] So, it becomes scary, especially when you see individuals your age passing away from this because of lack of care, lack of information or resources. And so, it becomes very taxing on the mental capacity of individuals who work in this field. But again, like I said, I really focus a lot on self-care, and I kind of try to promote self-care with my colleagues and people I know who are a part of my community who work in the field as well. I like to encourage us to take plenty of vacations – like, even if I had to take a vacation with you in order to get you to do it. I like to encourage people to read and meditate and do all of these things that can keep us centered, because we can kind of get lost in the work, and a lot of times when you get lost in the work you become kind of immune to some of the things that happen. And sometimes, even, I like to call this idea of “vicarious trauma” or “occupational infection” – you know, doing the work for many, many years and then become infected yourself from being over-drenched with the information or of vicarious trauma that you experience through listening to guys' different traumatic struggles or experiences that they go through in their trajectory of life, and then become HIV+ or dealing with trying not to become HIV+. There's a lot of things that individuals can absorb. And many other practitioners, I'm sure can identify with those, especially in the mental health field.

[00:11:38]           And so, I like to promote self-care and self-help and all of these types of things.

[00:11:44]           So, typically what we see is a lot of learned behaviors that negatively affect one's perception of HIV and AIDS and things of that nature – testing, seeing a practitioner, seeing a doctor, getting tested regularly. You have a lot of things such as ...

[00:11:57]           So, I live in the south, and in the south it's substantially different than here in the northeast. And so, we have to address things on a very detailed level, whereas we go even and address some religious leaders and kind of get them on board with education and advocacy in regards to this because you'll have an individual who is so entrenched into their religious beliefs that they may not readily seek out services that might be beneficial to their physical body.

[00:12:24]           And so, a lot of times we have to address things that become very personal at times, such as religion – even getting political at times in what individuals stand for in regards to how is their gender affecting their life.

[00:12:36]           Surrounding mental health, there's other things such as self-worth; there's individuals who feel like they have to use their body in order to just live a sustained life because it's much easier to go out and create a relationship – whatever that relationship looks like – with somebody for some type of financial benefit. And so, you'll see those trends, but it's also a matter of making the narrative a more sex-positive narrative and not creating such a huge taboo that's kind of that learned behavior – especially in the south, creating such a huge taboo in regards to sex and sexual health.

[00:13:17]           And so, it's all about kind of tearing down stigma; it's all about addressing the more entrenched ideas that come from systems such as family and church.



[00:13:27] I think what's needed is more forums like what we're here for today, where individuals who are in the community or doing the work are actually talking to individuals who are funders to create more effective programming and more effective methods of addressing these things. A lot of times, it's outside communities coming in and doing what they feel is necessary, and excluding the individuals who are in the community doing the work, and kind of coming from a first-hand perspective to create something that actually works, as opposed to an outsider coming in with the "Mr. Fix-It" idea and feeling as if they know exactly what it is that those communities need.

[00:14:07]

Artel: Thank you so much.

[00:14:09] I'm speaking with P. J. Moton. Thank you again.

Moton: Absolutely. Thank you.

[END OF INTERVIEW]