



**DAVID FURNISH**

# FULLY COMMITTED TO THE FIGHT

## ...AND SOME ADVICE FOR THE NEW ADMINISTRATION

**A**s the chairman of the Elton John AIDS Foundation (EJAF), David Furnish is a leading advocate in the battle against HIV and AIDS. Launched 25 years ago by music icon Elton John, EJAF is one of the world's powerhouses fighting the epidemic. Based in both the United States and the United Kingdom, it has raised a total of more than \$350 million for the cause.

Furnish — who lives in London with Elton John, his husband, and their two sons — is also the chief executive officer of Rocket Entertainment, comprised of three enterprises: TV and theater production, artist management and sports management.

The Human Rights Campaign Foundation has been working closely with EJAF, the primary funder of the HRC Foundation's HIV 360° Fellowship Program which trains young nonprofit leaders who are working toward ending HIV. In an interview with *Equality* magazine, Furnish underscored a number of challenges ahead.

**In 1992, Elton launched his foundation in this country. What prompted him to do so?**

Without a doubt, it was the tragic death of young Ryan White in April of 1990

that motivated Elton to make several major changes in his life, including bringing better focus to his philanthropic efforts to end the AIDS epidemic by forming the Elton John AIDS Foundation.

Unfortunately, the stigma and discrimination that Ryan faced is still with us today. So, we continue to work hard to support and protect people living with and at-risk for HIV.

**What advice would you give young leaders working in their local communities to end the epidemic?**

Given the results of the recent elections, we all need to be diligent to ensure that access to treatment and prevention services remain a high priority and to constantly challenge discrimination against LGBT people.

The issues we face in addressing HIV are linked to issues confronting immigrants, sexual and reproductive health, and protecting human rights in our criminal justice systems. Therefore, we need to develop partnerships and collaborations with other like-minded organizations that may be approaching similar problems from a different perspective.

You don't need to "go it alone." Seek out mentors among experienced advocates and administrators from other social change programs. But above all,

stay focused on the goals and mission of your organization — you cannot be all things to all people. Stay focused, lean, and efficient.

**Your foundation is the largest HIV-related funder of programs for transgender people. Is there a common theme among groups working with the transgender population?**

Yes! The needs of transgender people are chronically overlooked, and I am so proud of our work with these communities.

Based on our experiences funding transgender advocacy and service organizations, we see an urgent need to simultaneously address both the legal rights and basic health needs of transgender people. We need to create systemic change through advocacy while also filling immediate gaps in access to treatment, prevention, care and services.

**Year after year, we hear about the high risk of HIV among gay and bisexual men of color in the southern United States.**

Gay and bisexual men of color in the South experience more acute racism, aggressive policing, social isolation, and

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poverty than elsewhere in the U.S. The challenges they face from racist and homophobic governments and institutions are what cause the higher rates of HIV infection.

Through the work and experiences of EJAF-funded organizations, I've learned the ways in which many southern states address the health needs of their citizens is a national embarrassment.

The subset of Southern states — Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas — that have higher rates of HIV disease are also the ones that have failed to expand Medicaid eligibility, and have overall poorer health outcomes, high poverty rates, an insufficient supply of medical

care providers, and some of the highest rates of HIV deaths in the U.S.

There is nothing unique or different about LGBT people in the South themselves that causes them to be at higher risk for HIV disease — it is the failure of their governments to meet their needs that puts them at risk.

### **Any advice for the Trump Administration on HIV and AIDS policy?**

There is tremendous opportunity for the U.S. to truly end the AIDS epidemic using all the tools we have right now at our disposal. But that will require increased investments in HIV testing, counseling, prevention, treatment and care. It requires access to healthcare for ALL. It requires access to drug rehabilitation, needle exchange and other harm reduction services for all who need them. It requires continuing efforts to reduce

the stigma and discrimination experienced by racial minorities, LGBT people, women and girls.

Our primary advice to the new Administration is to apply evidence-based approaches that we know work to reduce the risk of infection and keep people alive and well.

We are concerned about the rhetoric of the campaign that promoted racism, sexism and homophobia. We are concerned that the new Congress has made repealing Medicaid expansion and the Affordable Care Act their number one priority.

These are direct threats to the lives of people living with and at risk for HIV. Know that we are watching, and we are ready to take action. Together, we can end the AIDS epidemic once and for all — and that would really make America great! 🇺🇸

## **KEY FACTORS: FEAR, ACCESS & STIGMA**

**WE'RE ACTUALLY SEEING A LOT OF PROGRESS AGAINST HIV, BUT TOO MANY PEOPLE ARE STILL GETTING INFECTED AND STILL FALLING ILL WITH HIV. ...AT LEAST THREE ISSUES ARE DRIVING THE HIV EPIDEMIC:**



**“The first issue is fear of HIV, even now.** Too many people avoid talking about HIV, and too many people don't know that HIV is both preventable and manageable. People who are HIV-positive and know their HIV status, take daily treatment and have “undetectable” levels of virus in their blood, cannot infect their sexual partners.

“And for the uninfected (people who are HIV-negative), a daily pill — PrEP — is very effective in helping people prevent infection. People need to know that HIV treatment and PrEP are effective. The best way to end AIDS in our communities is to take an HIV test, and then get onto treatment if you test positive or consider using PrEP if you test negative.

### **“A second issue is access to services.**

People living with HIV, as well as people who have a greater risk of getting infected, often have really limited access to the key services they need to stay healthy, including health care, mental health services, drug treatment and harm reduction services, affordable housing, and HIV prevention support that includes condoms and access to PrEP.

“I've talked to young people who tell me they have a really hard time even getting condoms. And let's face it, talking about sex, especially right before you have it, is often difficult and counter-intuitive. That's why comprehensive sexual health education programs, including discussions on how to talk about sex and safer sex practices with your partner, are so important for young people — for ALL of us!

“Open and frank discussions about drug use are also difficult for most people today. Without the ability to get HIV prevention and sexual health information, support services, and high quality health care, it's very hard to stay safe and stay well.

### **“The third issue is stigma and discrimination.**

Even when services are available, at EJAF, we still hear countless stories from gay men, transgender people, people who use drugs, sex workers and poor women of color about how they are so often mistreated as they try to seek out HIV testing, health care, education and other services they need to stay healthy.



“The last thing you want when you see the doctor is to feel disrespected because you are gay or transgender or use drugs or engage in survival sex work.”

**— David Furnish**