

Dunkan MacLean

[00:00:00]

PARTICIPANT: My partner will laugh when I say I'm a Cheshire boy, 'cos I'm actually from Stockport. This is before the metropolitan area and Stockport was classed as Greater Manchester, so we have a little personal joke about that. I always say I'm from Cheshire. Fairly average family, my mum was a teacher, secondary school teacher, as was my grandmother, and I was raised by my grandmother, my father left home when I was two, so it was a very matriarchal family. I was born in the 60s, and I suppose my informative years were the late 70s, early 80s, and then definitely leading into the 90s.

[00:00:49]

INTERVIEWER: Okay, great. When did you first hear about this thing called HIV?

PARTICIPANT: School. It was the tail-end of, as I recall, my sex education in secondary school. This was 'round about the time the John Hurt advert with the iceberg, just at the time when I was questioning my own sexuality as well. I remember the— particularly the tombstone advert having a really, really big impact on me. It coincided with an incident that happened at school where there were— we'd had a sexual health lesson, I think they called it 'Health Studies' euphemistically, and it was taken by our PE teacher at the school, and there was a class of about thirty boys, and I remember the teacher saying very briefly that statistically, one in ten of the pupils would turn out to be “queer”. Not ‘gay’, but “queer”, and those were his words. At which point, me and my best friend shot each other a look, because we kind of suspected about ourselves and then we were scanning around the room to see who the other boy would be, because with those statistics, there would be at least three of us in the room.

And 'round about the same time as well, the acronym for ‘gay’ that was commonly sort of starting up was 'Got AIDS Yet?' which, when you're questioning your own sexuality at the time, is quite devastating to hear, particularly with the really negative media hype about what this disease was, nobody really knew it was, nobody really knew properly how you could contract it. There was still a lot of stuff going 'round. I remember, I think there was a I think an incident at the time where either The Mail or the main papers had run an article where they'd removed combs from parliament in the gentlemen's restrooms there because there was a fear that the combs might spread HIV in parliament, so you were combatting that just at the time when you were questioning your own sexuality.

[00:03:38]

INTERVIEWER: What was covered in the sexual health lesson?

PARTICIPANT: [laughs] Do you know, it's funny, 'cos there's only little things that kind of stick out. I remember us watching this film, that I think was probably filmed sort of mid-80s. We were still using resources that had been filmed and put together probably in the late 60s, mid-70s.

If you remember, there was a famous book in the 70s called 'The Joy of Sex' which was very controversial. It was a bearded man, it was mostly drawn, and I remember there was a film that we watched that was very similar to that in its style, so it was obviously something from the 70s, but it was very much focussing around heterosexual sex. A lot of biological diagrams, as opposed to any talk about the emotions that you'd associate with sex, or with relationships.

There was nothing I remember about relationship building. Particularly the line from our teacher, who was our PE teacher, who took the lesson, had made references to queers rather than gays, and the statistics that he threw at us now and again. And I remember at one point as well there was quite a camp lad in our class who people widely assumed was gay and the teacher actually picked on him a couple of times and said, "Yeah," kept on making references, "Well that was probably you." I won't say his name. And ironically, I've seen him out, he's been quite an active campaigner in Manchester since then. We spoke about that a while ago and part of our influence as to why we became involved in sexual health and the campaigning are our experiences at school and the experiences of the time, being the generation that grew up just as this mysterious disease was breaking the headlines.

[00:06:02]

INTERVIEWER: Great. I've got to find another pen.

PARTICIPANT: Okay. I can have a sip of my coffee.

[00:06:13]

INTERVIEWER: I'd never heard that about 'gay', about the acronym.

PARTICIPANT: Yeah, it was a very, you have to be of a certain generation to remember that.

[break] [00:06:28]

[00:06:31]

INTERVIEWER: But that's all really interesting. Like, yeah. Okay, so sorry about that.

PARTICIPANT: It's all right.

[00:06:45]

INTERVIEWER: So you mentioned the 'Don't Die of Ignorance' campaign, the government campaign. Do you remember first seeing it? What were your first feelings when you saw it and heard it?

PARTICIPANT: I was trying to remember whether instance was on the television or whether it was actually the leaflet drop, 'cos as I recall, the government basically stuck a leaflet through every single person's letterbox. And I lived with my

grandmother at the time, and sex was not something you discussed with your grandmother! [laughs] And I think my parents, or my parent were quite happy for all the sex education to happen through school. But I do remember finding the leaflet hidden in a drawer, and my grandmother had used it as a bookmark in a bible! [laughs] Ironically. And to this day, it was one of the things I really wish I'd asked her, whether it was her being ironic or whether she was putting it in the bible for some reason. She wasn't overtly a religious person, she probably thought it was the last place I'd look [laughs]. Hopefully!

I remember particularly as a teenager, if the advert came on television, because at the time I was, as I say, questioning my own sexuality, had been really uncomfortable if either my mum or my gran, when it was on, I felt like there were eyes burrowing into the back of my head 'cos they were looking at me for a reaction. I suppose at that age, you do go through a lot of that, I mean, even if you see a wildlife programme, a Richard Attenborough programme, and the animals start having sex on that, you feel uncomfortable if your parents are in the room, but at the time, I think I had a heightened sense of oversensitivity to it, because I was afraid that I was giving away something about myself. And as it turns out, it was my grandmother who kind of guessed my sexuality before my mum did and they had a massive row about it. And myself and my mum didn't speak probably for about two months as a result.

[00:09:21]

INTERVIEWER: What was the, if you're comfortable, the row between them about? Was one more supportive and the other not?

PARTICIPANT: So the confusing thing, I suppose, for them was I'd had a couple of girlfriends at school and then I'd gone away on a trip with some friends. We'd gone down for a day trip in Chester, and I met a guy there, about my age, and it was around about the same that I'd started going to Manchester Gay Centre as it was then. And this friend and I came back to my house on Saturday, and he was, you know, he was quite camp, quite feminine, I thought he was brilliant, 'cos he was larger than life and so the opposite of me, I was kind of like a very introvert, kind of laddish...bookworm? if those combine, and he was larger than life and fun to be around with, and my gran probably took one look at him, and went, "Yeah." [laughs]

Rang my mother, and I remember overhearing part of the conversation 'cos she said, "You would not believe the creature, that," —the creature' — "that Duncan has brought home. Do you know who he's associating with?" And my gran, even when I was a teenager, had a habit of spelling words that she didn't want me to understand. For God's sake, I was 17, 16, 17 years old, so I could spell 'queer' thank you very much. So I remember her down the phone going, "I think he's a [lowering voice] Q-U-E-E-R." And next thing, my grandmother said, "Your mother wants to speak to you."

And so I was handed the phone, and it was the old Bakelite kind of phones that, if you put the receiver down, you had to wait for the other person to hang up as well, otherwise, when you picked the receiver up, they would still be there. So dramatically hanging up on somebody was not an option sometimes. So my mum just over the phone said, "Is it true, are you queer?" And I think I threw, tried to throw something

back and I was, "Well, actually, the correct terminology is 'gay'." To which she paused and said, "Actually, the proper terminology is 'homosexual'." At which point I slammed the phone down, and I could hear the phone click and I picked up the receiver up and she's still there, shouting at me. So I just put the phone down and ran off to my room and yeah, it was an unpleasant few weeks.

[00:11:56]

INTERVIEWER: Mm. Okay. You mentioned the media hype around AIDS or whatever it was called initially. I was wondering if you could say a little more about that and the kind of, and as well you mentioned the difficulty of coming out in that context when gay was so strongly associated with HIV and maybe talk a little bit about the impact of maybe, I don't know if that had a psychological impact on you, or, in terms of media coverage, how that impacted on you feeling comfortable with who you were, that kind of thing.

PARTICIPANT: Yeah. I think one of the things that stuck out on my mind, particularly was when Rock Hudson died. And again, this 'round about the time I was questioning my own sexuality. And again, my grandmother [laughs] ironically had three people that she always stated that she admired or that I think she secretly quite fancied were Rock Hudson, Freddie Mercury and Elton John [laughs]. [through laughter] So, even though she was fairly anti-gay, at the time, I think she was probably attracted to a certain type of man. But the Rock Hudson thing, I remember at the time was very much the, there was lots of jokes going on, around him and this disease that he'd died of, and the media picked up on that and they just sort of ran with it for weeks and weeks and weeks, and they were...[tails off] I remember reading again, I think it was The Mail, it was either The Mail or The Mail on Sunday because they were the papers that my grandmother bought, just story after story about his personal life and then trying to drag other friends that he was associated through.

The media changed as well, I think, in terms of, I remember growing up in the 70s and sort of early 80s before this kind of all exploded, and television had started to get a little braver in terms of some of the subject matter that it would discuss. Particularly the programmes like Grange Hill. So in my teenage years they were running the story where one of the pupils was a heroin addict, and it was about all the drug addiction and gambling. They did a story about sexual exploitation. So I was really geared up that, "Ooh, any minute now, they're gonna explore something about sexuality." And I think it was buried in the media, they were absolutely paralysed. There was a fear to discuss anything around HIV, anything...nobody even referred to HIV in those days, it was all 'AIDS' and 'the gay cancer', it was all negative, and no positives.

But this was a period where there was little, no treatment. It was a death sentence. And even the media campaigns were basically very much, 'If you get this, you will die.' Just at a time when I'm coming out! And it was frightening. It kind of really was. It made what should have been, I suppose, a joyous and wonderful time of your life, sort of as a late teen, going out and exploring and making mistakes and falling in love, of just being petrified. Of having any sort of contact with anyone, and you still weren't entirely sure whether kissing someone was safe to do. It was well, you know

started [00:16:14] [missed] kissing is safe, but what type of kissing? Kissing on the cheek? Kissing on the lips? With the tongue down the throat? What if there's saliva? What if they've got bad teeth? What if they've got gingivitis? And all these things are going through your mind, and it's really holding you back.

[00:16:35]

INTERVIEWER: Okay. You mentioned The Gay Centre. Do you remember the first time you went there?

PARTICIPANT: [laughs] Yeah, vividly! Yes, I do remember the first time I went to The Gay Centre. So I wasn't long out. I realised that I had no gay friends, apart from one. And he suggested, "Oh, do you know this group in Manchester?" And I thought, "Great. Manchester. It's away from Stockport, so nobody will know me." And he told me where it was, and I'd actually been to Bloom Street before, to go on excursions around, sort of circle round the Gay Village, sort of like, almost you know, just sussing the area out. And I decided to go. There was a group that they used to run called Icebreakers, which was on Wednesday night. And I was 17, and I had the address. In those days, The Gay Centre was on Bloom Street, it was in a cellar office bang opposite New York, New York, and I remember walking 'round the block about three times, circling this door, and every time I circled, I was kind of like, "Is there somebody there?" And on the third approach to the door, there was a guy walking down the street, and he kind of looked at me as I walked past and it was a bit more than a look, it was a kind of, "Mm." It was a look of recognition. And at that point it was, I remember thinking, "I just wanna run. I just can't do this all again." And as I walked past him, I just heard him quite nicely say, "Excuse me, are you here for Icebreakers?" And I kind of froze, turned 'round and said, "Yes. I'm not sure which door it is." And he was one of the volunteers there. A guy I remember quite fondly called Tony. Got in, and [laughing] there was somebody that I knew there from school! Which kind of terrified me and reassured me at the same time. I had no idea what to expect. And as it turned out, we had a little bit of a joke and laugh about walking 'round the block because every single person that goes to that group for the first time did exactly the same thing.

[Break]

[00:19:14]

[00:19:35]

INTERVIEWER: I feel like I've done that at some point, like, kind of scouted out something.

PARTICIPANT: Hm, we've all done it! [laughs]

[Break]

[00:19:45]

[00:20:12]

INTERVIEWER: So, could you tell me how, what happened in that first session? Do you remember?

PARTICIPANT: Nothing very exciting! [laughs] But I think that was the whole point. It was, as I recall, in that first- because I was absolutely terrified, 'cos I kind of think I walked into the room, and there were about six people there, as I say, one of them who I vaguely knew from my hometown and my school, and we just chatted, had a cup of tea, just got to know each other, it was just very much a relaxing social group. It was volunteer-led, so there was a couple of volunteers there that worked at the gay centre. They'd been doing it for a number of years or a number of months. After the session, we then had the option to go to The Rembrandt. Upstairs on a Wednesday, [microphone falling] which ooh, sorry, the microphone's just dropped there.

[00:21:22]

INTERVIEWER: No worries. Got it?

PARTICIPANT: Yeah.

[00:21:31]

INTERVIEWER: I think they've been- they're fairly robust, those things, so...I'll just check the level again. I think it's okay.

PARTICIPANT: You can edit that bit. Where was I? Yeah, we used to go to, after the group we used to go to the upstairs in The Rembrandt, which was euphemistically referred to as 'Tranny Night' as well because a lot of transsexual men would be up there, so it was a very kind of eclectic mix of people for your introduction to the gay scene. And my vividest memory of going into the bar —and it wasn't the first gay bar I'd been in— but as I walked in, I turned and talked to one of my friends, and didn't notice somebody coming out. And it was one of the old leather queens with big handlebar moustache and [00:22:34] [missed] cap and full leathers. It was quite interesting being out on a Wednesday night like that, but never mind. And I bumped into him and I scuffed his shoe. And he was a bit taller than me, and I remember thinking, "Ah, he's gonna smack me, I'm gonna get battered now," still having that kind of heterosexual pub mentality and I kind of looked up and was, [adopting higher-pitched voice] "Oh, I'm really sorry, er, er, er," and he was, "It's all right, love. Don't worry about it." And from that point, the whole evening, I was just, "Great." I feel like I'm a lot [laughing] more relaxed compared to what it was like when I first came out.

[00:23:13]

INTERVIEWER: So, how did you start getting involved with the centre? 'Cos you said that, did you start volunteering there?

PARTICIPANT: Yes. Yep. And a lot of people go through this, particularly when they've received a service that they feel that has benefitted them, that you feel the

need to give something back. And I was still very young at the time, I think I was the probably, the youngest member of that particular group. Icebreakers had a rule at the time that, I think you could go for six sessions, and then You kind of fly the nest, you go out into the big wide world. Otherwise it just becomes an ever-expanding group. But I wanted to give something back, so I trained as a switchboard operator, and I worked on Manchester Gay Switchboard and as I recall, it was, I think I did one evening and a Saturday?

That was great, did that for a few months and it was the Saturday session where we, the centre also ran a youth group. And I kind of had issues with the youth group, because as a youth then myself, I was kind of questioning the fact, "Well, why is it being run by a middle-aged man? Why aren't the youth of the group being more active within that?" And I started to get involved with that. And kind of took over with a young lesbian who had very much the same idea that the group should be exactly that, a youth group run by youth.

I mean, at the time, I think many people didn't question services as much as you would now, there wasn't the scrutiny with services. And certainly in modern times, if a man, without casting any aspersions, but if a man in his forties or fifties said, "I want to set up a group which is just for 16- and 17-year-olds," there would, quite rightly, be a lot of scrutiny with that. At the time, we were coming out of a completely unregulated service area. This was all voluntary. People were finding their feet, they didn't know what was acceptable and what wasn't acceptable. But yes, that was one of my main motivations for being involved.

Plus, at a time when there was still very much all this very negative campaigning around AIDS we had at the time. We had Clause 28, so not only was the campaigning negative, but you couldn't "promote" -whatever that was supposed to mean- at the time, homosexuality in education or schools. But what were you promoting? It was [laughing] [tails off]. And I remember there was, again, I think it was a Daily Mail article, it was one of the schools, I think it was in one of the London boroughs, kind of rebelled against it, had a series of books that were withdrawn at the time. I can't remember the title, but it was a little girl who lived with two gay men, it was probably Lambeth council, they were usually quite radical in their thinking, and I remember there being a huge fuss about that at the time, particularly around that.

[00:27:03]

INTERVIEWER: Was it 'Eric and someone'?

PARTICIPANT: Yeah! It was, I think it was 'Erica'. I think it was "Erica lives with 'Whoever' and 'Whoever'". And it was probably one of the most innocent publication. You'd probably look at it in today's terms and go, "Yeah, you've got a young girl sitting on two men's knees, well, whatever," it was, you know, but at the time, it was...[quiet tooting noise]

[00:27:31]

INTERVIEWER: Could you say a little bit more about the switchboard? What kinds of calls were you getting when you worked on the switchboard? And...

PARTICIPANT: Ohh. A whole variety of stuff. You got anything from clearly isolated, lonely, gay men. Remember, this wasn't a freephone number. This was, as I recall it was kind of like an 0— I don't think it was even an 0161 number, I think Manchester's area code was 061. So we're going back quite a while. I remember a guy that I used to be, used to call quite regularly. It took me a while to cotton on that he would ring when I was on, so he was obviously forming a kind of a friendship with me, over the phone. He lived in sort of back of Cumbria, somewhere. And was really isolated, he was literally the only gay in the village before the term has been coined.

You had people who frequently rang about, "What's this disease about?" "How do you know if you've got it?" "I've got a cold sore on my lip, does this mean I've got it?" or "I've got this funny rash." Or, "I've developed a cough," or really bizarre stuff. The obvious, [00:29:03] [missed], which you'd expect on a line. The odd caller, somebody would ring up for phone sex, which again, it's kind of the nature of the business. But it was very much at the time when the majority of the calls led around, "What is this disease?" "What does it mean for me?" "How do I know?" "I think my friend might've had it." "I had sex with somebody the other night and the condom split, what do I do, where do I go?" And it became very evident at the time that there was a lot of signposting that was needed.

[00:29:41]

INTERVIEWER: Obviously the kinds of protocols or whatever, the kinds of reassurances that you might give someone, have changed over the years in terms of HIV, but do you remember any of the kinds of things that you were trained to say in a way, like, what signposting, or maybe not advice, but, how would you, because it sounds like you had a lot of worried well, kinds of calls, maybe you were a bit anxious about it. Did you develop a kind of response to that or...?

PARTICIPANT: Yeah, I remember it...right at the beginning it was very, very strict in terms of well, safest form of sex is not just a condom, but an extra strong condom, double it up, if you feel you're gonna engage in rough sex, not to share a toothbrush, not to share a razor, not to share anything particularly, needles as well, and there was a lot of work going around at the time.

I remember as well within the gay centre where there were quite a lot of the streetworkers at the time, as we referred to them then as rent boys, who were using needles, and we were finding needles in the toilet, so they decided to set up a needle exchange there as well to try and combat that at the same time. So that was quite forward-thinking, but the reverse-thinking was because nobody really knew a great deal about it.

There was an over-heightened sense of erring on the side of caution, rather than have the courage to sit down and actually talk to people about what they were really doing in terms of, what they really wanted from their sexual health. And this also came around about the time when I got my own diagnosis as well, so it was a kind of a double-whammy for me, and that's when I started to question and say, "Well, hang on a minute, there's the reality of what people are being told or asked to do and then there's a reality of what people are actually doing."

And you were still at a time when it was still very difficult to get a condom in the Village. Not all the bars and pubs co-operated with that. Some did, some didn't, some were better than others. And then you would go through a period where particularly the Village exploded in terms of its popularity, and the number of venues that were open. And the gay scene, as it was traditionally, had started to expand in other areas, into other venues that wouldn't traditionally have been associated with—and society had started to change. So there were nights at The Hacienda, for example, which was, you know, primarily known as a "straight" club, but they were having once-a-month gay nights, a fabulous night, Flesh, [laughs], very, very, fondly remembered, but you still had this backdrop of, you know, you wouldn't sort of walk into a night there and find a safer sex pack on the table.

[00:33:30]

INTERVIEWER: What do you think the reluctance was due to in terms of some of these venues, engaging with that?

PARTICIPANT: I kind of think it was...I suspect it was that attitude of, "If we put condoms on a bar, then we are encouraging people to have sex in our club. And we don't want that." And you have to remember that policing in Manchester at the time was run by James Anderton, who at one stage, did a raid on Legends, and dragged and arrested a number of men at the club. The police that raided the club had gloves on, to protect themselves. And you were still fighting those attitudes.

So if any sexual health organisation had come along to a bar and suggested, "Why don't you put condoms on your bar?", they'd be like, "Oh well, surely you're encouraging people to have sex in our establishment." The reality was, people were having sex in the toilets. They would find a way; drink, alcohol, drugs, whatever, they would find a way to do it. But I think primarily the attitude, particularly of the policing at the time, didn't help.

It started to drive things more and more underground. And people weren't having those conversations. So you were fighting now a war on two fronts; you were fighting not just the spread of this disease, but also the attitudes for it, but the response from authorities and government and police actually just further drove it underground. So people were afraid to speak about it. People were afraid to offer services. People were afraid to offer resources to help people protect themselves.

[00:35:46]

INTERVIEWER: That's really fascinating. When did you first start to notice that changing in terms of, maybe your own involvement in sexual health work before campaigns that were organised by LGBT communities trying to more positively engage people around sexual health? Do you remember those campaigns?

PARTICIPANT: Mm. It was very much driven by organisations at the time like Healthy Gay Manchester, which was unique, really, to the North West. There weren't many organisations. Most organisations that were set up were set up as a result of the response to HIV. So there were a number of HIV organisations that dealt with

secondary prevention, but there weren't many that dealt with primary prevention outside of formal education, government or NHS. There were more in London. They started to seep through.

The first thing I was really aware of was the safer sex packs within The Village, which I always at the time thought was great. I remember a number of occasions people, they'd pulled in clubs would circle out of the club, then circle back to the bar and, you know, pick up a pack from the bar, give the barman a bit of a wink, then go out. But they remembered they were there. That was the whole point of them.

It's difficult to remember specific campaigns. There was one I do remember that wasn't Healthy Gay Manchester, I think it was one of the London organisations, and I suspect probably this was more mid-90s, which was called 'Shoot Like a Pornstar'. I think that was Men Fighting AIDS, which was great, because it was one of the first campaigns that I was aware of that actually said, "This is the reality of the situation. You're not going to stop people having sex. You're probably for the most part not gonna stop people having unprotected sex, but let's have a realistic conversation as how you can reduce the risk." Prior to that, it was all about "X is bad and risky." There was no in between. There was no talk within the sector about reducing risk or managing risk or expectations of risk, and it wasn't until obviously much later on that medication started to work, people managed to reduce their viral loads, that we started to talk about things like serosorting and viral risk, so the time it was quite a, "Wow, that's a campaign."

And the premise of the campaign was quite simple: 'If you're fucking a guy and you're gonna cum, pull out before you cum and shoot on his back.' I think there were some agencies that were kind of like, "Well, no, we don't have that poster up here because it encourages... [tails off]." And I remember having a conversation with a nurse at one of the hospitals, I won't say which, where they refused to put that poster up, because one of the consultants had said, "No, that's just encouraging behaviour." [chortles] So even if consultants were thinking along those lines, then you were still fighting a lot of attitudes and a lot of battles.

[00:40:06]

INTERVIEWER: Okay. You mentioned that around this time, you had your own diagnosis. Would you be all right talking about that a bit more?

PARTICIPANT: Sure. Yeah. I was diagnosed about the beginning of the 90s. That was very much a time where it was still, "Well, you've got five or six years. That's probably your lot." I'd actually gone for a test with a guy I was seeing at the time, because there was a possibility he'd had a –he knew of a– his previous partner was positive and open about it and he'd never had a test even though everything that they had done during those times together they considered to be safe, it was always on the back of his mind.

So, we decided to go for a joint test. In those days you kind of trundled up on the Tuesday, had your bloods done, and then trundled back a couple of days later to get the results, so there was that anxiety of two days. And I remember sitting in the waiting room, and I knew as soon as the counsellor came through what the result

was, without him even saying because he looked at my partner, but he didn't look at me, he didn't make eye contact with me. And that gave it away straight away. We went into this dark little room, no windows, nothing nice about the room at all. He told my partner, "Well, we've had your results, and everything's fine." And then he turned to me and said, "Unfortunately yours isn't, you've got a positive diagnosis." And you could absolutely have knocked me over with a feather then, I was not expecting it at all.

I remember we had a huge argument on the way home because my partner at the time was then, "Oh," didn't really know how to cope with it, and started going about shopping or something in the car, as I'm trying to drive back home. He was trying to be normal, you know, which I can understand. And I just remember slamming the brakes on on the way home, opening his passenger door and saying, "Get out. I need to be on my own." And sort of drove off, and was all, dramatic and sat in a park somewhere for about two hours.

And then just thought, "Right, well I need to get on with it." Got home, told my best mate, and my best mate said, "Welcome to the club." To which point I was, I was then more concerned about him, I was like, "What do you mean, 'Welcome to the club'?" He says, "Well, yeah, I am." "Well you never told me!" And he says, "Yeah, but you kind of learn. That you— you're very, you keep that information to yourself. You're very careful about who you tell." "Yeah, but I'm your best friend." He said, "Yeah, but trust me. You'll know what I mean, given enough time."

[00:43:37]

INTERVIEWER: Just on that, how did your, did it, do you feel like it affected, obviously apart from the incident in your car, do you feel like it's affected that relationship or any other relationships that you've had, negotiating that with partners?

PARTICIPANT: Yep. But that relationship came to an end relatively quickly after that. That was more me, with hindsight, just pushing that person away, and not protecting that person, that was wrong, because he knew exactly what it meant himself, having had a positive partner in the past, it was pushing that person away emotionally I think, because I needed to get my head around what it actually meant for me. And the reality was, I was very fortunate, it didn't actually mean anything for me for a very long time. As it turned out, I turned to be what is known as a, a euphemistically, a slow progresser. So I didn't actually start medication until the early to mid-2000s. And so I, by the time I started medication, I'd been diagnosed over 15 years, which was quite rare. And I don't feel did anything different from any of my friends. There were four of my friends who were diagnosed 'round about the same time, all of whom, sadly [exhales]... not with us anymore. Sorry.

[00:45:28]

INTERVIEWER: Okay.

[Break]

[00:45:28]

PARTICIPANT: Sorry, it's strange, that's, it's been a while since it affected me like that. Yeah, who aren't with us anymore, and I consider myself really really lucky in that respect, so that initial relationship, I think it was probably doomed really, as a result of my attitude at the time, and my need to discover what it actually meant. Plus the fact that [laughing] the person wasn't really right for me anyway, that aside, I don't think it would have worked.

Relationships after, then became quite fraught because you then went through, there was a massive debate within the voluntary sector and the NHS. There was very conflicting ideology as to what you did when it came to, say, casual sex. If you talked to many practitioners at the time, or nurses at the time, they'd be like, "You tell them before. You have a duty to tell the person that you are putting them at risk potentially, by having sex with them." That was on one side. On the other side, there were more enlightened attitudes that were, "Well, look. Once you've told somebody, once you've given them that information, you're completely disempowered. What they do with that information is then entirely up to them. You don't know what's gonna happen."

And there was a fear, and again, this attitude at the time, further drove HIV underground because then the culture of bigotry, the culture of stigma, and stigma was a word that you first, I first became aware of was definitely around before I became diagnosed, but only became aware of really once I started to experience it. And it's two levels of stigma; it's the stigma of other people's attitudes, but also the self-stigma that you harbour. And sometimes you build up a situation and realise that you're actually stigmatising yourself, when in actual fact, having a conversation with somebody, nine times out of ten turns out well. But because of the fear that you give it yourself, and that all, "What if he tells this person?" or "What if that happens?" "What if it gets back to so-and-so? That's gonna be the end of me," has a massive effect, a massive effect.

[00:48:45]

INTERVIEWER: You mentioned some of your friends. And you've also, in our chat before, we mentioned GHT. I was just wondering whether you could say a bit about what you then did, where your work took you, what you got involved with.

PARTICIPANT: Yeah, I did. Initially after my diagnosis, I've kind of, had a number of years where it was quite sort of, reflecting, what it meant, and as I say, I was very fortunate, in as much that, being a slow progresser, in reality, health-wise, it didn't actually mean anything for me. There was always something on the back of my mind that was, "I've got a good reasonable CD4 count, my viral load is exceptionally high, what does this mean?" It was like a waiting timebomb. Then I think we'd gone beyond the millennium at that point, I was still waiting to go on medication, I was still healthy.

A friend of mine passed away and that got me kind of reflecting on things and I started volunteering at George House Trust. I actually started to attend their gay men's service, partly, again because I think I'd found, the time I'd come out of a relationship, I'd not isolated myself, but I think I had isolated myself. I'd isolated

myself sexually from the scene. And I'd had a few bad experiences because this is 'round about the same time that when I'd first came out, the ways of meeting people were a lot more limited. You would either go to bar, you would either go to a cruising area or you'd stick an ad in the paper and I think I'd tried all three [laughing] at some point or another!

Roll on, post-2000 and as the internet took off, there was sites like Gaydar, Gay.com and so on, people putting personals on the internet. And then that was again, when some of that stigma started to be reinforced where you were getting people's profiles up saying, "Clean" or "Clean only" and again, it was kind of like a, "Whoa!" You know if somebody says, "Are you clean?" you know, I'd throw it back at them and say, "Absolutely. I had a shower this morning. What are you driving at?" But then I'd got the strength to do it. So after a few bad experiences with that where I'd had conversations with people and then told them about my status, and because of their own stigma about it, they were, "Don't want to have anything to do with you."

A couple of experiences where I had actually told somebody and they had then told somebody else, who told somebody else, and word had got around. And it's very difficult that with any condition, that the condition doesn't come into the room before you do. It's a phrase I use a lot, that I didn't want to become 'Positive Duncan', I'm just Duncan. But the positive aspect is just, as much as I had blue eyes or size 12 feet, you know, it's just a part of me that shouldn't make a difference, but at that time, it very much did.

So I got involved with the gay men's service there. It became apparent that after a while I really liked the organisation. Did a few floats with them, went shaking the bucket and wagging my shorts around the Village at Pride, which I enjoyed, and then took over the gay men's service as a volunteer, around that. And then a job came up which I applied for and I was fortunate to get it as one of the gay men's service workers, who was there for about [draws in breath] seven years - at quite an interesting time as well.

[00:53:40]

INTERVIEWER: Could you tell us more about that time?

PARTICIPANT: Yep. Yeah, sure. So it was an interesting time for me on a personal front as well as a professional front because my body eventually said, "Well done for not having meds for 15 years, but now's your time." I'd been working there a couple of years at this point and within the community there was a bit of a cultural shift going on as well. So prior to the medications being effective, doctors were just issuing DS1500s and telling people, "Yeah. Quit your job, cash your pension in, and you're gonna die." And people would sit and wait, basically, to die. So there was the old guard if you like, within the community.

Then meds started to improve, viral loads were reduced, CD4s went up and people were living. And starting to live without all the horrendous side-effects that these medications in the past had caused. So now you had kind of two sets of experiences within the same community; the old guard who'd been through all the pain, who'd been through all the loss, who'd been through all the side-effects, who were reliant

on the state because they'd not worked for 15, 20 years, who were of a certain age where they probably felt very stigmatised, and I know they felt very stigmatised, who had no sense of self-worth, who'd been out of the employment market who were then suddenly told, "You're not having your support any more, get a job," to the aspect of the ones who had been recently diagnosed, who in some and I'm not saying all, some of their perception was, "Oh, this is great. I won't have to work again. So I'll apply for this benefit, and I'll apply for that." And there was a little friction within that community. So you were dealing with that quite a lot. Perceptions within the community that we're supposed to be singing with one voice.

My own health took a bit of a nosedive. Unfortunately for me, I was admitted to hospital with what was suspected pneumonia. This was 'round about the time when they didn't start our treatment until your CD4 had dropped to a certain level, because they weren't quite sure at the time how long medications would last. So I was kind of on that borderline. I went into hospital with what was suspected pneumonia. It turned out to be TB. And one of the unfortunate effects apart from the weight loss is the treatment for TB means that you couldn't start anti-retrovirals, so I had quite a worrying 3 or 4 months where my CD4 had literally gone down to 3. I'd actually named them Rod, Jane and Freddy, [laughs] from Rainbow days, and I'd lost something like 30 kilos. My bodyweight had gone down to something like 58kg. But I got better and fit and healthy and so on now.

So there was a lot of transition going on for me personally and for some of the campaigning and support services we offered at the time. And then a lot of organisations as well went through change. Was primarily seen externally as a gay men's organisation, open services and rightly to everyone who was affected by HIV be they heterosexual....I remember the beginning, an anticipation that there would be a large number of intravenous drug users that would contract HIV. The reality, it was through programmes like needle exchanges and drug users are generally very good at self-managing anyway, but that explosion of infections didn't occur. Then we saw a large migrant population coming that needed support, that were living in absolutely horrendous conditions with very little support from the state, also living with a life-changing condition. And so there was a lot of change and some resentment, that I think built up between gay men's services and what was perceived as women's services or African services, and it was a, it was a bit of a turbulent time, I think.

[00:58:52]

INTERVIEWER: Okay. We're coming to the end of the interview. I'm just wondering whether firstly, Gary, if you have a question, and secondly whether you had something you just wanted to add that maybe we haven't covered?

[00:59:11]

INTERVIEWER 2: We talked about this part of it already, but I was just wondering whether in the context of everything we've just said, how do you feel about attitudes and awareness now?

PARTICIPANT: [Exhales] I don't know whether it's an age thing, or whether it's, I've removed myself from the sector as it were, I'm not involved with sexual health as

much as I used to be, I think where the attitudes have changed now are where more that we're seeing a generation where everything is on demand. Everything is instant. So my informative years I would say we were kind of clubbers and we would move our loyalties from one club or one particular scene, whether you went out on the fetish scene or whether you went out on the leather scene, or whether you went out on the club scene, you were associated with that, that was who you were.

Now, there's a whole generation growing up where they pick up a phone, they go on an app, Grindr or one of those and going from possibly high-risk activities literally 5 minutes from picking up their phone. There's a whole, I wouldn't say it's worrying, I just think it's different and we need to get our heads around that now. It's all very well having a presence in a club and the advantage of a club is that you can have a resource in a club, like you can have a safe sex pack standing on a bar. You can't do that with an app. So I think there's a technological revolution that's taking place under our noses that's gonna have a dramatic effect on sexual health, sexual wellness, and the wellbeing, particularly of those that are coming out now. And that worries me. Maybe it worries me more than it should because I'm an older generation, I'm probably not quite with [laughs] all these things mean, but I think there is gonna be a definite need for a technical response to this because it makes it very difficult to have a physical response.

[01:02:02]

INTERVIEWER: I'm just wondering whether you, 'cos one of the most recent campaigns I guess was around undetectable, people's untransmittable...have you come across that at all?

PARTICIPANT: Yep, yeah. And I think probably the most important message would be to get into people's minds is we're hopefully breaking away from that stigma of people testing. The knowledge of your health is the most important thing.

If you can detect HIV early and treat it, the medications will last as long as they last, providing you take them the way they're supposed to be taken. There's a way that they're supposed to be taken. There's a wide variety of medications out there, so people are living -and I hate to use the word- normal lifespans, it's got nothing to do with the normality of life.

There is still issues with stigma, there are still idiots out there who, even on apps now will go now, "Are you clean?" Forget them. They're in the minority now. The important thing is knowing your status. Someone who has an undetectable viral load, it is practically impossible for them to transmit the disease. In fact, there haven't been any proven instances that I'm aware of or that I've read of where it's been proven that somebody with an undetectable viral load has actually transmitted the disease. So if you're not aware of what your status is, it's those people who don't know that are the ones that are most at risk, or you are most at risk.

[01:03:24] End of transcript.