Gerard Gudgion

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PARTICIPANT: I'm Gerard Gudgion. I first got involved with sexual health work around gay men in 1987. I worked on a gay switchboard in Lancaster, and became involved in setting up the Lancaster AIDS Line. That's while I was at university, studying to be a social worker. I moved on to the West Midlands; I started doing social work, and became aware that social workers, carers, weren't aware of caring for people with HIV, and I got involved in social services training people around that. [I] became an HIV coordinator. And then I ended up in Manchester working for Trafford social care, as their HIV coordinator and HIV social worker.

And it was while I was there, around 1992, that I identified some money that I wanted Trafford to spend on gay men's work in the village – what was the village then. And I approached MESMAC, Men Who Have Sex with Men Action in the Community, who had an organisation in Manchester, to see whether they would do the piece of work, so I can commission them to do a piece of work, with that £5000. And that's where I met Paul Martin.

Paul Martin would become, and is actually now, the CEO of LGBT Foundation. In those days he worked for MESMAC, and within about three months I think, I became chair of MESMAC, so I got involved with it. I was wanting to be involved with doing something on the preventative side, because I was a social worker working with people who were ill, who were in need. And that's a pretty negative space to be in, and I wanted to be doing something positive about this. And that's why I got involved with it.

MESMAC was a traditional- if there was such a thing as a traditional gay men's health approach in those days. Manchester ran it, it wasn't part of the national MESMAC organisation. And I started to feel that the work that MESMAC was doing was constrained. It was constrained by the politics, the funding, just the general approach of it, and more importantly, the health promotion approach did not seem to be taking into account the needs of gay men, in the sense of, the health promotion approach at that time was very much focused around, it's all about a transfer of body fluids, and it's a vector that you've got to stop. So it was simplistic: stop doing that and you'll be alright.

I think we all knew - and in retrospect I think intuitively we know - it isn't about an exchange of body fluids. It's actually a social interaction, sex. And the dynamics of that are very very complex. And trying to take forward a simplistic approach around, "just say no", wasn't working. It didn't feel comfortable and it didn't feel like we were doing anything that was working.

Paul and I were at an HIV conference in Blackpool on a cool February sunny morning. And we both bunked off the conference and walked down the beach, and we did some, what was literally blue sky thinking. We wondered, what would an organisation be if there weren't political constraints, if there weren't financial constraints, if there weren't legal constraints, if the businesses actually treated their

customers as people they were interested in in terms of their health? What would it be like?

So we batted ideas backwards and forwards and we decided that we would try and turn MESMAC into this organisation, which was essentially going to be sex positive, we were going to affirm the lives of gay men, so I think even then we knew that gay lifestyles, gay men's lifestyles in particular at that time, there was no affirmation about them being positive in their lifestyles, all of it was negative. The right-wing media was negative. We had a chief constable who was telling us that we were swirling around in a cesspit. We knew that lots of men, and I knew from switchboard, lots of people who phone up are not confident about themselves, and therefore, how are they going to take ownership of what they need to do to look after themselves, if their lifestyles weren't affirmed and supported? And we felt that we had to go for it.

We gave ourselves a year to put Healthy Gay Manchester together. That was in February. We got back to the office to find out [that] funding had changed, things were going to change by the end of March, so we had six weeks to make HGM work. And we did it.

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The next thing we really had to do – so having established this thing, we had to... the thing that I knew, because I was sitting on both sides of the fence, so I was on the commissioning side of it, and I was meeting public health consultants who would be commissioning work. And we needed money to make this work, and we needed them to commission this sex-positive approach to the sexual health work. I knew that we had to establish some sort of credibility. And by that I mean, I was sitting in meetings where the whole HIV thing, particularly around gay men, was just being dismissed as, it's their problem, they just should say no. We've told them they'll die if they do it, so that means they're going to stop it. I remember being in one meeting where a public health consultant announced to all of us around the table that HIV/AIDS was an international conspiracy of homosexual men who hung around airports infecting people.

Now that was in 1992. These are the people who are going to need to commission this work, and we needed to actually change their minds, but we needed to be a credible entity. We needed to be ultra-professional, and persuade them that we knew what we were doing. Paul and I managed to get ourselves invited to talk to give a presentation to all the of the public health consultants in the North West. There were 22 of them then, going all the way up to Cumbria and right across Blackpool and around, across the Yorkshire.

We took a gamble. We took a bit of a high-risk approach. We presented them- we set up this presentation, and called the presentation Unsafe Purchasing. And I told them that their purchasing behaviour was killing people. And now, having told them that, they would then change their behaviour. And as you can imagine, there was quite a lot of shuffling around those tables, wondering what the hell was going on.

And then I was able to pick it up and say, well of course you can't change your purchasing behaviour because that's shaped by other priorities in your work. That might be smoking cessation or vaccines or hip replacements, whatever, you've got the public health there, so you can't just change your purchasing behaviour. And they all agreed, and they were back on board. And my point was then, but you're saying to gay men, "I've told you you're going to die, change your behaviour," and you're assuming they're just going to do that. And there are all of these other social dynamics around those men, about how they behave and what's happening with them, and it can't be a simplistic message.

And that was a turning point for me I think. I think we started to establish, with that group of professionals, that there was more going on for people. After all, they were responsible for stopping people smoking, but then people don't stop smoking. If you took that simplistic approach with gay men around their behaviour, without taking into account what they were getting from that behaviour, what those behaviours were giving those men who, you know, might have attachment problems, probably who have problems around people acknowledging them in the home, and at work – it wasn't simplistic. It was a complex thing and we wanted to address it with complex messages, and forthright messages. And we got funding, we started to get funding for that. So that for me was-

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INTERVIEWER: You got funding straight off the back of that one presentation?

PARTICIPANT: It started it. What we'd done was achieved some understanding that, yeah, we know what we're talking about. We're not just a bunch of gay men saying, give us some money, we'll go out to the bars and have fun. We're saying, there's a place where most people will come who are not comfortable, men who have sex with men, the people you're frightened of, who are married, they're going to come into a place like Manchester, you need to put your money into Manchester, so that we can start to address those issues.

What we needed to do next, what nobody knew, was what actually was happening out there. Nobody had done any needs assessments. There were assumptions about what people did; nobody really knew. And if we were going to change behaviour, we had to actually understand what people were actually doing, and not make an assumption that they were doing X, Y and Z. So we had to do a needs assessment. And, you know, from my perspective, working in a local authority, being involved in needs assessments for service users, I knew that that was part of what we had to do. If we were going to get money and be commissioned to do something, how would we be proving our success if we had nothing to measure from? It's a bit speculative if we said, we've stopped people getting infected but we wouldn't know if they were being infected in the first place; we're in that sort of bind.

So we had to figure out a way of doing a needs assessment on the scene, when people were enjoying themselves. And I'd seen a little piece of research, a pilot written up from Amsterdam which involved people talking about sex. And interestingly, we set up a project called Sex Talk. And I went and tested it. So clutching a clipboard I stood in the Rembrandt, walked up to somebody and said,

can I talk to you about sex? And they said, yes. And I took a bit of a deep breath and said, thinking about the last man you had sex with, what did you do?

Of course, we knew, if we'd gone and said, can you tell me what safe sex is, they'd tell us. What we needed to do, you know, a sort of education, [is] take from the known: okay, thinking about what you've actually done, how does that relate to safe sex? So I asked them, [tell me] what you did with the [last] man you had sex with, and I thought I'd be told where to go. In fact, he told me in extraordinary detail what they did and how they did it, and I was able to say, how does that relate to safe sex?

So we knew the concept was right. We tried that more and people told us, in bars, next to their partners. So we trained up a bunch of volunteers and then we went out and did Sex Talk with over a thousand gay men in every gay bar from here to Cumbria.

So we [had] gathered this information; we then needed to measure it. We needed to have it academically ratified and analysed. So, I'd found somebody called Carol Truman who was a lecturer at MMU in statistical research, and she came on board and we put together the survey and pulled all the evidence together. We knew where men were having sex, we knew where they were picking men up for sex, what were the most popular bars, we knew what they were doing, we knew what they thought they were doing, we knew where the dissonance was between what they thought was OK and what wasn't.

We then reported that back to those same commissioners about 18 months later, but in the same building at Gateway House. Again, all of us in jackets, looking professional. Even Carol, who didn't want to wear it, she was in a jacket. And we reported it back. And they had to acknowledge that nobody had done this piece of work before – anywhere. Anywhere in the world. It was the largest needs assessment of its type anywhere. And that gave us another level of credibility. So we were able to then start to build up programmes of work that targeted known behaviours that we had a baseline that we could measure against. So we were able to start to be able to provide commissioners with, we know what we're doing, this is what we're doing, and now we can demonstrate change, whether this is right. Some things are experimental, some will be right, some will be wrong; some things you can't measure-

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INTERVIEWER: Can you tell us a part that you couldn't measure? In specific detail, what was difficult and not [to] measure?

PARTICIPANT: Measure in terms of... I'll give you an example now, of the work I do now. In behaviour change with problem families, there are a range of issues that might be happening in a family - debt, domestic violence, mental health, housing. Some of those are hard, you can measure: somebody's being evicted, somebody's not. Mental health, how would you measure that? What we're able to do with the work I'm doing now is using consent [?] [00:14:59], being able to match data back to hard data sources. So if you've got somebody who's not going to school, and we work with them and they say, I've improved my attendance, we can go behind the

scenes and say, they say they've improved their attendance, we can check that. We can do that with crime, we can do that with presentations at A&E.

In those days, there were no databases for us to check against, and certainly in terms of demographics, with gay man, who's done that research? Kinsey, some time back then, but it wouldn't give the statisticians or the public health consultants any confidence to say, well actually, we can change the behaviour in an 18- to 25-year-old, but we can't change it in a 40-year old. Those are the sorts of things that I've no doubt the LGBT [Foundation] are having to do now. In those days, nobody knew that.

We were trying to find a way forward on that, and I think that some of those first discussions with those public health consultants started to get them to understand [that] behaviour is not simplistic, and gay men- the pressures on gay men, the mental health, identity, confidence, self-awareness, all of those things are in play. And we started then to try and address some of those things, people become more confident talking about, yes I've got mental health problems, yes I've got addictive personality, yes I'm getting involved with this, yes that's happening.

And then you start to develop services, which is why I think LGBT Foundation and other organisations have got the breadth of services that we never imagined we'd ever get funded for, because we really didn't know about them. You know, there's a bunch of gay men doing this volunteering, all feeling, actually I know what I would want, but not actually addressing some of those- well I've low mood, what's what about? Or I'm lonely, what's that about? Or I'm not confident, I'm autistic - nobody was doing any of that sort of stuff. What I think we set out, what we managed to do in those early days by challenging the basic public health paradigm was, no, it's complex, you've got to let us be complex, and you've got to let us work out how to be complex with our community.

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INTERVIEWER: And what impact did that have on gay men?

PARTICIPANT: Look! Look, if you'd asked me 25 years ago when we were in a poky little, two workers in one office and we were scrabbling together to do things, if you'd told me there'd be a three storey building with drop-in sexual health clinics, drop-in counselling clinics, groups provision, women's work, trans work, all of that – if you'd told me that then I would not have imagined how that could have happened. I firmly believe those starting points about saying, gay men aren't simplistic clubbers, there's a lot more to it, and then there's a lot more to lesbians, there's a lot more to gender, there's a lot more to identity, all of that's coming up, because people have got confident enough to identify them as issues themselves and seek solutions and seek support.

You can see that across mainstream public health. One of the things that we're doing with our troubled families where I work is, public health say, can you get them to lose weight, because they're going to be diabetic? Can you get them to stop smoking? And the reason they're asking us is because our approach in early help is saying, there's a holistic set of things happening for people, don't expect them to try

and lose weight when they have all these other issues. It's a mix of things. And what I see here at [the] LGBT [Foundation] is, there's a, if you like, a response, to the range of issues that are present for gay men, lesbians, trans, whatever, in the community.

[00:19:05]

INTERVIEWER: Could you tell us, how does sexual health differ from the 90s compared to now, in 2017?

PARTICIPANT: I'm not sure because I haven't been doing sexual health work per se for the last ten y-

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INTERVIEWER: Just a-

PARTICIPANT: -but my observation. In the early days I might have suggested there is a simplistic approach, it's all about vector, it's all about stopping transmission, it's all about body fluids. Now it's actually, it's a complex thing, and public health I think is starting to respond to that because you just have to say them, you haven't stopped people smoking, it's not simple, stop doing that simple approach. We're not in World War 2. You know, showing people cigarettes with their lungs hanging out on the packets is just the same as showing soldiers syphilis and gonorrhoea. What we've got now is a mature approach, an adult approach, to understanding behaviour and the consequences of that. That doesn't make it any easier, it's probably more complex, but at least you've probably got more chance of having an impact, than waving a leaflet in front of someone's face, and giving them a pack of condoms. Because giving them the condoms is one thing, getting them to use them is another.

You know, I'm wondering at... I'm looking at the whole thing around PrEP-

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INTERVIEWER: That was my question that I was going to ask!

PARTICIPANT: So the PrEP thing, I've not been involved in that, but from the outside in. You know, those days are long past me, as an old man from the scene. But I can see that it brings with it a solution around HIV, but it brings with it the whole thing around, actually the solution to syphilis and gonorrhoea were antibiotics, so people didn't have to worry about them, and then you've got the solution with condoms. Now we've got PrEP, take condoms away, we're back into the syphilis and gonorrhoea stuff. So it's simplified one thing and I think it's opened a door for other things. So that still is, the simple PrEP approach will do one thing, but the risk is people see it as being *the* solution, to everything.

[Break]

[00:21:17]

PARTICIPANT: Absolutely definitely back then, there was fear. We were living with uncertainty. And that was part of the mantra we did. You're not certain how to get it, you're not certain you will get it, if you do get it you're not certain you're going to die; there were no certainties, and people seek certainties: "give me black and white".

I remember coming into a conversation that was happening at HGM in the early days with a bunch of volunteers, and they were trying to put together a resource around oral sex. And I came from work, sat in the back of the room, and was listening, and they were struggling to articulate what they should put down in a leaflet about oral sex. And I was thinking, well they're experienced guys, these, they know the message, what is it? And I sat and watched them and eventually, because it kept going round and round, I asked them to stop and said, if I phoned you now, what would you tell me? Just tell me now what you'd tell me. That's what needs to go on the leaflet. [I said], why are you struggling with the leaflet? And they said, don't know. I said, I know why I'd struggle with it. It's because I, as a gay man, who wants to have oral sex, don't want to hear that message. And you don't want to put it in- and that was in play for us. We didn't want to hear the message we were having [to give]. We didn't want to get HIV, in terms of, we wanted to keep ourselves safe from that, but we also wanted to be living the lives that we used to have, not worrying about that, and going to the clinic and getting your antibiotics. So all those things are in play with the workers, the people trying to develop ways in, and the community.

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INTERVIEWER: Can I ask one about that if you don't mind, and you don't have to answer, were yourself and your colleagues [and] volunteers [who were] part of HGM practising safe sex?

PARTICIPANT: Yeah, obviously- there's an assumption you do, and everything- all the message is there, but we knew that you couldn't guarantee that a volunteer who was going out and giving out leaflets would actually be having safe sex, or safer sex. Because they were in the same dynamic as we all were. It was all about what happened in that social interaction, at the moment, what was the decision-making, and what is my ability to be able to make those decisions, and control that? So, you know, we had to recognise that the complexity wasn't just out there, it was within us.

And we, I think, intuitively we're struggling and inching forward to find the solutions, and the aseptic "don't have sex" message right at the beginning, we countered that by, wow, right at the end other end of it, no, rejoice in sex, we need to validate our own lives and our own activity, and our own sexuality, but we need to be in control of that. And certainly these days now with the work I do, the key thing about getting somebody engaged in their own behaviour is to validate their lives, not tell them what you think they should be doing, but validating where they are: "I know how difficult it is, because...". Now we were validating our own lifestyle. We knew how difficult it was. We would go out, we'd get drunk, we'd be copping off. So all of those things were in play for us; it was about trying to find a- how do you get that message across? In a bar, when people really don't want to hear it, because that might be their sanctuary. You know, they're not out at home, they're not out at work, they come into the village or into a bar and that's the place where they can be

themselves. And certainly when I was coming out, that being yourself was sexual self.

You know, I remember saying to a colleague, a straight colleague at work, who was going on about gay men's promiscuity, and I said, look, you've got to remember [that] for you, there's a journey towards marriage or sex, there's courtship that's build into the process. So you find somebody you've got a relationship with, you build that relationship. The relationship might be, you're at work together. Or, you're in the same night school class. You form a relationship and then you head towards a sexual relationship which is usually packaged around a long-term relationship and marriage, that for me come from the 50s and 60s; that was the trajectory.

Gay men, often you wouldn't know somebody's surname, you'd be in a bar talking to somebody, you wouldn't find out much about them because they didn't want to tell you about where they worked, you didn't get their surname, so *the* thing you had in common with that person was sex, right? Have sex with them, and then you start finding other commonalities and you develop a relationship. So sex doesn't become the core of a relationship. So, you know straight friends who say, oh, sex is finished, he doesn't love me anymore, divorce. Well, gay men open relationships because actually, sex wasn't the core of the relationship, it was an important part of it. Those other things that form those relationships – in my view anyway, it's how it's worked for me – are actually the things that form the building blocks of a relationship; sex is part of it. So all of those are in play. So if you turn up at a bar, it's your safe space, and actually the only way you learn to connect to somebody in the first place is sex, you do that. Which puts you... and you don't know this person very well, so you've then got to negotiate this interaction safely, and that's not simple and straightforward.

Now, I would argue people have had the opportunity to grow up being comfortable with their sexuality, for the most part, much more so than in the 40s and 50s and what have you, and now are probably better equipped to be able to make decisions for themselves from a place of security, emotional security around who they are.

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INTERVIEWER: What I wanted to ask was now is, how do you think dating apps like Grindr and [similar apps?] have impacted sex?

PARTICIPANT: Well, my experience would be that all it's done is it's... if before the dating apps, you stood around in a bar trying to catch somebody's eye and then try to figure out what you did a few minutes, or in a couple of drunken hours, now it's a fast-track to something and then a long slow track to actually meeting them, if they do or not. So I don't think they've accelerated issues around sexual health, I think, you know, so many men, so many miles away, whereas before there were few men but they were next to you, is just that, for me. You know, I get messages from people from people Turkey saying, I like fat old men. Delete! [laughs] But I generally don't think it changes where you pick up somebody or where you [missed] [00:28:27] off with somebody. There might be more discussion about what you're about to do in that app, or not. And you still don't know the person on the other side until you meet them, whether you're going to be safe with them, or be able to negotiate and have that safe relationship.

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INTERVIEWER: And could I ask in closing, one more question?

INTERVIEWER: I've got a couple as well. Gerard, could you describe - do you remember the first moment you heard about HIV for the first time? How did it feel at that point in time, do you remember?

PARTICIPANT: I was working on Lancaster gay switchboard, so obviously we were interested in what was coming through the media. And like I said, I ended up, a partner of mine phoned me from London to say, I've got hepatitis. And I'd been with him over the summer and thought, well I better go to the clinic. And when I got to the clinic, a consultant, a nurse and another doctor sat around me and said, you might at risk from this thing, you need an HTVL3 test. Because it wasn't HIV at the time, it was HTVL3. And I resisted, and I was bombarded with this, and eventually I said, alright then, do it. And then I didn't get a result.

Five weeks it took for me to get a result, ringing up, and then when I did, I was told, you need to come in. And I went in, and then the same consultant said, why did you insist on this test? And I said, "I didn't insist on it, you made me, you know, I was browbeat into having it, can you just tell me what the result is? " [The consultant said,] "well, you're negative." "Right. And hepatitis?" "Oh, you're immune to that." Right, so I didn't need to have gone through all this. So I said, "What's the deal now then? Because you've just said to me, why did I ask for it, and I didn't, you browbeat me into it. So if I were a gay man coming- because I work on switchboard, if I'm advising somebody to come to the clinic, what should I tell them?" "Well if they're putting themselves at risk for this sort of thing, they need to come here." "Yeah, but what are you going to be doing with them?" And he wasn't clear.

So I came away from there thinking I was relieved that I wasn't positive, but really concerned about what is likely to happen to somebody in the middle of all this who goes for some reassurance or something, is going to get that sort of approach from a GUM consultant. I learned over the years as an HIV coordinator that GUM consultants in those days weren't the best of the pick. Seriously, there was a reason why they were doing GUM, and thankfully that's changed.

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INTERVIEWER: Thanks. You also said at some point, the lives we used to have before this happened. Could you describe the difference between those two periods of time, in terms of, I imagine it's in terms of lack of certainty around sex and safety...?

PARTICIPANT: So before the advent of HIV, if I look back at my life then, it was a joyous time. I was free, I was out on the scene, I was... you know, I'd been closeted for a while and then burst out and then was seduced by the scene. And I don't mean by the sex of it, I mean the range of people I could talk to in a bar. Before it was just work colleagues and people I went to football with. Now I could be talking to a GP or an MP or a dustman or whoever, and my horizons broadened. So I look back and

think, those were pretty halcyon days. And the sex was great. And yeah, you could go get your check-up and if there was something wrong you got the antibiotics. There was noth- it felt like, it's OK, it's an occupational hazard, don't worry, get on with it. And that's what it felt like. And then all of a sudden, bang! This thing that, you'll die.

I was working with people very quickly who were dying. So for me, there was absolutely no way I was getting anywhere near that with anybody. That was... [for me it was], It's safe sex or nothing. There's no negotiation on that for me. And I was in the sort of privileged position in that sense, because for me there *was* certainty. There *was* that certainty. Out in the scene, if you didn't know somebody, all you saw was this hype, or this fear, or this stuff coming through that you didn't want to hear anyway. It wasn't real unless you knew somebody that it became real with. So, you know, I've no doubt that a lot of people, actually, it didn't impact on them for quite a while, and then it starts to impact.

And you know, some things came from HIV which were good... bears. So the whole bear community, this whole notion of bigger men, prior to AIDS the whole thing was, you know, body fascism ruled: fat people in the side of the bars, in the dark, not, you know... you couldn't fancy a bigger, fatter man. And then all of a sudden, [missed] [00:34:06], oh my god, I might be ill if there's somebody skinny, I can now go for someone who's fat. And then you start to come out of the closet about being fat, oh we need to give them a name - I know what, big fat and hairy, bears. And then you get this positive sexual identity that suddenly happens, and then everybody piles on that. And then the thing for me, organising the bear events, when I talked to the bars to persuade them to start getting involved, and I asked them, "so, what do you think happens with the younger gay men in Essential then?" And they went, "well, what?" They get old and fat! [laughs] And they either try and keep dressing like they used to, or they move into some other sexual identity, and the bear stuff is, you can get old and fat and still [have a] positive sexual identity. And that's where that's come from. But that brought with it its own risks, because the assumption then was, it's alright, he's fat, he can't be ill. So you get caught up in all that. So the way the culture for me has changed, it's given us all of this opportunity to see positive sexual identities and not be pigeonholed. And this sort of blossoming of understanding around gender and identity and sexuality has been a very positive thing. I'm not sure it would have come about without it having to kick-start, and recognise that, and get funded work to do it.

[00:35:28]

INTERVIEWER: If you had to sum up to someone what Healthy Gay Manchester was, what it did, what impact it had, how would you summarise it, looking back?

PARTICIPANT: I think that I would to link that Healthy Gay Manchester brought the sex into sexual health promotion. It actually said, it is OK to have sex, whatever that sex is, you've just got to be in control of what's happening during that sex. And we were very very sex positive. And that brought problems for us. But I think it help- we probably went too far sometimes. I remember some of the discussions around watersports and things and how we did things like that. But trying to come up with the resources and the events where you could get people interested in sex positive

things *and* get them to take on board a message, was what I think Healthy Gay Manchester managed to do. I'm proud of that.

[00:36:35]

INTERVIEWER: When you say 'too far', can you elaborate a little bit? Because I've done some work in the archives, and there's some quite upfront graphic stuff. But I imagine that came out from a particular context... I don't know if you could speak to that a little bit?

PARTICIPANT: As soon as you start to try to address either... Let's turn that round a little bit. Focus on HIV, focuses on STDs and that exchange of body fluids. And as soon as you start to look at the social engagement encounter where that happens, you have to then start address[ing] fetish. You have to address all of the things around that. So we started into leather nights, Hell for Leather and things like that. And as soon as you start looking at that, people are asking, well, are watersports safe? What about S&M? What about that? And you couldn't go, yeah, but we can't talk about it. We had to say, actually, that is a whole segment of the community that we will isolate, who will not see this as an issue for them, because the focus for them is on the leather or the fetish or the activity. We're going to have to look at that activity and say, here, this is what's healthy is about it, this is what might be a bit of a risk. But don't stop doing it. Because we know telling somebody to stop doing it doesn't stop them doing it, it just stops them hearing stuff they need to hear.

So you know, the rimming leaflets, for instance. You can't do a rimming visual without it being visual. You can't do it. And I think very early on we decided, well, they'd be going to gay bars, and it was basically, well, you know what, fuck it. People will pick this up, people will look at this. It'll either be shock value or they'll like it, that we've connected with their part of the community, with them, and we're validating that particular [missed] [00:38:41] in a positive way, but giving them that information.

And when we were putting an event on in a night like that at Legends, and not addressing HIV but addressing all of the other things, there was a discussion about watersports, and how would we do that? And one of the volunteers said, I've got a great idea, why don't we put a paddling pool up in the club, and people can sit in it, and be pissed on? And I remember selfishly saying, no, we're not doing that, because I might be in the club, and people will be getting out of the paddling pool and walking past me; let's think about this.

What we ended up doing was recognising that watersports might be about a positive, pleasure-y thing, or a domination thing. So what we did was, we took photographs of people and laminated them, and stuck them to the urinals. And then put- so they could piss on people, and read the information, in the urinal. And the domination one, the image for that was James Anderton, the police constable. So we had that up, and people were queuing up to piss on him, and the police came round the club. And they could see, you know, they were wandering around the club, and we were showing them round, and we had to take them to the toilet, because there was a queue and they were wondering what was going on in there. And we had to say,

well, the information about watersports and... you know, a bit nervously said, oh you know there's domination and there's abuse and there's this other thing. "Right OK, but why are they all queuing up for that one?" Well, it's... err, it's James Anderton, because I think we've got a [missed] [00:40:14], you know, we need to punish him, we need to dominate him for his views. And the policeman said, oh, I think I need a wee.

So, I think that we had a high impact, we definitely did. And it's obviously toned down, because it doesn't need to be there anymore in quite the same way. And also, I think that we had a bit of flexibility with the commissioners in those days, in the early days, before they started to get political pressure piled on them, "what you doing with taxpayers' money?" They all focused on health stuff. So we probably got away with a lot more than you can get away with now. But I'm proud about what we did, you know.

[00:40:58]

INTERVIEWER: You should be. Very much.

INTERVIEWER: What kinds of responses did you get from people? You've mentioned a few, but like at Legends, how did people respond to your kind of engagement, that outreach work? I guess it was quite varied-

PARTICIPANT: There were two types of outreach in the early days. Because we were doing outreach into cruising areas and that wasn't very successful. The outreach into the bars and the clubs – I think in the clubs, we put on events, Hell for Leather nights, so we took over the club and it was an HGM event, people knew what they were getting. So it wasn't just, come to the bar and have a drink and here's a leaflet. It was an experience that was very much saying, this is celebrating you and your life, here, we're with you on this, you be with us. So we got very very positive responses from the punters, you know, I think.

Some of the bar owners, in those early days, when the Village was being established, you had some well-established-

[Buzzing noise in background; speakers chat about whether to pause the interview or not.]

[Break]

[00:42:21]

PARTICIPANT: In the early days on the scene here, what you had were well-established bars that were generally owned or run by gay men, and then you had coming in the the breweries, into like Via Fossa and things, so the bigger bars. So they could see that there was money. You know, you just have to go anywhere around Manchester and see, Monday Tuesday Wednesday, maybe Thursday, [are] quiet, [but] Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday in the village [are] busy. Money. So they came to it. But those businesses, the big businesses and breweries were nervous about some of the stuff we wanted to do.

Particularly when set up the condom scheme, because that was another thing I'm pretty proud of, that we got condoms, free condoms, out there in the bars, pretty soon.

Some of those bars didn't want them there because they felt that they weren't gay bars. And I want to say this, the New Union was one of them. And we couldn't quite believe it, but it was the mentality of, if we're seen as being a gay bar, that brings more police attention. We're just a bar, that gay people like to come to. That was big in what was going on. We needed to change that approach, we needed to get them to see they had a customer base that they needed to serve, and these were there for their customer base. And I remember when we did one particular bit of needs assessment, *the* place where men picked up men for sex in the Village was the New Union. And we went and told them that, and they were horrified. But we were saying, that's where they [tell us], so we want to put the condoms there. So what we had, what we were dealing with there was a myopia from some of the businesses that didn't want to see that as being part of their business, they just want to sell beer and make money.

I don't know what happens now, you'll have to talk to Paul Martin about the engagement with businesses now. I would hope they're more open to recognising that actually, serving their customers in their range of issues is going to bring people back. But in those days, we had problems with that. So not just gay men, not just the council, not just the police, not just the purchasers and the commissioners for health, but also the businesses and the gay men; we had to come up with solutions for all of them.

[00:44:49]

INTERVIEWER: I just wanted to [ask], if I say the word 'sex', what five words spring to mind?

PARTICIPANT: Joy, intimacy, risk (in those days), fun.

[00:45:12]

INTERVIEWER: You've got one more.

PARTICIPANT: Orgasm.

[00:45:15]

INTERVIEWER: OK, well thank you for your time, we appreciate it.

[00:45:20]

INTERVIEWER: Is there anything else you want to add, anything you feel that you haven't spoken about?

PARTICIPANT: If there's one thing, looking back, connecting what I do now around behaviour change, is this key thing about validation. If you can validate somebody's

life, they begin to validate their own. And you have to validate yours with them. So if you're working with them, you're validating their existence, and not telling them and not preaching to him, but you have to validate your own in relation to that, so that they trust you. And that's a key thing. And I think outreach workers now, volunteers, that's a key thing. Validation is a key thing. It brings people towards you and helps you to establish a trust, which helps you to help them start to change their behaviour. It's massive.

[00:46:16]

INTERVIEWER: I can't let this end! One more question. How do you feel your involvement in all of this kind of campaigning and activism has changed you as a person? Or not. Or, how do you... Looking back on it all, what sense do you have of yourself now, the journey you've made?

PARTICIPANT: I think looking back on it, it feels like my journey in this... I sound like a bloody X Factor contestant, but this has been... I've stumbled through a number of doors. You know, I wasn't expecting to be chairing MESMAC, I just expected them to do some work. I wasn't expecting to suddenly create HGM and go to bat and battle everybody, and be the face of getting the money out of commissioners, I wasn't expecting that. But I revelled in it. Once I knew that actually, this is the only way we're going to do it, and I was doing it, I really enjoyed it. And I recognised I'd got a bit of a talent for that, so that by the time the bear stuff happens, I'm flying with that. I had the joy – and joy is in inverted commas, it really means it was the worst year of my life – I ran Pride, and that changed my life forever. I just knew I didn't want to be anywhere near bars and businesses and the whole razzmatazz of working with the council to put on something that makes money for everybody but no-one wants to commit to it.

So I recognise where my limitations were. I know that what I bring to my work, I think that some of the work I brought into local government, local authority, which is actually spreading across the whole of GM soon, my stuff, springs from what I learned from HGM about how you engage communities. There's initiatives going on now, across the Greater Manchester Combined Authority, around public service reform, around getting communities to do more for themselves. So 25 years ago, that's what we were doing. And now they're recognising that, as actually, you've got to get community to support themselves.

So I think that shaped the way I work now. And I think what shaped, what was happening there, was a sense of injustice and rage at people dying, and not being able to do anything about that.

[00:48:45] End of transcript.