

Maurice Nagington

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PARTICIPANT: So my name's Maurice [Missed] [00:00:04], I moved to Manchester just over 14 years ago in the September to come to University. And I kind of, like I was saying, I sort of ended up in Manchester because I was part of a church back at my parents' home who were sort of doing youth engagement stuff in Manchester and kind of I suppose social justice, work around poverty and things like that. But then I came out as gay and were like 'oh yeah, we can't have you doing that if you're gay'. So I still came to Manchester because I still really love the city but that was probably... that, and Queer as Folk, let's be honest. [Laughs] And I was like 'oh wow, Manchester'. Like, there was obviously something in me as a teen... I must have been like fifteen, sixteen, when that came out. And like, I watched every minute of it. And yeah obviously that set Manchester as a place of gayness on my radar and I remember when I moved here, I think it was probably like the first night that I was in Manchester, I came down to Canal Street and ended up in Via Fossa and I'd seen this other guy who obviously looked quite gay in my halls. It was like the halls on Grosvenor Street near the Aquatic Centre. Which are gone now, which is making me feel really old. And he'd ended up in Via Fossa as well and we had a bit of a chat, and I know that I didn't really make friends with him to be honest. Like, we kind of like said 'hello' if we saw each other but it didn't really, we didn't really keep in much contact other than that. So yeah, that was my kind of first moment in Manchester

But yeah, it kind of took me maybe a whole year to sort of properly come out in Manchester and then sort of like be more confident in being a young gay man in Manchester, I suppose. I didn't really have much, or almost any contact with like the gay scene for the first year or so.

[00:02:24]

INTERVIEWER: And when would this have been?

PARTICIPANT: This is 2003 was when I moved here. Like, September time.

[00:02:36]

INTERVIEWER: And you moved partly to study, or...?

PARTICIPANT: Yeah. Yeah, so I moved to study. A nursing degree. I almost did music actually, I did this sort of semi-audition thing at the RNCM and they were like 'well if you don't like the nursing course then you can do a full audition in the October and you might get in, you might not' but they were like 'you stand a decent chance'. But yeah, I decided not to. I mean like usually, most people who are thinking of doing music would like go to multiple music colleges and audition at several of them and then choose which one they get in to, but I was like I didn't want to do that, I wanted

to stay in Manchester. And I was like, nah, I'm enjoying the nursing course so I won't audition. So yeah, I almost did music but didn't.

[00:03:22]

INTERVIEWER: Okay, cool. And how did you first become interested in nursing as a subject?

PARTICIPANT: Oh God... well my family, my uncle is a nurse. Retired now. He lived in Holland for most of... I can't remember him living in England but he did when I was a kid, but I can't remember that. And then my other uncle was a doctor, he worked in Wales. And I think as well, like, in my family nursing wasn't seen as this sort of skivvy profession, because like my uncle had done an M.Phil., my granddad had done a Ph.D., albeit in Physics, and I always kind of knew that there were many routes in nursing to kind of specialise or do other things. And I was always quite keen on that, I mean I didn't quite know necessarily what I wanted to do, but I knew it was a very open profession. And I started in... I think I was five or six when I... it was the youngest you could be at the time, maybe it was seven and then they reduced the age, but I joined St. John Ambulance and I was like this tiny little kid, and I did that until I came to uni basically and I didn't want to do that and a nursing degree, so I quit after that. But I really enjoyed that, that kind of like taught me loads of things about communication skills, about caring for people, about organisation, obviously first aid, kind of group work. All those sort of really kind of useful things for healthcare stuff.

Wound care, all sorts of things. So I did that for years and I think is what solidified my interests in nursing. I mean I also did a hell of a lot of music as well, that's why it was a bit of a toss-up between nursing and music.

[00:05:32]

INTERVIEWER: What were your first impressions of Manchester? Maybe... I mean, you've talked about Via Fossa, but maybe specifically like queer Manchester when you first arrived, or just generally the city, how was it? Because, where had you come from?

PARTICIPANT: So I've come from Loughborough which was a... I mean it's a university town, but I always think of Loughborough as, if it didn't have the university it wouldn't have anything really. It's very... it's... [sighs] how do you describe Loughborough in a... it's very middle class, even the kind of working class parts of Loughborough, they're not that poor. It doesn't compare to Manchester with the poverty. I mean the poor areas of Manchester have changed a lot actually since I've been here. And like I saw a lot of them when I was doing my nursing training. But Loughborough is very very middle class. And it's very small as well, like literally you can walk around it all the time. It's very safe. Like, my parents have no problem... like, once I was safe to cross a road it was no problem me being out, wandering

around wherever. Like, nothing bad could happen to you. Once you'd learnt to cross roads, like, it was fine. You could just go wandering pretty much wherever you wanted in the town. It was very very safe, nothing bad would ever happen to you.

And it was lovely countryside not too far. But I mean you could live in the town centre of Loughborough and there was nice countryside within walking distance. It's not a big place. So like we lived on the outskirts of Loughborough but the outskirts, it's not like... it's not a big place. So like, I had great childhood. And literally like cycling around the Loughborough countryside, Leicestershire countryside. And in that respect it was quite free. And I went to a... like, I look back on it now and it's just... because you don't know any different when you're a kid, but I went to this really liberal arts college. Like, really liberal. Where we did like scenes from Hair, like all-sorts of musicals. We did cabaret. And that was like, it was just what we did. And it was great. So that was quite liberating as well, although I probably wasn't that liberated at the time, I think if I didn't have that background I would have found life even harder. But there were lots of gay references and they weren't... there was one out teacher. But not really. Other than that, other than him, there weren't really many. But otherwise, it was... like, for its time it was a very liberal school. And there was no uniform and teachers were on first name basis. And it was, yeah, yeah. And we were given keys to go and mess around in the recording studio and the grand piano at the weekend, and it was just like, there you go, just enjoy yourselves. It's like [laughs] you look back on it now and you're like 'this is... just doesn't, I can't imagine it really happening.' And it's not... all my friends that we're still in contact with, we look back on it and we're like 'did we really go to this sort of school?' It just kind of seemed... league tables were coming in, but they didn't really mean anything. So your parents, like my brother went to one school and me and my sister went to the other, and it was really literally like, me and my sister were better at art so we went to that one and my brother just went to the other one because he was better at sports. But there was no kind of consideration of like 'oh, did they get 80 or 85% of GCSE passes?' No, like, I say I can remember it just coming in but it was on a tiny scruffy piece of paper on one of the teachers' offices. There were no like banners outside of the school and it was just like, 'yes, we know the percentages'. And it was like, fair enough, your percentage is like, I can understand knowing them, but it wasn't used in a kind of like advertising way.

And yeah, me and all my friends look back on it and go 'this school was just crazy'. And I remember like loads, the kids, some kids were complete stoners and they were smoking on the premises and the teachers really didn't give a fuck. [Laughs] Look back on this really weird like pocket of liberalism. And the school was in the next village to Loughborough as well, so we could all, like, you were all allowed to wander out in the village as and when, if you weren't meant to be in class you could be wherever you wanted. And I say like it was a village, you could be in out in the countryside in four, five minutes' walk. So that was very freeing as well. So that was my childhood background, like, quite a lot of countryside, very liberal, background education. Lots of art and music and stuff.

[00:10:55]

INTERVIEWER: Okay. So how was it moving to Manchester? What were your first impressions of Manchester?

PARTICIPANT: Oh, a really friend city. Because you come from Loughborough and Loughborough's very small, you walk through Loughborough and you always see someone you know. But Manchester's really friendly. And I'll tell the story briefly, but I remember, because this was the days before Google Maps. I needed a map of the city, so I just got on a bus, came in to Piccadilly Gardens, pretty much stopped the first person I saw. Old lady. And she took me to WH Smith's and then chatting away as well walked, and then I was like 'what are you doing the rest of the day?' and she was like 'oh, I'm just going to relax because I'm having a hip replaced tomorrow' and then she walked back off in the opposite direction. I was like 'oh, you're lovely! Oh, you're so nice and you've just walked completely out of your way for me to go and help me get a map'. And that's always stuck with me, that Manchester is a very friendly... it's a big city but it's still very friendly, and like if I see people looking on their maps on their phones quite often I will stop and say 'oh, do you need any help? Are you lost?' And I remember a couple of weeks ago I was reading this article of this guy who was bemoaning the lack of signage in Manchester, and it's true, Manchester is particularly devoid of signs. I've never known, and I've travelled a lot, I've never known, except for maybe the slums of Nairobi, have less street signage. It's like, even like main roads just don't have their names on them. That's astonishing, how the city functions. So like unless you've got people who know the name of the street around you who are willing to talk to you I don't think Manchester will function. But he was bemoaning the lack of street signage. Well actually it works okay because you just ask the person stood next to you and usually they'll know and they'll tell you.

[00:12:58]

INTERVIEWER: Okay, cool. And you mentioned that it took you a year to kind of feel comfortable with your being public about your sexuality or accepting your own sexuality. How did you become more aware, or did you go out in the Village, or did you go out to LGBT nights?

PARTICIPANT: I just kind of like decided that I was gay and this church wasn't going to be supportive of it, so I left that, and that was at the end of my first year of uni. And so it kind of came with like moving house, and it was quite, it was quite easy in a lot of respects because again you're in Manchester and the new year was starting in the University, so I went along to the LGBT Society, met a few people who are still friends now, and just hung out with them. And I say it was a huge, a massive LGBT Society, so you're bound to meet people you get along with and you know... I know other like kind of universities that my friends are at from back home, like, it was much smaller and I think it would have been harder if I'd been in, like, you know, a city like, in Bristol I remember like going along to things at their LGBT Society, it was really

small. And Loughborough and Aston and what-not, even though Aston is in Birmingham. And it was like, no, the Manchester LGBT Society was vast and there was loads of stuff going on, there was some hilarious conversations about that people didn't want a swimming event because of body fascism. I always remember that. It's like 'what? Can't we just go fucking swimming?' I like swimming.

In fact that was Bev... oh, what's her surname now? She's a councillor now. She was like lead anti-body fascist person. Anyway, going off topic now. But yeah like, it was quite easy to come out and then just find a group of people. And saying because it was the start of the years as well, like, it was just really straightforward in a lot of respects.

[00:15:12]

INTERVIEWER: Yeah. So okay, so if I could take you back a little bit, sorry, having come to Manchester. If I can take you back, obviously this project we're kind of interested to kind of hear people's stories as well about their memories of involvement or how they've been affected by the kind of HIV and sexual health campaigns. Do you remember the first time when you heard about this new virus?

PARTICIPANT: No. I'm a really weird one actually because my uncle's gay and his partner's HIV positive and they live in Amsterdam or near Amsterdam. But I remember... I don't remember being told about it, I remember it just being something. And I mean like, I think kind of as a kid, as a young kid... and he was HIV positive probably almost all my life, I was born in 1985 and he was certainly positive by 1990. So... but I think you can't really explain that to like a five-year-old child, it's hard. But I don't remember ever having a sit-down talk about HIV. It was like 'oh, Kes is positive, oh he's alive. Yeah, he's fine, he's on treatment, it's no problem'. So that was always my relationship to HIV as something that's very treatable. So I was probably mid-teenage years when it became clearer. Obviously mid-teenage years for me was also when combination therapy came out. So there was never a possibility that, like, Kes was going to die in my kind of understanding of HIV. I can't remember the kind of like 'Don't die of ignorance' campaigns, I've seen them but I don't think I have any contemporary... I don't have any memory of them at the time. But I do just kind of remember having this knowledge that Kes was positive and yeah, sort of a 'so what?' really. Yeah. So I've grown up with that, so like, I think it's a personal relationship as well. I don't know him that well but I know my uncle well. So yeah, that's my sort of... it's slightly different to a lot of people's exposure to HIV.

[00:17:49]

INTERVIEWER: Yeah. In a way it's normalised from a very early...

PARTICIPANT: Yeah, yeah.

[00:17:58]

INTERVIEWER: Yeah. So how, when you've talked to other people, have you been aware of it maybe, that's specific to you or that you are different in that respect?

PARTICIPANT: Yeah, yeah. No, no, I am. I mean like, you know a few people who may be like, their parents were positive or whatever, but I think that's a very different relationship. But yeah, I don't know, I don't really know anyone else who's sort of had that more personal connection to it and just not really... and as I say like, my family is quite a medical family so they were quick to learn about any treatments, any implications of those treatments, and accept the implications of those treatments. And it was also probably seen as... it was, never ever was it seen as like a moral thing. Now, homosexuality might well have been with my grandparents, his parents, that was, they were Catholic and there's a reason they live in Amsterdam and that was it. But the HIV thing never was. It was just seen as a medical condition that was treatable. And I remember like when I went to visit my uncle once, like, he just had this massive bag of condoms. And I was in Amsterdam on this, like, I can't remember what I was doing. I think I just went to... I went to something for an hour and they were to somewhere else for an hour and we met up afterwards. And they came back with this massive bag of condoms and like 'oh yeah, we're just stocking up on condoms'. And like 'oh right, okay'. So yeah, I've got those sorts of memories where it was, the implication was like, 'well I already knew Kes was positive and this is what we do to kind of make sure I'm not positive' but it was never a big conversation, it was just like 'what's your massive bag?' 'Oh, it's a massive bag of condoms'. 'Oh right, okay'. Yeah.

[00:19:56]

INTERVIEWER: Okay. How old were you then?

PARTICIPANT: I was probably eighteen then, eighteen, nineteen I think, by then. But there will have been things before that, but that was... I was on my own, with them in Amsterdam, so I must have been like eighteen, nineteen. Something like that.

[00:20:14]

INTERVIEWER: Okay. How do you feel that... or maybe it has or hasn't... how do you feel that, in terms of your own, so you're in Manchester and I imagine you're also, I don't know... how do you feel that that background sort of translated in to your own sexuality, your own sexual life, in terms of how you pursued intimacies?

PARTICIPANT: Yeah, I think I've always been fairly able.... as kind of the years have gone even more so, I'm very comfortable talking about it now. But it's kind, it's always meant that I've been able to talk to people about it, talk about condom use quite easily. And as PrEP has become a thing, or as 'Undetectable' has become a

thing, I've always found it, for me... I'm not saying everybody I talk to has, but most people have, I've always found it fairly straightforward to talk to people about it. I think that probably goes back to it being, it never having a moral element to it for me ever. And it never being something that was whispered or kind of kept as a secret, it was kind of talked about like when it came up in an appropriate language for whatever my age was. But yeah, it was never like a sit-down talk or anything like that, it just never happened.

[00:21:55]

INTERVIEWER: Okay. So in terms of your own sex life, and if you're not comfortable talking about this... have you found it, have you ever encountered people who obviously haven't got that background, or how do you kind of negotiate the kind of sex that you want? Like, whether you want to use condoms or whatever?

PARTICIPANT: I mean, to an extent I've kind of like been pleasantly surprised. I mean in the past, like I did this little experiment for three or four months on my Grindr profile and put a little 'equals' sign. I nicked this idea of someone else, so it has to be credited to this other person who I can't remember the name of but anyway. And it was a little 'equals' sign and it basically symbolised that I will treat everyone's status equally. And I said like 'ask me about it if you want to' and loads of people did. And it must have been like, well over a hundred people that I had this conversation with, and only one person was a little bit awkward about it and he was like 'oh, I wouldn't have sex with someone who was positive' and I was like, 'oh okay, that's fine'. And we had a fairly sensible conversation where he was clearly not going to change his mind, but everyone else, I was kind of pleasantly surprised at how actually people were comfortable talking about it. And I was like 'okay, maybe it's not quite so unique to me'. I'm comfortable being comfortable talking about, but actually everyone was like quit clued up. And I don't know whether, this was all pretty much in Manchester. But yeah, it was quite a pleasant surprise that people didn't have negative reactions about that. And people seemed quite educated about things like 'undetectable' and PrEP and all that sort of thing.

[00:23:53]

INTERVIEWER: Okay. So we're talking a little bit there about the different kinds of technologies and obviously you've mentioned combination therapy. How do you feel, like, the different, those different kind of technologies have shaped sexual health for men who have sex with men and beyond that over the years? So maybe starting back when you were first-

PARTICIPANT: Yeah, so I remember, like, I was at this kind of... there was a lot of uncritical thought around condom use and a lack, an inability to understand why people might not want to use them, or maybe even an unwillingness to understand why people don't want to use them. And I remember there was this sexual health nurse, I was at this kind of like seminar thing that happens every, two or three times

a year. I'm actually just getting back in to the loop too. And this guy being really ardent, like 'oh it doesn't change anything, people can like... it's the same sensation, I don't know what people are moaning about'. I was like 'maybe for you, but you're not even attempting to understand why people might not use them' and so, that has two results. Like people, if you have that attitude towards people they're not going to listen to you because you're not attempting to understand them. It was a very paternalistic dynamic. But also like, at the time, there wasn't anything else really. Or we didn't know of anything else. I think it's surprisingly naive to think that treatment wouldn't have helped the passing on of an infection, but anyway. In retrospect it's a bit of a surprising thing that we didn't twig on that one quicker than what we did. But anyway, that's neither here nor there.

But if you don't understand why people are doing things in an open discussion that doesn't try and leap with a judgment of 'oh, it doesn't do this' or 'it does do that' you end up not being able to educate people, you end up not being able to have a sensible conversation because you instantly close down their thoughts, their feelings, their experiences. And I think people are more willing, we see all the time people are willing to change their behaviours. Or some people are willing to change their behaviours if they kind of feel that they're being respected and being thought about and being engaged with. But that stuck in my mind and I still see the guy very occasionally, it stuck in my mind very strongly that the way he was approaching it was very paternalistic and very focused on him and wasn't taking in to account other people's experiences or the risks that other people were willing to take. I mean this was in a time where we now knew that HIV was very treatable and again it was kind of completely beyond his ability to think that some people therefore might be making a decision that they don't want to use condoms and they'll just take that risk. And yeah, so I found some of those attitudes very strange. I didn't usually come across them to be fair but it was things like that that made me go... hm, I can't remember what your original question was now.

[00:27:25]

INTERVIEWER: No, that's fine, yeah. So how do you feel that... do you feel, to say that might have been...? I mean I guess, how ideally do you approach that kind of... I mean, I guess you've mentioned about leaving it open in terms of having a conversation and stuff like that, have you seen good examples of that happening, for example? Or not so much? Or is it just something that you do yourself in your daily...

PARTICIPANT: Hm... [Missed] [00:28:07] I'm not sure from healthcare professionals, because I think sometimes like, if I go... I don't think they really have time in a clinic setting. It's getting to the point now where you're lucky if you can get in to a clinic, let alone have kind of these important conversations with clinicians. It doesn't happen. So no, I haven't had those sorts of conversations with clinicians. It's mainly been like with my friends, and reading things. It's not come via... like the clinicians are like 'okay, you got an infection? Right, we're through here, bye'. In fact, the last appointment... I need to chase up, the last one I've been to I haven't even for the

results back from. I need to chase that up actually. I'm kind of assuming that if there was something and I hadn't got back in contact with them they would have tried to contact me again, but that's again, that's a bit of an assumption. And this was this appointment where I was actually fucking lucky to get an appointment to get seen, and now it's just... so I think kind of the treatment NHS side of things is really struggling and I don't think they're doing much in the way of promotion and conversations with people because I don't think they have the time, they're just that overrun. So I think it does fall a lot to organisations like George House Trust, LGBT Foundation, Black Health Agency, to be encouraging those conversations and providing information and materials for it. Because it ain't happening in GUM clinics. It's not to say the staff don't know and staff don't have the skills. I know some of them, they really do have those skills but they don't have the time to use them.

[00:30:08]

INTERVIEWER: Okay, so you've mentioned GHT, BHA. How aware are you, or how aware have you been, of their kinds of outreach work and what is your experience of that?

PARTICIPANT: Erm... I suppose my experience... I've come like here for sexual health check-up which was nice, that was alright. BHA not much to be honest, I mean I'm sort of, white gay man, not really on my radar. George House Trust I've got a lot of time for, they have some really good campaigns, they have some... I mean, I'm not HIV positive so I don't really engage with any of their services things, but I'm also aware of kind of what support they've got going and I'm aware that a lot of my friends who have maybe been diagnosed or have issues have been able to go to the George House Trust and get a lot of support which has really worked for them in all but one case, actually, but that was, it wasn't about George House Trust. I think that's important to say. It was just, it was a very specific reason why George House Trust wouldn't have worked for him that I wouldn't say on record but it's not a comment on them.

So yeah, they've been really essential I think. And they, you see a lot of partnership working across those as well and you don't, you see a willingness to engage with each other and engage with the community and try and do what works. And you see a lot of their presence on things like the Pride parade, you see them at all sorts of events and things. And I run things occasionally and I will send an email to Colin at George House Trust. 'Oh hey Colin, I'm running this, do you have anyone that wants to come along?' And always, always they find someone. Always. Like 'yeah, we'll send some volunteers'. They have a really active volunteer base. So yeah, I've found them really great to engage with and really easy to help increase whatever you're doing, and it kind of like magnifies... so yeah, they're really wonderful. I've just done a lot more with George House Trust over the years. And they're very service user-led. So the things they do, they really try and involve the communities they work with. And I think again, that's really important, that goes back to that story I was telling earlier where this guy just had really clear ideas of what needed doing, and people

just need to use condoms, they just need to do that and I'm like 'yeah, but you're not actually listening to the people that you're working with' and I'm sure George House Trust make cock-ups occasionally, but they do seem a much more porous organisation between the people leading the service and being paid, and then the people that are the communities that are receiving those services, and they do seem to have a really good dynamic going on there.

[00:33:34]

INTERVIEWER: Okay. Great. You mentioned testing here, how important do you feel testing has been in terms of as a prevention strategy, well, and going to treatment I guess, over the years?

PARTICIPANT: I think it's hugely important but it's also fucking awkward to get a test. I mean, either you queue up at the Hathersage at like, you know, six in the fucking morning or something like that... and I'm only exaggerating slightly. Like, I've given up going to the Hathersage now because I can't deal with the queue, so I go to Ashton and the queue is not a lot better at Ashton but you know, you're probably going to get an appointment. But you have to devote at least half a day, possibly a whole day actually, to getting a test. And that's just crazy. Like, I'm on this trial for home testing kits and I love them, I'm like 'okay, I can just do it literally sat and within five minutes I've got an answer'. So much easier! But I think, testing is absolutely essential. Like, it's slightly less essential for me because I know what risks I take, I don't really take many risks, but I still want to be tested.

But yeah, I think people who kind of like take more risks than I do would have the same difficulties getting a test as I do. Well, I think that's... well it must be one of the key reasons why we're not getting on top of HIV, because people can't... it's not that they don't want to get tested a lot of the time, it's they can't get tested. And if you're working, great to have a clinic two until three o'clock wherever this is, but it's once a week, it's during when most people are working and it's great that it exists, but just like, get a fucking test done. And I don't think a lot has shifted on testing over the years, there's new technologies come in that make it easier and we don't really adopt them in any kind of wholesale [sic] way. And I think we could, and I think America has... we kind of still rely quite heavily on medics doing the tests and nurses doing the tests, and that intrinsically makes it an expensive thing to do. And I think there's been, America has a lot more community involvement and you just train people who to do an HIV test, this is how you do it. It's not fucking hard. With the modern test literally we expect people to do it themselves now with an A4 sheet of paper instructing them how to do it. We still haven't really picked up that mantle of getting community groups testing each other. There is still a huge reliance on paid professionals to do it. And that puts a lot of limits.

[00:36:55]

INTERVIEWER: Do you think part of that is because people... there's always an urge to record the information and to have it monitored, rather than in a kind of trust maybe?

PARTICIPANT: Possibly. I mean we do... like, this country's got a really... no other country in the world runs their healthcare system the way we do. It's like, so people kind of moan about the privatisation of the NHS, it's like 'well it couldn't be less privatised' [laughs]. It is a state-run system. You know, Germany, France, Amsterdam. Everywhere have private companies running things. We have... and charities. We have a huge kind of, we place a lot of agency in the state-run services to do everything for us. I think as a population we do that, I think the state holds on to that control. Whereas if you go over to the States, I mean that's the other extreme example where the state did nothing for the HIV epidemic for the best part of a decade. And I'm not espousing that that is a wonderful model, but what it did result in was that you have some really strong community organisations who know their groups just as well as George House Trust do, but actually exercise a lot more freedom in what they do sometimes that we... you know, we have community testing maybe once a year, on World AIDS Day, if you're lucky. You'll find in a lot of North American cities are doing it like every week in a bus. And so we're really behind I think on the testing front.

Treatment we're leagues ahead. You know, if you need treatment you get it. PrEP we're bumbling behind really. We're not as behind as some countries but we're certainly not leading the charge. But testing I just think we put, we don't really... we don't use it as much as we could, and it is like, you know, if you're doing to deal with HIV people need to know who has it. And if we don't... and need to find it easy to get a test and it's still not easy. And it doesn't need to take a whole day to get an HIV test.

And like Dean Street down in London, they had what seemed to be to me a really good system of, you walk in, you do all your swabs and whatnot yourself, and then if you want an HIV test you waited in line and the nurses were quite quick and efficient about it. And you were there, you could bet on being there for about an hour. But for some reason that shut down, I'm not sure why. Yeah, it's been gone for about a year now.

But I think it was just too popular. And I think it's a shame that it was too popular, because clearly it became popular but it was too popular because nobody else took it on as a model of actually, we can let people do things for themselves rather than having... I mean, it's not hard to shove a cotton swap up your arse, it's just not. It's not hard to piss in a pot. And all this kind of sexual health history-taking, I'm like [Loud banging noise] - oh shit, I'm sorry!

[Break]

[00:40:29]

INTERVIEWER: It's alright.

PARTICIPANT: Oh no, I've... sorry. It's just... oh, I'm like...

[00:40:36]

INTERVIEWER: Yeah.

PARTICIPANT: [Sighs loudly] You know.

[00:40:39]

INTERVIEWER: Could you say a little bit about that?

PARTICIPANT: Well you have this very well... and I think it goes back to what you were saying about like wanting the information and wanting the knowledge, and I think it goes back to the state wanting that knowledge. And I mean, like, the next one, like, like 'how many people have you had sex with?' der-der-der, I'm going to have to recount this six-man orgy that I was part of, and like 'were you the top or the bottom?' and I'm like 'I can't fucking remember, I was twatted. I don't know, just fucking do the test and let me go, please!' And it's like, can I even be arsed to tell them that? Because I just want the test, I just want to get out of the room. I'm hungry, I've been sat in this waiting room since nine o'clock in the morning, it's now twelve. And it's just, you know, it could be so much... and I know there's a balance to make between, you know, people want to say 'we take this history so we can address problems with people' but you're not doing that anyway. Because like I was saying earlier, you don't have the time to really sit and have conversations with people, so why take the information in order to have conversations if you're not going to have conversations anyway? It's just this kind of like almost fetishistic gathering of knowledge that I don't think really gets us very far in most cases. And you could just do it... you could just tick-box it. I find it a very, very inefficient model.

And even sometimes it's doctors getting paid to do this thing, I'm sat with a doctor for... I was sat with this doctor for like half an hour and I'm like 'bloody hell, this costs a fortune'.

[00:42:24]

INTERVIEWER: Hm. You mentioned earlier about how we didn't twig sooner in terms of kind of treatments, prevention, and... how do you feel like, so now you've mentioned as well PrEP and on the other hand 'undetectable', kind of looking in to the future I guess, what do you see as being the future of sexual health, of safer sex promotion, of... yeah.

PARTICIPANT: I think the future will be... I mean, we've got PrEP now and it's relatively accessible if you can afford it. I think in a few years that will become more widely accessible. I think the arguments are becoming increasingly untenable on the economic level, and there was a good paper in the Lancet a few weeks ago doing an economic modelling of PrEP. I think the patent on PrEP, on TRUVADA, is crumbling. It's like, Ireland and Scotland are both just using generics. So I think that's crumbling and it wouldn't surprise me if someone like the National AIDS Trust brings a case to use generics in England and Wales and takes it for judicial review. Because the National AIDS Trust, as we've learnt, like Yusef is a fucking legal genius, and it wouldn't surprise me if they do that. But either way we're moving towards generic TRUVADA which will make it a lot cheaper, a lot more affordable for the state to pay for. So I think we'll find a large roll-out of TRUVADA.

I think then we'll get long-term injectable PrEP that lasts for a month or something. It's not difficult to formulate it, you just PEGylate [?] [00:44:23] it, and in the end it's really straightforward, it's not huge amounts of drugs research. We know how to do it. And again, the cynic in me says that I think they're slowing down the research on that purely so they can launch it just in time for when the pill comes off patent. But I think we will see that, we will see long-term injectable forms of TRUVADA, I don't see any reason why it won't work. There's no good pharmacological reason to assume it won't. It's a very stable drug, it works fine. And it's easy to inject, you just need to do it.

[00:45:01]

And I think once we get that, I think kind of, if we get testing sorted I think we do stand a real chance of... I mean we've seen in London where there are slightly better testing facilities and there's certainly much wider use of PrEP amongst gay men. Like, clinics have seen like, 40, 50, 80 percent drops in their HIV seroconversions. Which is nothing, that's never happened in the whole history of the HIV/AIDS epidemic, we've never seen that. It's been either a consistently upward trend or a kind of slight drop when people were petrified. But we've never seen kind of consistent drops. So yeah, I think that's probably where we're going and I think we are kind of starting to see the end. I think we will end up finding out that PrEP is not quite the full saviour that we hope it'll be. But yeah, that's my, I think a lot has shifted just in the past couple of years because we have seen that we can start reducing it.

But then there's still huge issues with, with it being affordable in different national contexts and dealing with the stigma of HIV and getting treatment and, you know, in countries that aren't rich countries, I think there's still a huge issue. I mean, as I was saying, treatment isn't an issue in this country. If you get diagnosed HIV they'll give you treatment, there's no question. That's not the same in a lot of countries, and I think there's still a huge amount of work to be done on that. But that's been the case for the entirety of the HIV/AIDS epidemic, that the rich countries have fared a lot better by-and-large. And you can even look at middle income countries like Eastern European countries, there's still a massive HIV/AIDS crisis. AIDS crisis in Eastern

Europe. Not even HIV crisis, AIDS crisis. And so I think there's still a very long way to go globally, but I think kind of locally I think the UK, if it wanted to, if it wanted to it could do it tomorrow. The charities are there, the networks are there. If you just said 'right, we'll give you lots of money to do testing' you'd roll it out much better, much quicker, within a few months. PrEP literally could be rolled out tomorrow. Not, it could be. [?] [00:48:05]

So I think the UK, we've got the money, we've got the connections, we've got the infrastructure, we've got generally the cultural understanding amongst most community groups. I think you could see the end to the epidemic really rapidly. I don't think we will, I think it will take quite... I think, peg it [?] [00:48:24] about five years yet personally. But I think that's coming in the UK. Yeah. And it'll end up just being like TB where someone's diagnosed and then like you have to trace a group of ten, twelve, twenty people and get them on treatment as well. And then obviously it's still a long-term condition but I think we will treat it more like outbreaks of, rather than population epidemic. At the moment like there's just no way you can trace it all because there's just too many people, but I think we'll see pockets of outbreaks rather than... and actually I read this really racist article, I can't remember who was writing it, but they were like 'oh yes, there'll still be the problem of like foreigners coming over' and like 'being HIV positive we'll still have to treat them'. Just... just pause there a minute [laughs] shall we. Let's, let's not put the HIV on to the foreigner. But yeah, I think we'll get to that point within maybe five years, where it's being treated as outbreaks rather than what it is at the moment were we just have no handle on where it is, what it is, who it is. I think we'll have a much clearer, more precise, target.

[00:49:44] End of transcript.