

Paul Fairweather

[00:00:00]

PARTICIPANT: I was born in Birkenhead in Merseyside in 1956, and I came to Manchester in 1978 when I left college to work for the Campaign for Homosexual Equality, which was then the main gay rights organisation in the country. And they had one full time paid post, it was based in Manchester, and I applied for that job - I was very young - and was offered that post. And I was living in London at the time, and was told I had to come to Manchester, but that they were moving the office to London in six weeks. So I really didn't want to come back up north really, but I remember telling my friends, I've got this great job, but I've got to live in Manchester for six weeks, which was in 1978! So I've stayed ever since really. So that brought me to Manchester and having a full-time job in the gay movement in those days was very very unusual really. And then I've stayed ever since, and a few years later started to work at what was then called Manchester Gay Centre, which was round the corner in Bloom Street, and I was involved in the organisation's base there, and the Manchester Lesbian and Gay Switchboard. I set up a magazine called Mancunian Gay in the 1980s, and then at the beginning of the AIDS epidemic we were writing about AIDS in the magazine and in 1985, with a group of people, gay men mainly based around the the Manchester Lesbian and Gay Switchboard, we set up Manchester AIDS line.

[Break]

[00:01:35]

PARTICIPANT: I'd say, from 1980 to 1985 I worked in the Gay Centre, and in the early 1980s we began reading articles in the American gay press about this disease that was affecting particularly gay men, it was called at the time Gay-related Immune Deficiency, it wasn't even called AIDS. And particularly in San Francisco, New York, there were large numbers of young gay men getting this unknown disease and dying.

So in about 1983, I wrote an article for Mancunian Gay about this new disease, and began to start talking to some of the doctors at the regional isolation hospital at Monsall, which was then the place that was dealing with HIV and AIDS. And in 1984, organised a meeting above the Thompson's Arms in Manchester and a guy called Tony Whitehead, who'd just got involved in the Terrance Higgins Trust had just set up in London, and the guy, who was a key person in terms of HIV in the 1980s, called Tony Whitehead came and spoke at the meeting in a very prophetic way about how AIDS was going to affect everybody, was going to have a huge impact on all our lives. And we also had Dr. Bhattacharya, who was one of the doctors at the GUM clinic talking as well really. I think, looking back, it was incredibly important. We didn't realise how much HIV was going to impact, certainly everyone in terms of the gay community.

And then in early 1985, a group of us started talking, who mainly worked on the Gay Switchboard, decided to set up a telephone helpline called Manchester AIDS Line. And we had a small office in Portland Street, and on Monday evening between 7 and

9 we just answered the phones. And in the first period, we got mainly calls from the worried well, from people who were at absolutely no risk of AIDS but were really paranoid about catching it through shaking hands or sharing coffee cups. There was a lot of publicity in the press around HIV and AIDS, so they were the main calls we got in the early days. And then slowly we got more people in Manchester who'd been diagnosed as HIV positive and were living with AIDS, and it began to expand quite quickly. We got more volunteers, we got paid staff, we began to do buddying, we began to do a lot of training and talks, so we slowly began to expand from the middle of the 1980s.

[00:04:05]

INTERVIEWER: It's quite interesting what you're saying there about, you read articles in American magazines and then, I'm just interested in how that seems like such a distant thing, you know, it's in another country, it's on another continent, how quickly then you became involved in activism and working on it here in Manchester as well.

PARTICIPANT: It did seem very very distant, and I think in those early days I don't really think we actually thought that anyone in Manchester would really get HIV or AIDS really, it seemed very very distant. And in the first period there were very few people actually. And then it just exploded really, and then more and more people from the mid to late eighties, friends of mine were positive, were dying very young, dying horrendous deaths. So as well as campaigning and lobbying, we were also supporting friends and lovers who were dying of AIDS, really. And it was a huge traumatic time really. I think looking back, because again we were very young, mainly people in their 20s and 30s, who were dying, and in the early days there was no medication at all. So people got ill very quickly... had a whole range of pneumonia, Kaposi's sarcoma, looked horrendous and actually were treated very badly by the hospital. There was a huge level of fear. I remember I went to see a friend at Monsall and the nursing staff were leaving his food outside the door, they wouldn't even go in and take him his food because they were paranoid about catching AIDS. And all the nursing staff were completely double-protected, they were all in masks, and they were completely paranoid about catching HIV and AIDS.

[00:05:51]

INTERVIEWER: So a real lack of knowledge, and misinformation, paranoia-

PARTICIPANT: Yeah, a real lack of knowledge and misinformation, exactly. Because, you know, HIV is a very very difficult virus to catch actually, there's no way you can catch it by casual contact. But we didn't know as much about the virus then, and people were incredibly paranoid, and because there was no cure, it was for most people, it was a death sentence for most people. But the level of paranoia even among medical staff is quite surprising. You talk to people now, they're amazed that that happened, but it absolutely did.

[00:06:24]

INTERVIEWER: Yeah, god, even in hospitals... That's really shocking. Yeah, that is really shocking. So we touched on something there that I want to ask you a bit more about, that sort of paranoia, and how that fed into the atmosphere of the gay community in Manchester. And also the wider community and the police and everyone's reactions.

PARTICIPANT: It's interesting, because there was beginning to be quite significant progress in terms of lesbian and gay rights really. In the early 1980s, there was a lot of activity, I was involved a lot of activity in the local Labour Party, and in 1985 we had a new... Graham Stringer, who's now the MP for Blakeley in North Manchester, became leader of the council, and we had public meetings for lesbians and and gay men; we set up a lesbian subcommittee, a gay men's subcommittee. In 1985 I left working at the Gay Centre, and started to work for the city council as one of their gay men's equality officers. So we had two lesbians and two gay men working full time within the council on lesbian and gay issues, doing lots of work supporting local communities, funding for projects, and beginning to do the work that led up to the building of the gay centre in Sidney Street.

So there was a lot of very positive things going on, but at the same time, the impact of AIDS, particularly in terms of gay men, made people much more scared, much more paranoid. You had James Anderton in the mid 1980s very specifically talking about "gay men swirling in a cesspit of their own making", making astonishing statements around people living with HIV and AIDS. And there was a big reaction to that. Again, the police under Anderton were very hostile; people were raiding, you know, gay bars and clubs in the Village were raided regularly. And if people experienced hate crime, they probably wouldn't report it to the police. So it was a very different environment. And then in 1987, you had Section 28, and in 1988 the huge demonstration against Section 28, so I think the combination of Anderton in the police service, HIV and AIDS, and Section 28, people felt very much under siege I think under most of the 1980s.

[00:09:02]

INTERVIEWER: And did that, sort of, as awful as that is, did it create a strength within the community as well? Out of necessity, kind of thing? A, kind of like, definition around the gay community.

PARTICIPANT: Yeah, I think it did. What was really interesting is that certainly Section 28 radicalised a whole new generation of younger gay people. There were a lot of lesbians involved in the campaign, I think for the first time, large numbers of lesbians and gay men worked together on a major campaign. Because before then it was very separate really, both socially and politically. Quite a lot of lesbians got involved in stuff around HIV and AIDS; actually, lesbians were involved in Manchester AIDS Line, George House Trust.

And I think the other thing that happened after section 28, people began to talk about the Gay Village. Before then, a lot of the main bars and clubs weren't in the Gay Village, they were in other places. No-one lived in the city centre, so people didn't really talk about the, the Gay Village didn't really exist until I don't think until after Section 28, when we marched to the village. Some of the pubs and clubs were very

supportive around the campaign around Section 28, it was the first time they got involved in supporting any political activity. From 1985, the council was much more supportive. So I think by the end of the 1980s, you had a much stronger lesbian and gay community, who were used to campaigning: campaigning around HIV and AIDS, campaigning against Section 28, campaigning to get the local council to support gay rights.

[00:10:47]

PARTICIPANT: The campaign against Section 28 was astonishing really. It was like, we met every Wednesday in the town hall, and we had over 100 people at every meeting. Every Wednesday, 100 people at political meetings, which was unheard of. Before then you might have a handful of people actually involved in organising events. Lots of younger people, lots of new people, lots of lesbians. It wasn't without its different contentions, particularly between the men and women there were some tensions and some difficulties, but actually because we were very much focused on organising this demonstration, which turned out to be the largest demonstration ever in Manchester. It was a huge huge demonstration, and being involved in the whole process of that was really significant.

We actually organised the whole demonstration from a secret room, right up in the rooftops of the town hall, which we weren't meant to be doing. I was involved, I was then working for the council and actually part of my job was not... you know, I should not have been organising demonstrations against the government! That's not what I was paid to do, but in reality that's what we were doing all the time really. But we had to keep that very hidden from the press and from the Conservative councillors on the council at the time really.

And the actual demonstration was amazing. We had, you know, Jimmy Summerville sang, Ian McKellen had just come out, was there, Sue Johnston [from TV show] Brookside. We had a big concert at the Free Trade Hall afterwards, and the sensation of having hundreds, having thousands of lesbians and gay men – and not only lesbians and gay men, lots of trade unions, lots of non-gay people were involved. Marching through Manchester made a huge impact I think, both nationally and locally, and gave people a lot more confidence I think.

[00:12:34]

[Break]

[INTERVIEWER adjusts microphone.]

[00:13:01]

INTERVIEWER 2: I was going to ask a question actually. Could you tell us about what you remember - you mentioned, you did talk about it a bit, but could you tell us what you remember about that first meeting in the pub, when there was this news of this virus that people didn't quite know what it was and how it was going to affect people. Could you describe that evening?

PARTICIPANT: Sure. The meeting was held above the Thompson's Arms, and we weren't sure how many people were going to turn up, but we probably had about 50 or 60 people. And I started talking a bit about the information that I knew from the American gay press. But there was very little information. And Dr. Bhattacharya, who was one of the senior consultants at Monsall, the isolation hospital, talked a bit about some of the medical information that was known, really. But I think the main thing was, as I say, Tony Whitehead, who'd just literally got involved a few months before in setting up the Terrance Higgins Trust, he talked about Terrance Higgins, who was a friend of his, dying. He talked about how AIDS was going to have a huge impact on everybody, but particularly on the gay community. How people would become positive, that we'd need to take it really seriously, it would become the main thing. And I think at the time I don't think people really believed him, I think people thought he was being completely over the top, and I don't think we realised how soon he was going to be proven right really.

[00:14:39]

INTERVIEWER 2: What kinds of... did people ask questions? Or, what was the atmosphere like in the room when people were speaking?

PARTICIPANT: People were... I think one of the problems was that people had very very little information, even the medical people there, they didn't have any information really about how the virus was transmitted, was there any possibility of a cure. The whole issue of... I mean, I'd previously had meetings at the GUM clinic talking about contact tracing, about contact[ing] people, more in terms of other sexually transmitted diseases really, and for HIV it was really difficult. People were talking about not having sex, abstaining from sex, about using condoms. People thought that... one of the theories, people thought that poppers caused it, if you sniff poppers that gave you HIV and AIDS. There were all sorts of ridiculous theories really. People thought it could be transmitted through kissing, or touching, so people were completely paranoid about having sex. So I think there was a real sense of ignorance.

And also at that time, a sense that the government wasn't doing much about it, they weren't talking about it much, there weren't resources around, so there was very little support for people, apart from what we were doing ourselves really.

[00:15:57]

INTERVIEWER 2: How do you think that impacted on people's intimacies with each other, in terms of not knowing about it, the heightened paranoia, the anxiety?

PARTICIPANT: I mean, people stopped having sex. I know people who completely stopped having sex. People were really paranoid if you got a sore throat or a cold, or felt a bit run down, because the thing around HIV was that the symptoms are incredibly general. Most doctors would have no experience, so they wouldn't necessarily come up with any sort of diagnosis. People were really paranoid about actually... you know, particularly if they had friends who had become positive, and often that would happen, people would have friends and then they would become positive and you'd have whole networks of people who became positive in quite a

short period of time. And some of whom died very quickly, some lived for quite a bit longer, some are still around. So it was a real lottery in that sense, because people progressed at a very different rate. So some people were completely fine and survived, you know, started taking combination therapy. Other people who were very young, very fit, very healthy, would get lots of opportunistic infections and would die very quickly.

[00:17:16]

INTERVIEWER 2: Do you remember when testing became more routine? I'm thinking about the developments in terms of the clinical response, condom and lube distribution, things like that. Did that come a bit later, or...?

PARTICIPANT: I think that was a bit later. I certainly think there was a really strong sense that for gay men, that everybody use condoms. That the idea of not using a condom was a no-no really. So the concept of like, unsafe sex or barebacking was completely... I don't remember that at all really, people were really really scared because they'd seen their friends dying of AIDS, so there was a huge incentive to use condoms. I think we were very clear by then that with condoms, you were probably OK, but it was very much around anal sex, not oral sex, that the transmission was. So people, you know, used condoms, I think. Or people stopped having anal sex, actually, that was the other thing that people did.

And I think when testing came in, again, I think some people didn't want to know. People were either like, actually, they didn't want to know, so they didn't test because they were scared, they were worried that they had it. And that still happens nowadays to some extent, but I think it's very different nowadays. And people wanted to get tested all the time. People get tested every week because they were paranoid. It was like a ridiculous sense of actually, you know, they'd get tested and they were negative, and they'd go back the next week and they'd want another test. Every time they had sex they wanted a test, which was completely unnecessary. So it was like, there was a bit of a, sort of, testing, you know, everyone wanted to be tested all the time! [laughs]

[00:19:12]

INTERVIEWER 2: What do you think the psychological impact was of HIV at that time? Especially in the early days, on the gay community, and wider communities?

PARTICIPANT: I think there was a lot of fear in the general community by people who were absolutely at no risk. I mean, people who seriously had the, sort of... you had the icebergs coming through- there was a lot of stuff in the popular press around HIV and AIDS, and, you know, heterosexual people who'd been abroad and had sex with people were phoning up, paranoid about catching HIV and AIDS.

In terms of the gay community I think it was... I think for gay men it was, particularly for younger gay men, who were very sexually active, it was a real shock. I mean, I'd never seen a condom. The concept of using a condom was inconceivable to me, and I'd been sexually active for ten years before HIV and AIDS. And no-one used condoms, absolutely no-one used condoms. I'd never seen a condom. So the

thought of actually using condoms seemed very very peculiar to those of us who'd been sexually active before HIV and AIDS really.

[00:20:31]

INTERVIEWER 2: Wow. Great. [To other interviewer] Do you have any more questions?

We got to the switchboard and then we were talking about the people working in the Council...

PARTICIPANT: I could talk a bit about the Council and the [missed] [00:20:54] That's quite significant really, I've not touched on that really.

[00:20:59]

INTERVIEWER 2: Yeah, so could you?

PARTICIPANT: The other thing about 1986, Manchester City Council set up an AIDS working party, an actual AIDS unit, that was staffed by a group of people, and part of their job was to run training for council staff around HIV and AIDS. There was funding for specific social workers working with people living with HIV and AIDS. And they actually wrote one of the first policies, in the Council employment policies, giving rights for people who worked for the council who had HIV and AIDS. And whilst we were very clear this wasn't a gay disease, it clearly impacted gay men, so actually the gay men's subcommittee had quite a lot of involvement and links with the AIDS unit and the AIDS working party. We also organised a meeting around AIDS and civil rights at the town hall, again in conjunction with Manchester AIDS Line and the gay switchboard. So I think there was a sense in terms of, like, challenging stigma and discrimination, which was already going on then from the council. And I think, at that time, it was very rare; most local authorities would not have done so much work.

But then the other thing that happened, of course, was a friend of mine, Roger [Yowse?] [00:22:16] was actually detained forcibly at Monsall Hospital. He'd actually gone to Monsall, was diagnosed as positive, and they wouldn't let him out. They kept him, they forcibly detained him, because they thought he was going to go to the Village and spread HIV and AIDS, which was again, they had the power to do that, but it had never been used before. And again there was a huge immediate campaign; we picketed the town hall, there was a lot of publicity nationally and locally, and they soon reversed the decision, because it would have been... you know, just practically, people would not have gone to Monsall, they would not have been tested if they thought they'd be forcibly detained. But [for] Roger, who died very shortly afterwards, for him, it was an incredibly traumatic experience, and the last thing he needed was to be forcibly detained, even for a few days, in Monsall Hospital really.

[00:23:09]

INTERVIEWER: And so, your work in the council, how were you involved in all those branches you just spoke about?

PARTICIPANT: We were quite involved in working closely with the AIDS unit and the AIDS working party, and actually in terms of issues that gay men were prioritising in terms of our work, HIV and AIDS was very much one of those really. It was like, in a sense, we were also looking at fair recruitment selection policies and the different services the council provided. But actually the most immediate issue, particularly in the mid-80s, was around HIV and AIDS really. So the council supported AIDS Line, gave us money, and also there was quite a close relationship between AIDS Line and the AIDS unit in the town hall really. We were involved in helping to provide some of the training for council staff. We did training for social workers, but also for front line council staff as well really. Because at the time, if people came into contact living with AIDS there was still a lot of paranoia, so we were keen to ensure the council staff had some training so they were able to support people living with AIDS.

[00:24:37]

INTERVIEWER 2: Could you tell us a bit about the 1990s period? How long were you in, how long did the gay men's committee last, go on until - obviously there was Section 28, a lot of activism around that, which you talked about a little bit. But obviously the combination therapy didn't come in until 1996. I was wondering what the landmarks were for you during that period, the 90s period?

PARTICIPANT: I think in the early 90s... I think it became quite difficult. I think people were very- because by then more and more people were becoming positive and more and more people were dying, and it's certainly quite a difficult period in terms of like, certainly for me, a number of my close friends actually died during that period really, so I think that very much became the focus. And in terms of... spending a lot of time, me and three other friends, my friend Martin, who was one of the people who set up Manchester AIDS Line, died in the early 1990s, and me and three other friends spent a lot of time with him at Monsall when he was dying, with his mother and some of her friends. And his mother was very religious, was a Catholic. I remember some of us having a huge row with the priest who was there, because he was trying to get Martin to take the last rites, and Martin wasn't really compos mentis, and we had huge huge rows [laughs] at his bedside with this priest, really. I remember that very vividly.

Another friend of mine died, who'd moved to Amsterdam, a very close friend of mine. Again, was dying in hospital in Amsterdam and was there with his family and his brothers, and what was really interesting, his brothers who were very close to him, they couldn't go in. Towards the end they couldn't cope, they wouldn't actually go in and see him, whereas we were in seeing him all the time. I think it's partly because we'd seen it before, so we sort of knew what to expect, really. And I think the thing that's hard to get across is that people... and this is young, fit, healthy men, late 20s, early 30s, who looked about 90 who were incredibly shrunken, really losing weight, often covered in Kaposi's sarcoma, they looked actually horrendous and they died... you know, it was a really horrible, horrible death to watch actually. And I think that's the thing that people forget about HIV and AIDS, because your immune system has

completely collapsed, you've just got an endless series of illnesses. And it was really quite hard to watch people dying, really.

[00:27:38]

INTERVIEWER 2: How do you think communities coped in terms of grief? I mean, you've talked a little bit about it there, but I mean, it's hard to imagine, it's hard to know how that would feel when a lot of your closest people are passing away. How do you think people coped with that? Or maybe they didn't, or...

PARTICIPANT: Erm. I think you just got on with it really. I think what we did quite a lot was have celebrations of people's lives separate from funerals, really. I do a great funeral oratory, I've got a really good... [laughs] I do a great oratory at funerals, really, I've done lots and lots of them really. I've had lots of practice at doing that, so... I think it was hard, but I think we were very resilient really. And I think it gives you, I think one of the things about living with HIV, it gives you a really strong sense of living for the moment, of living your life to the full really. And I think - I didn't know I was positive until 2000, but I think it's really interesting that people, you know, you live your life to the full really. I mean it's completely different now, but I think that gives you a sense of that.

I think at the time because there was so much going on, we were also incredibly busy because we were doing all this caring for people, but also we were doing lots of lobbying and other political work really. So I think... but I think it was, for quite a lot of people, just quite a hard situation to be in. And I talked to people, I talked to younger friends of mine, and they said, they've never known anyone who's died, and it seems inconceivable to me that they can be in their 40s and they've never known anyone who's died. Seems very strange to me, really, having had lots and lots of people die when they were very young really.

[00:29:46]

INTERVIEWER 2: And what was it like when combination therapy came in? When the safer sex messaging was more widely accepted, and testing was more mainstream... did those kinds of things change the atmosphere, or not so much?

PARTICIPANT: I think there was... I mean the problem with AZT when it first came in, it was incredibly toxic, and there was a real debate about actually, is it worth it? Because it did work for some people, but the first people on AZT, you know, [had] incredible, horrendous side-effects really. But it did give a sense of hope. For me, there were a few people I knew who died just before combination therapy began to kick in, and it's a real sense of, you know, if they'd lived an extra six months, they probably would have been OK actually, they would have just managed to get on the edge of combination therapy. And then very quickly, you moved on from AZT and actually that was a big change. And although at that time you had to take lots and lots of different tablets and there were all kinds of restrictions around food and stuff, there was a sense that it was no longer a death sentence really. And I think that became quite significant.

When I was diagnosed in 2000, and my viral load was three quarters of a million, and my CD4 count was under 200, so I was immediately put on medication. And I was very lucky because I wasn't ill really, I was never ill. And my immune system had not been damaged. So in quite a short period of time, my viral load became undetectable. But now I take one tablet a day. On those days I was on huge, huge numbers of tablets. So that's really changed over the last 17 years. It's gone from taking six or seven tablets a day to one a day.

[00:31:59]

INTERVIEWER 2: Could you say a little bit about, we watched the United in Anger film the other day, and that film focuses very much on direct action, and then you offered some examples of actions you'd been involved with - obviously there was the Section 28 stuff. Maybe, if you wanted to mention some more?

Also I wanted to ask about the, in terms of strategy I guess, because it seems like, during this project, there were lots of different people, different kinds of organisations doing slightly different things, so there was the more in-your-face ACT UP kinds of publicity stunts, and then there was the more, trying to get the council on board in terms of developing policies and support. It's quite a big question, but how do you see those elements working or not working together? You've talked a little bit about some of the tensions, which if you wanted to talk about you could, as well. Without naming names!

PARTICIPANT: [laughs] I think that's a really interesting question. I mean, watching the United in Anger film, it really struck me about the power of direct action, and I think we've lost some of that. And certainly I talked at that meeting in the early 1980s, there was a group called Gay Activist Alliance, and we picketed everything that moved. We went from one picket to another. We picketed Hulme Labour for a week, we picketed the Manchester Show, the Iranian Embassy... so it was very much about, you know, who should we picket this week, really. And it was great fun and it got us some publicity, I think it was quite important to do.

[00:33:44]

PARTICIPANT: I think we have lost a bit of that sense of anger or urgency or direct action, really. I think it can be incredibly powerful. And because people don't do it very often, people are really shocked that you do that. I remember when Councillor Brownhill, who was the Mayor of Trafford, said that gay people deserved a bullet in the head, which is an astonishing statement for an elected Mayor of Trafford to say, but he said it. And we actually just stormed into a meeting and denounced him. And that was incredibly powerful, because everyone was completely shocked and they didn't know how to react to that really. And it completely changed, you know, he apologised and it completely changed the agenda really. And I think sometimes, those very symbolic things... I think in United in Anger, I thought the action against the church was very powerful really, and that was very controversial, but they actually went in and did a die-in in the church, and I think that level of symbolic action can be very powerful really.

But I think you need to do both, and I think the work we did inside the Labour Party and then with the council was just much more boring, in a way, but it's incredibly useful to do. I made a huge difference to Manchester, I mean having a lesbian subcommittee and a gay men's subcommittee, as a formal part of the council decision-making process, having formal consultation meetings in 1985 was incredibly radical and incredibly unpopular, I mean really really really unpopular in the city. So it was very courageous of the council to do that really. And I think nowadays when that sort of thing is done all the [time], we're always being consulted, that's completely given that that's what you do with all sorts of different people. But then it was unheard of really, and we like... we had a gay Pride in flowers at Piccadilly Gardens which was vandalised, we had a string quartet playing at a gay men's meeting, that was completely- people [thought it] outrageous to spend money on a string quartet for gay men, and things like that. And some of the things we had, we had lesbian gym mats, I mean some of the things maybe looking back were not the most tactical things to do, but actually we did lots of really significant things, and I think it shifted the relationship between the gay community and the council, which is now still - although the structures have changed - is still a powerful relationship. And now in Manchester there's a large number of openly lesbian and gay councillors, which again wasn't the case in the 1980s really.

So I think you need to do both things. And I think - not so much in Manchester - I think one of the problems is that most gay organisations have very little funding, so they've got very little capacity. I mean, the LGBT Foundation is really unusual having lots of resources. And a lot of gay people do not have the confidence or skills to lobby or influence, so I think in the main we lose out compared to other groups, who've got much more ability to lobby MPs, local councillors, key decision makers really. And I think in Manchester, you've got quite an unusual combination - you've got a very strong, funded, LGBT voluntary sector, you've got a local authority that's been very supportive consistently for over, for 30 years now, and you've got quite a strong commercial, visible gay scene as well. So I think those three things are quite unusual for this country, which means that Manchester is very different from Liverpool in terms of the LGBT politics for example, which is a very similar city in lots of ways.

[00:37:31]

INTERVIEWER: I was interested, when you were talking about direct action, and symbolic action as well, and how that's something that's a lot rarer these days. Do you think that some of that atmosphere of working, when you're working with people towards something, and it's that important, it creates a really strong atmosphere and a really strong sense of community. I know you you're talking about Manchester being an unusual city. But I was wondering if you think maybe some of that sense of community is actually lessened now today?

PARTICIPANT: Yeah, I think it has, and I think... if you watch United in Anger, there's a real sense of people fighting for their lives in a way, and I think there was much more sense of that in the 80s when were under threat, both from HIV but also from the police and the government and actually, people were... we weren't really sure how it was going to happen. I mean, Section 28 was never actually used, but it could have been used in all sorts of draconian ways to stop discussion and funding.

And we didn't know at the time that that wasn't going to happen. And we didn't know at the time that [in a] relatively short period of time, there was going to be combination therapy, really. So we thought people would just keep on dying. We didn't know at the time that things were going to be so dramatically different in a short period of time, really.

[00:39:18]

INTERVIEWER 2: Could you tell us a little bit about your current work, or from where we've left it to the present day? I know you are a positive speaker; would you be able to tell us about that?

PARTICIPANT: Sure. At the moment I'm doing a piece of work with the George House Trust, developing their positive speakers programme. So I've been training and supporting a range of people living with HIV, and we go out and talk to schools, to young people, to GP practices, to voluntary groups, about our experience of living with HIV, and then answer questions. And we also talk about issues like stigma, discrimination, the U=U campaign, related developments in AIDS, and about the work of George House Trust, really.

And that's been very powerful, because I think often people speak on our behalf. Lots of people are talking about HIV, talking about challenging stigma and discrimination, but the experiences that we have are incredibly diverse. It's interesting the differences between men and women; we have some women speakers who've had children, who've been through whole issues, are often refugees and asylum seekers, so their issues in some ways are very different from gay men living with HIV and AIDS. And I think that's been a good example of the, sort of, it's not direct action, but it's people taking control of their own lives, really. And for some of the positive speakers, it's had a huge impact, they've actually become much more confident in who they are, much more open in their personal lives. And I think it's very easy if you're HIV positive not to tell anybody, to get incredibly isolated, and that I think is very damaging psychologically for people. So I think being able to stand up in front of a group of people, talk about your experiences - some of which are very negative, but actually to talk about them and talk about the journey you've been on, is a very powerful thing to do.

[00:41:16]

INTERVIEWER 2: I have a question about sex, and how you see sex, gay sex especially, has changed or hasn't changed, or different trends, maybe related to HIV or maybe not, or to safer sex campaigning. It's two questions really, there's that question, and there's another question about personally, how did receiving a diagnosis change how people perceive you, or how did that or didn't that affect your own personal sexuality?

PARTICIPANT: Right, OK. [laughs]

[00:42:05]

INTERVIEWER 2: If you're [happy to talk about it].

PARTICIPANT: No, it's fine, I'm happy, I just think it's an interesting question. I think in terms of safer sex, it's so different these days. And I think it's quite complicated. Certainly a lot of people I know who are positive and are undetectable, so it means their viral load is undetectable, their CD4 count is fine, they've got no other sexually transmitted diseases, they are absolutely no risk to infecting other people. So people I know would tell- they would not use a condom, because they're absolutely no risk, and that's absolutely true. And I think for them, that's a perfectly fine decision. I think one of the problems is that some of the gay men don't believe that, or they're not aware of that, so they get completely confused.

For me, I'm really conscious of hepatitis C, new strains of gonorrhoea that are resistant to antibiotics, so I would still use a condom to protect myself from sexually transmitted diseases. And if none of those existed, I wouldn't use a condom because I'm really clear and confident about not being able to transmit the virus to other people. But I'm using it for protection for myself, which is interesting, because actually, I didn't do that before HIV and AIDS, I would never have dreamt of using a condom actually, although those things were still there.

A lot of younger guys I meet, if you suggest using a condom [laughs] they look at you like you're completely mad. They're really really surprised you want to use a condom. And particularly if you tell them you're positive, they're even more surprised, they don't get it really. So I think there's a real issue for me that it's about respecting my right as someone living with HIV to have safer sex to protect myself, and I think lots of events which are... for example, I've been to events, parties, just for HIV positive men, and the absolute assumption is, that no one uses a condom, that they're there for people not to use condoms. And actually I find that quite tricky, because my preference is to use a condom to protect myself really, and particularly, I know, in those events, people are very very likely to have lots of sexually transmitted diseases and not be aware of them really, so I think there's an issue about my right as someone living with HIV to have safer sex. Although I think increasingly, with many more people using- with people being on PrEP or people being undetectable, I absolutely see the trend will be that people won't use condoms actually, and maybe I just have to get used to that, really. [laughs]

[00:44:50]

So I think that's a whole interesting debate around that. And I still think with gay men, you still get people asking if you're clean all the time. I get people asking me, are you clean, all the time. I still get people... I mean, I often, I don't necessarily talk about, I don't necessarily come out as being HIV positive at all because it's not relevant really, but I think... [if] people ask, I will tell them, and... sometimes with gay men, when I say I'm positive and undetectable they're absolutely not interested in having sex with me, even safe sex, that's a complete no-no really, they're not interested at all.

But then I get a lot of young - this is probably quite controversial - but I get a lot of younger gay men who are negative and want to become positive...? And actually, when I explain, there's no way, that's not going to happen with me because I'm undetectable, they sort of- they don't get it, they don't understand. I think there's

some very strange things going on around HIV positive men as sort of sexual superheroes or something, which is very bizarre to me, and it's because they've never seen anyone who's HIV positive [who's] died of AIDS really, so they have no sense of what that involves. And they think it maybe involves just taking a tablet, which is true for some people, but for many people that's not the case. People have bad reactions to the drugs... psychologically the stigma for some people is still very strong, actually. People can be positive and get really bad reactions- so actually it's a big deal being HIV positive, and it's not something that you would want to be. So I think people are not aware of that, but... I think it's a bit of a... I think it's quite a minefield out there if you're sexually active. As I am, even at 61, you know, it's interesting. But I think it's quite a minefield out there, particularly if you're single and not in a relationship, it's quite an interesting... you know, I think for younger gay men there's all sorts of mixed messages around safer sex and using condoms and things. And these things aren't really talked about at all.

[00:47:07]

INTERVIEWER 2: Yeah, it is fascinating. So looking into the future, how do you see that playing out in terms of, as you say, increasingly, people being undetectable but also PrEP coming in, but then like you say, there's also other STIs and antibiotic resistance - what's your vision of the future, kind of thing?

PARTICIPANT: I think increasingly people are not going to be using condoms. I think younger people are not going to be using condoms. I think the combination of undetectable and PrEP means that actually, people aren't going to be using condoms. And I think there's a whole... I think the concept of bareback, it's being presented as a really exciting, cool, dynamic thing. I think there's loads of [ideas] barebacking sex being so much superior to sex with a condom really. And I think I'm probably unusual in that I was sexually active for ten years before HIV and AIDS, so I've got the whole experience of, you know, I remember what it was like to be sexually active before AIDS. I went to New York in the early 1970s, I've got lots of memories of what it was like before HIV and AIDS, and I'd never seen a condom. So I think it gives you a slightly different perspective around condoms and not-condoms really.

I think it's worrying about, particularly antibiotic resistant gonorrhoea can be very damaging for people. Combinations of hepatitis C and HIV are very damaging. There is treatment for hepatitis C, but it's a horrendous treatment, it's much worse than medication for HIV really. The whole issue of chemsex and people taking very heavy duty drugs and losing their ability to make decisions, I think that's a growing thing. I think lots of - not only young people - lots of people actually are completely... that is the key part of their sexuality, is using heavy duty drugs to have sex, really, and I think that's quite a challenge if you're not into drugs at all. It's quite a challenge, really. I mean, I don't drink coffee or alcohol, so [I'm slightly] rare in that sense, but I think it's quite an issue in terms of like... that level of un-inhibition can be quite damaging for people's mental and physical health as well really.

[00:49:54]

INTERVIEWER 2: OK. Do you have any other questions, or anything you'd like to add that you haven't talked about? This is a space for you really, in case there's something that we haven't touched on or something you'd like to cover, or if you'd like to sum up, or... what would you say, sort of thing? What would your message be? What impact do you feel your activism has had, your engagement over the years?

INTERVIEWER: [Can I] jump in quickly? You were talking about visions for the future, of the future, and it sounds like there's still a lot of misinformation around HIV and AIDS, and other sexually transmitted infections/diseases, and... I wonder what you think the future for sexual health awareness and activism, both of those things, is, more specifically?

PARTICIPANT: I think I'm quite surprised at the ignorance among some gay men around HIV and... the number of times I'm asked, are you clean, actually, it's not just an occasional thing, it's actually very very common. And once you start to explain to people, people don't understand the concept of undetectability at all, and I think that's a really significant thing. Because I think for many people living with HIV, that's almost your identity, actually, people say actually I'm not HIV positive, I'm undetectable, and actually that's sort of true in a way, and it's actually completely different. And ironically the people who are absolutely most at risk, you know, people who haven't tested and don't know their status and will be very infectious, they're absolutely the people who [they're] at risk from, really. So actually ironically, people are much safer having unprotected sex with me than people who don't know their status actually. But you try and say that to people, a lot of people don't really get it, really. And also that, you know, having unprotected sex with me, they're not going to become infected! So if they want to become infected, they're not going to become infected. [laughs] So either way... so it's a very bizarre situation that goes on, I think. So I think there's still a lot of work to do.

It's been interesting talking to younger people, going into schools and talking to people about HIV and AIDS. And lots of, like yesterday, I was with a group of about eighty young people, and really really intelligent questions, really really interesting questions, really clear about stigma and discrimination. So I think one of the things is to go into schools. And not only talk about HIV, but to talk about sexually transmitted diseases, you know, rates of chlamydia are incredibly high for young people, there's real dangers. And I think the pressure on young people, whether they're gay or heterosexual, to have sex, is enormous. And the ease with which you can have sex through using apps and stuff, I think that is very... I think it is quite difficult actually, I think it's quite difficult to be a young person whatever your sexuality these days. And I think there's lots and lots of pressure on people, and people don't have the confidence to resist that, so I think it is quite a minefield. So I think that's one of the things that we need to look at really.

[00:53:33]

INTERVIEWER: OK. Is there anything else you want to add?

PARTICIPANT: And I think... Being involved with George House Trust now is great, because you can see how an organisation has grown and changed, but still kept at

its core a commitment to challenge discrimination and stigma, and to see HIV in a more political way I think than some other HIV organisations do, shall we say! [laughs] I'll be very diplomatic. But I think that's true. And the other thing, I was really struck by the importance of positive people having a voice, actually, that far too often you go to events and vigils and things, and actually, you might have one or two people living with HIV speaking at them, but the whole agenda is driven by people who aren't living HIV. And that's partly because there's still not that many people who are open about their sexuality at that level. So actually it's quite hard sometimes to find people willing to do that. So that is part of the problem. But I think it's a real value for... I think in the main, the more positive people can be open about our status, the more liberating that is for us, really. Certainly since I've been much more public about my status, I've felt much more relaxed about it, it's been a very empowering thing for me to do, and I think for other people that's true as well really.

[00:55:02] End of transcript.