

## Stuart Roberts

[00:00:00]

**PARTICIPANT:** Um, so yeah, my name's Stuart Roberts, I'm a lecturer in health, here at Manchester. Um, I've been here five years now, and I'm very settled; love it as a city, can't ever see myself leaving, I want a [missed] [00:00:15] that gets here and then that's it, I'm not moving. Um, but I'm not from here originally. So originally I was born and brought up in West Berlin, uh my father was in the forces, so that's what took my mother and father out there and left me to be born there. And we were there on and off 'til I was the age of 14, so I ended up going to a military-run school out there as well. And, it was good, life was okay. I loved living in the city, uh Berlin is an amazing place to be, and it even was back then as well. Obviously the wall was still up, but it was still a great place to be. Um, but, being brought up in the military had its own like, connotations for me as a uh, I was gonna say "gay man" but obviously at that age I wasn't a gay man at that point, but, I knew that I was gay, but being brought up in the military meant that obviously you could be court marshaled, you'd lose your job, you'd lose your life, you'd pretty much lose everything. Um, as a— as a young guy, being gay was a bad thing.

And then, the age of 14 when the government decided to launch their campaign, their "Don't die of ignorance" campaign with John Hurt doing the voiceover, um as well as the leaflets being distributed all around the UK to every household, and the advert being on the TV, they sent the leaflets to the forces abroad as well to make sure that everyone who was abroad was made aware of it, and so we saw the advert out there as well, and I remember my parents handing me the leaflet, and it just felt— whilst, obviously in retrospect you can look back now [at] that campaign and it did clearly state that, you know, HIV and AIDS doesn't discriminate whether you're straight or gay, it affects everybody. But it just kind of felt, in some way— especially how it was portrayed in the news, about you know, "it's a new disease that targets gay men". It was just another thing that made me feel like it was bad to be gay.

So, that, the whole you know, coming out experience for me, was there was so many things in my mind, reasons not to be gay, it wanted me— it made me want to suppress it. I mean, I did come out at the age of 16, but I really really struggled with it, I ended up having to have counseling to come to terms with it and go. And like I say it wasn't any one thing. I definitely know it wasn't down to my parents, because they were, obviously, fine about it, no problem at all. But I think it was, um, society. Well, it was. It was not the way I was brought up by my parents, but it was the society I was brought up in. So with it being the military, but also with the time as well, um in the '80s like when the whole, the initial campaign came out, it did feel like it was, well, the press made me feel like it was targeted against gay men and therefore it was something that you should be ashamed of, you shouldn't be partaking in sex in any way shape or form, because you know, you'll catch something, you will die. Um so yeah, for years it was just a little bit like, "Okay, I don't want to..."

And it almost felt, as well, I mean when I was going through counseling, it almost felt like, if I admitted that I was, you know, gay, if I accepted it, um then I needed— I needed a badge to go with it, as in like, um it made sense, once I accepted it, that I

would then have HIV. To be able to— because of how the press had portrayed it, and because how my mind was working, it was almost like they went together. It was, if you were a gay man, you had HIV. And I didn't know anyone, when I was that age, who had HIV, and I didn't live in— when we moved back the UK I lived in the suburbs in like the middle of nowhere, so I was nowhere near a city, there was no gay community. I was the gay in the village. [laughs] It was like that. So, yeah. Tried to move very quickly, ended up moving when I was about 18 I think, to Nottingham, to try to be closer to people that I thought, you know would understand, and it just, it was a bit strange because when I turned 18— so it had only been, like four years? Four or five years since that initial campaign of, you know, around "Don't die of ignorance". Um, and so it was still quite prevalent in everyone's minds, and um, I think it was almost like it hadn't really spread to the north of England? Not as a disease, but as in people still didn't know anybody that had HIV or you know contracted that, or developed AIDS from it. I think, you know, the community, both men, women, gay or straight that had— that lived with it, were, you know, lived where they could get the better treatment, which was London. It's just how it was. And it wasn't for years and years really that I first met someone that actually was living with it, and living with it, you know, fine. As people do, every day.

And, but of course that then, I was in my 30s by that point really, by the time I met someone, and, unfortunately what happened when I was in my 30s, I think, 32 years old? I always used to be very um, conscious about sexual health, um and I was very much the advocate in my friendship group of, "You must go and get tested, you must know, you know what your status is, not just in relation to HIV but any other STIs or whatever". And I, when I was 32 I went for a full screen and got a false positive diagnosis. That was actually through my GP, I'd been ill. I'd had um, high temperature and sweats during the night, and had a few like symptoms for a few weeks? So um, my GP um, she was asking me all these questions, "Oh are you a gay man?", going through all this and like, "Yes", I wasn't going to deny anything like that, and she said, "Well I want to do an HIV test", I'm like, "Yeah that's fine, I've had them before, I know what it entails". And I think— these weren't the days [of] you know, rapid testing then [laughs], so I had the test, and they called me— the receptionist called me on a Friday morning at 8am and I had the day off work, um to go Christmas shopping with my mum, it was in December, and she lived an hour away, and she was— I think she was leaving hers at like 8:30 to come to me for 9:30 so we could go shopping. And I got a phone call at 8 o'clock from my GP's receptionist saying, "Oh, doctor wants to see you". "Oh, that's a bit strange, I've never had a phone call before to say, 'you need to come to us'". And it never even crossed my mind what was going on, and I remember getting up, and I went to my GP's surgery, and it was just awful the way she did it. She sat me down and she got this slip of paper which obviously was the result paper, and she just slid it across the table and went, "I'm so sorry". That was that, that was it. And I just looked at this piece of paper, it just said on it "HIV positive", and I looked at her, and I looked at the piece of paper again, and I looked at her, and I went, "I don't understand", and she went, "Well, you have HIV". I'm like, "No, I can't have", and I was literally wracking my brain as to how I'd got HIV and I thought, "Well ok, I must have it, I mean it's not like she's gonna make it up". It just felt so surreal, it was just really really strange. And, it was like a— honestly, like an out of body experience, where you just, I guess just in denial, I guess just the initial thought was, "That's not right, no that's not— can't be true". And uh, like I say it was first thing on a Friday morning and she said

um, and she said, "Right so what we need to do it, we're gonna send you home, and we're gonna book you into the local GU clinic for this afternoon and you will need to see them and obviously get all your levels tested, and see if you need to be started on any kind of treatment or whatever". So like, "Right, ok". And literally that was all the information I was given. That was it.

So I walked out of that surgery and I had to um— so I was walking home, it wasn't— honestly it was like a 200 metre walk to get home, and I had to walk across a main road to do it though. And so I got the first 100 metres and I got to this main road, and the only thing I could think of during that time was, "My mum's on her way to see me, what am I gonna tell her?" And, you know, it's the only time something like this has crossed my mind and I just thought, "If I just walk in front of a moving vehicle now, whether it's a bus or a truck or whatever, um, she'll never need to know, and that will be it, I won't have to deal with it, it'll just— that'll be it. Over." And then just very, very quickly thought, "I couldn't do that to her, I know her, she would rather have me, and have whatever's... comes with me than lose me", so. Obviously I was still bewildered and got home very quickly, and she was there, I think half an hour later, and when she came in I couldn't— like literally I just couldn't [laughs] I just blurted it out there and then. And she was great, she just gave me a hug, she's like, "It's okay, it's fine. It doesn't matter, we'll sort it out, I'll come with you for your appointment and we'll support you as a family and everything", and she was amazing, like, I couldn't have wanted a better response from her.

[00:10:34]

**INTERVIEWER:** Mm.

**PARTICIPANT:** And, um. We went for the appointment that afternoon, and again this was a bit— it was just really strange. So I was in this clinic room, and I'd asked if my mum could come and sit in with me so that she could listen, because I wasn't— I wasn't taking things in properly. So she came in, and the doctor was— started talking through things and then there was a knock on the door, and the doctor went out and left the door open, and all we ever heard was, "Um, what do they mean they want another test? What do they mean they're not sure?" and like came back in the room like really angry at someone. But kind of, almost brushed over it, so I had to ask, "It— was that about me?" And she said, "Well yes it was," she said, "Obviously when any test is done, obviously when we've got an initial result, we have to send it off for a second test," and she says, "For some reason the second test is say— is not saying positive, so um, so we'll have to do it again, like in a few weeks or something". So I was like, "Right, okay. So what do I do?" So like, she gave me these clear instructions, um, "Can't drink tap water, you can only drink boiled water that's gone cool," and it's things like that, and, "Everything must be washed in this water, if you're gonna eat it", and, this was only when I was tw— this was only twelve years ago now, and, all these things that she was telling me, I did think to myself, "Really? Do I need to go to these extremes?" But she says I had to do all this, and then I'd have to go back the week later, and they would take some more blood off me and do some more tests and then they'd— they'd continue to do it and, it's like "Right okay."

Um, so I did exactly what she said, and actually the day itself was— it must have been only a few days before Christmas, um so, went back to Lincolnshire with my mum and we had to tell family. So we had to explain to both of my brothers, like and their families and everything. And they were ok, and I think everyone was a little bit on edge. Christmas day was just, it was... awful. And everyone was just on edge really, around me, I think, because they didn't know what to say to me, they didn't know how to act around me, or anything like that. And then— Christmas is just a day, isn't it, so, no great loss, but then obviously going back for further appointments. And I had to go back weekly for a few weeks, I think for a month, and then they changed it to fortnightly.

But what happened was is, after the first few weeks, so every test then was coming back negative, and rather than even explain to me what a false positive was, what they said was is, "You're going through seroconversion. It's as simple as that, you're going through seroconversion and that's why the tests are giving different answers, but, if you've got a positive, it's a positive". It was— in their mind, it was as simple as that. And it was a bit weird, it was almost like they didn't understand what was going on. And after three months of doing this— I think after the first month, I did start thinking to myself, "They don't know" and started looking online, and read what a false positive was, and thought, "I don't think actually I do have HIV". But waited, and waited the three month window, not slept with anyone or dated anyone or look at anyone, and then at the end of it, I always remember this nurse consultant. Now, I'm a nurse by profession and I was then as well, and I was astounded by what she said, and just, I felt like saying to her, "You shouldn't be doing this job". Um, she, eventually, she said, "Okay, it was a false positive all along, you don't have HIV", um, and then she just went, "Lucky escape for you, isn't it?" And I looked at her and I said, "Well I don't understand what you mean", and she said, "Well, you could've had it". I went, "Yeah but even looking back, I didn't understand when I was given the positive how I had it. I didn't get then how I— why it happened." Uh, and it, just in her mind, it was just the way, her whole demeanor, and then she was a nurse consultant in a GU clinic, and I thought, "How do you talk to the guys that do have it, that are living with it? You know, that do come in for check ups with you? Like, do you talk to them like that, like they deserve it or something? It's just— just a weird attitude to have had."

Um, and needless to say, ever since then I've been completely paranoid about the fact that, you know, it's gonna happen, or it could happen again, or, or whatever. So yes, it's something that— and, they offered no counseling, no support in any way shape or form. Which is fair enough, I know services are limited and services should be offered to those that are living with, you know, whatever that they need support and relation to whether[?] [00:16:00] it's cancers, or whatever. But, yeah, it blatantly had affected me. It was a case of walking away quite relieved in a way, but also touched by it mentally, and then offering no services whatsoever, like, "Well you're actually fine so off you go". So, just, it— you know. You just do I think, you just have to. You've got no option but then to just get on with it.

But it has then, as I've grown older, which I do feel older nowadays. As I've grown older, I've started to... I mean it has been an interest of mine, while, I mean during my nursing career and then I moved from being a nurse into nurse education and working in health education, I've um, always had a interest in sexual health and HIV

care and everything, and although I've never practiced in it, it's still kind of been a passion if you like, of mine. Just because it's, you know, I think people should be more open about it and it shouldn't— stigma's a huge thing for me around, not just HIV but like, sexual health, but other things in the gay community as well. So I recently published something in a journal called HIV Nursing, which was around— it was something about, "Stigma," uh, "time to address the issues." And it was a literature review, and looking around the literature of gay men's health, uh and it focused primarily on HIV, sexual health. But also when you look at stigma it's around mental health, and also aging now in the gay community. Because it's the first time, now within the gay community that we have an aging population, uh because if you rewind, obviously 50 years 'cause it's the— was the anniversary this year of the partial decriminalisation, there wasn't even a community. So then, after obviously 20 years you get the younger people coming along, and then, you know, and campaigners and stuff but, it's really now that you're starting to see an aging, living gay population. And it's a population that actually want to be seen and want to be heard. So the more prevalent they are, whether it's in gay press, or the gay community like in the Gay Village or something like that, they're actually now facing stigma because people don't want to be old and gay. And it's a bit strange really, it's something that you don't seem to get in the general population, but yeah there's a lot of ageism within the gay community. But I don't think that helps, when you know, when you look at research and research is saying that, you know, "Whilst you're getting— whilst the diagnoses are coming down", I think it was Dean Street recently announced that they, that you know, it's getting better this year, the figures are lower than they were last year, or something— is that right?

[00:19:16]

**INTERVIEWER:** I think, yeah.

**PARTICIPANT:** Um, but also, in the— if you look at the populations, isn't it, in the older population now it seems to be that, within the general population much [more?] than the gay community, that there are a lot more sexually, um, transmitted issues. And I don't know if that's because there's a, like a liberation as you get older in relation to your sexuality or sex, but, it's almost now, I think with ageism as well, as well as HIV stigma and, it's just— I kind of feel for an aging population now, I feel like they're getting the, kind of being beaten with a number of sticks rather than just one. And I think obviously I'm planning ahead for my [laughs] getting old as well, so, I want to kind of address these things now. But yeah. I think it's a lot more work needs to be done around, not just sexual health, but I think they're so intertwined, like sexual health and mental health, but like, because of my PhD, my PhD's looking at the general health of an aging gay population, and we know that, you know, that if you're gay you're more likely to smoke, you're more likely to drink. So now these have consequences, so in effect, if you're a lot more likely to smoke and drink, you're more likely to get cancer. And, so you know, people need to be aware that as a gay man, if you— I mean I don't know and obviously I'll need to see my research, but is it because there's more of a surplus income? Is it because there hasn't historically been gay marriage, people weren't settling down like they have— they didn't have the opportunity to in relation to marriage. Obviously they could still have long term relationships, but they didn't have the opportunity to previously have families, have children, and adopt. Now obviously, if you're in a family and you've got kids you're

less likely to go, so you're less likely to, maybe, interact socially with people. So does that have an affect on, you're less likely to smoke and drink? And is that why, as a gay population we're more prevalent to that than a general population? Who knows.

So, that's what I'm looking at in my PhD, but they're all interconnected in relation to mental health as well, we know that like 40% of gay men have mental health issues in their life, which is higher than the general population, but is again, why is that? And if it's— well, it's because of a number of things. Is it to do with society acceptance? Because society passing laws to give us equal rights is not societal acceptance, they're two completely different things. Just because as a gay man, or as a gay woman, just because you can get married and just because you can adopt, it doesn't mean that society accepts you and the way you— it just means that the law does, statute does. That's the difference. So we're still, as a community, fighting, I think, these attitudes in society that, you know, that we've always fought. It's always— people still say that, "Why do— why do we still need Pride? You know you've got your equal rights now". It's not about equal rights, it's about acceptance. And it's not just about in this country as well, you know it's all over. And even within our own United Kingdom, one of the countries within the UK still doesn't have same-sex marriage, so it's like, this is why we still need days[?] [00:22:54] like Pride. Um... yeah.

[00:22:56]

**INTERVIEWER:** Yeah.

**PARTICIPANT:** [laughs]

[00:22:58]

**INTERVIEWER:** No, that's great. Um, it's really interesting um, especially what you were saying about kind of, training education, nursing education. We've done quite a few interviews with people living with HIV who've accessed various health services in Manchester and it does keep coming up the kind of quite— it feels like it's quite a lottery in terms of—

**PARTICIPANT:** The treatment that you might get.

[00:23:26]

**INTERVIEWER:** Yeah. [at the same time] The attitude— that you're—

**PARTICIPANT:** [at the same time] Or the attitude of who's the person who's treating—

[00:23:29]

**INTERVIEWER:** Yeah, yeah.

**PARTICIPANT:** I mean, I can assure you from a— from an educational perspective, from a university's perspective, we— I mean we only actually recruit people onto a

nursing course that we feel have the right values. That what we do, we recruit for values, and we feel that we don't even accept someone to nursing that has the right values to be able to treat people, um, with the same respect. See, this thing about treating everyone the same— well, no, you shouldn't treat everyone the same, because not everyone is the same, and not everyone has the same illness, not everyone's living with the same conditions other people are living with. So what you need to do is you need to treat people differently, but each of them needs to be treated with respect and dignity, regardless. But, yeah. Um, I've heard many stories. But like I say this is how we recruit people, and this is what we teach them, what— there's a three year degree programme that we have them for, and it's really intense compared to any other university degree that you look at where, someone might have one lesson a week or even like three lessons a week, something like that. You know in— it's really full-on, it's a full time course.

[00:24:51]

**INTERVIEWER:** Yeah.

**PARTICIPANT:** And you don't get the same kind of holidays as well, like you literally just get a couple weeks over Easter, couple of weeks of Christmas and a couple of weeks in summer. You don't get May to September off, you just don't. So it— they are taught these values, and you know the fact that, you know, you will be working with patients that have all sorts of illnesses, and that actually, you know, you don't judge people of what the background of that illness is or how they came about to be in the position they are in their life, it's about how they're coping now, and how they're living with it now, and what help that you can offer them, and help their life be improved in the future. And I suppose I am a, in my own mind, you know I live in an ideal world and that's how it should be, but you know, not every nurse that's out there has gone through their training within the last ten or fifteen years, and you know, some of them have been nurses for... ever. And you don't have to retrain every few years, once you, once you're qualified and registered as a nurse, you are, and you'd hope that people have the same attitudes regardless of their age, but, they don't. And, so I think sometimes it could be a generational thing, as to why people are getting different levels of care? But I suppose you can— I don't know, it's about challenging people's attitudes, and stigma, around sexual health and— there's still this stigma around even asking people, you know, just generally I think. But, 'cause I think it can be impacted in so many different ways in relation to your health about what your sexual preference is, you know. Um... and, yeah.

It's— I mean some things have been developed like obviously I know the LGBT foundation has been in the press recently about, you know, sexual orientation monitoring. And, that's great. But again, the press. And not all the press, some of the press was very positive, but it's obviously, some of them are just terrible, and it didn't help when you've got some healthcare professionals, like um... I can't remember his name, the um... He's a famous doctor from Embarrassing Bodies, he's the gay guy, I can't remember his name, but he was very vocal about— you know, 'cause he still practices as a GP that he will not be asking his patients, he doesn't feel that it's anything to do with their health. And I'm just thinking, "Wow, that's really narrow-minded, actually", um and I'd have thought he'd be a bit more educated about the fact that— 'cause he's always— not because he's gay, but because he is prevalent

in the gay press, uh, is always promoting good health for gay men. And I just thought that he would have— yeah I'd have— had of thought he'd have had a different opinion on things, opposed to opposing it that he'd have supported it. But everyone's allowed their own opinion.

[00:28:10]

**INTERVIEWER:** Yeah, yeah. Um, and sorry I didn't mean to— I didn't expect you to kind of, defend the nursing profession, d'you know what I mean, but—

**PARTICIPANT:** No but I agree.

[00:28:22]

**INTERVIEWER:** Yeah, I just, it sounded—

**PARTICIPANT:** No but I do agree, because I have heard it as well. And—

[00:28:26]

**INTERVIEWER:** And experienced it.

**PARTICIPANT:** Yeah, yeah absolutely. And the only thing I can think is that is it a generational thing, because... You know because I know what the current education of nurses is and I know how they're even recruited, um, so in my mind I can't imagine anyone who's trained in the last like, 10 years or so, would have that kind of attitude. But saying that, I think it's also a regional thing. Because I also, again, I don't think you have the population of people that live with HIV in Lincolnshire. I don't imagine that they have a very— I mean obviously they do, people live everywhere with HIV, but it's not as prevalent there as it might be in Manchester, or in London, or Brighton, or Birmingham, you know where— or Glasgow or Edinburgh where there are hubs of healthcare. And not just that, you know, that's where larger LGBT communities are as well, they tend to, um [snaps] go toward a city, if you like, and live within a community, or have access to a community even if they don't feel like they live in it. But yeah you don't find large LGBT communities in very rural areas.

[00:29:58]

**INTERVIEWER:** Um, I was hoping to take you back—

**PARTICIPANT:** Yep.

[00:29:58]

**INTERVIEWER:** —a little bit, um to when you were in Berlin, and you were aware of this advertising campaign, and your parents handed you a leaflet. What was going through your mind at that point? How did you feel then?

**PARTICIPANT:** How did I feel? So I was a 14 year old boy: embarrassed. [laughs] They were handing me a leaflet about sex, and the consequences of sex. Um, it was

just, it was a doom and gloom campaign, that's the long and short of it, it was very—and yeah, it was, you know, "Don't die of ignorance" and they were trying to say, "Educate yourself about this" but again it wasn't, it wasn't just... it wasn't, I don't think in my mind, it wasn't just a leaflet, it was the press as well, it was their portrayal of HIV and AIDS. You could read that leaflet until you were blue in the face, but you were also seeing the press, and their version of what this was. And it was all very, very doom and gloom. And it was all very focused on the gay community, because "it was only gay men that were dying", so you know, which wasn't true, but that's how it was being portrayed. Um, and— it was embarrassing to be handed a leaflet by my parents about something that was sexual, but also it was frightening to think that, you know, I haven't had sex yet, but when I do, I'm now at risk, according to the leaflet whether I'm straight or gay, according to the press basically if you're gay it's going to affect you, so it's, you know, it's like. And added to that, like I was saying, I was struggling to come to terms with my sexuality anyway, so it's like, "Oh, great, what a time to be alive" [laughs]. It was just, uh, yeah. It wasn't um... it was frightening, it was frightening.

[00:32:15]

**INTERVIEWER:** Yeah. What do you think— I mean, you mentioned um... that in a way, such was the kind of, um, association, strong association of HIV with being gay, that in a way, when you came out, you felt like, it was almost like you had to—

**PARTICIPANT:** Yeah there was an association in my mind, yeah.

[00:32:45]

**INTERVIEWER:** I was just wondering what you felt like, in terms of the kind of psychological or emotional impact then of that campaign, on your own sense of yourself. Or even not just the campaign but the wider environment that you've been talking about, the kind of media, um, yeah.

**PARTICIPANT:** It was— it made me feel... Like I said I came out at 16 anyway but it was— when I came out it was almost like, I had this opportunity to do it and if I didn't do it there and then, I don't— I'm not sure I would have done it for years. The whole campaign around HIV and AIDS made me... well it made me not want to be gay. So it made me not want to admit to it myself, and therefore not want to come out, and not want to live as a gay man. But I was handed the opportunity by my mother because, um, she thought I was taking drugs because I'd been staying out late, and just, I was like, straight away, I thought, "Nothing can be worse than taking drugs", so I just went, "No, I'm gay". I just kind of came out.

But in my mind, even though I'd said it, and I could tell my family that I was gay, in my mind I was in turmoil about the fact that I was, because that campaign had impacted on it alongside the— my other influences of how I was brought up, or where I was brought up in a military base and everything like that, it just added to the whole thing in my mind that it was, yeah, that I didn't want to. And yeah it did affect— it affected my mental health because then, years later, even though again even though I was living as a gay man, as in I would freely tell anyone that asked, I hadn't accepted it, I still hadn't accepted it and ended up having to go for counseling. I

ended up having to go to a psychotherapist for cognitive behavioural therapy to literally relearn it in my mind about what was acceptable and what wasn't acceptable. And associated with this, I used to worry a lot, I'd get very anxious, and so I had to relearn what anxiety and worry was, and to be able to develop as a well-rounded man really. So yeah, it had a huge impact.

I'm not sure that it does— well, I'd like to think it doesn't now, compared to then. I mean for a start, at the time, the campaign, the headline "Don't die of ignorance" was very clear: if you get this, you're gonna die. It was— that was it. Now that's not the case. That's not the case at all, we know that. And we know that it's not passed on in the same way. And there's still needs a lot of education around that as well, and I know there's been a recent campaign about being undetectable being the new status, and I like it because people are, one, they're talking about it so that's always a good thing, and two, people are getting to realise— and it is a real struggle because I can still talk to friends about this and they're like, "I would never sleep with someone if I knew they had HIV". And I try to get across to them and say, "But if they're undetectable, they can't pass it on to you, you're just not getting it. You're more than happy to sleep with many other people who don't even know their status, and you're more— and, well if you're gonna get it from somewhere, that's where you're gonna get it from." Just, there's still, there's a lot of education around that needs to be get— got across to people I think. A lot.

But yeah. So in my mind, because now it's not a— it's not the death sentence it was once seen as, and that you can live, a, you know, a healthy life, and a— I try to be very mindful of my words when it comes to people's health, and that people live with illnesses, uh they don't "suffer from" them, they live with them, and it's the same with like, diabetes as well, people don't suffer from diabetes, they live with it. It's a condition that you have and you can have it the whole of your life and you can live to the same age as someone else without that illness. But I don't think— because it doesn't carry the death sentence it did then, that I don't think it carries the same mental illness connotations. I'm not saying it— not at all, obviously, some people may well struggle to come to terms with a diagnosis. And living with it as well, and being associated— and trying to get on the right medications and stuff. But I don't— I think there's been an improvement in relation to the mental health side of it from then to now, because, possibly because of society not necessarily accepting it more, but becoming more educated about it. I'd like to think— but it takes such a long time, it's a generational thing. And I don't think, you know, I don't think we'll get over the stigma of something like HIV in my generation, or in my lifetime. But I do think it's going in the right direction. And I think now with the help of campaigns around, you know undetectable, and around PrEP as well— although that trial is just a bit of a joke, they, I don't agree with that, they should have just released it straight away. But I think they're just waiting for the license to come up at the end of the year and I think they probably will. [laughs]

[00:38:42]

**INTERVIEWER:** Um, you mentioned the undetectable campaign, I was just wondering whether you could remember if you had any memories of any safer sex campaigns, apart from the "Don't die of ignorance" ones, maybe ones more led by

LGBT people, LGBT organisations. When did you see your first safer sex pack, or were you aware of those kinds of things—

**PARTICIPANT:** I didn't see a safer sex pack until I moved to Manchester five years ago.

[00:39:11]

**INTERVIEWER:** Right.

**PARTICIPANT:** That was the first time I saw a safer sex pack. Yeah. Which is— doesn't feel like it was that long ago, really. I'm sure they were about before that, but you see, I wasn't really, I didn't really used to go to gay bars and gay clubs. Every now and again, but... honestly I've never seen one until I moved here, and I was a bit bewildered by them, like, "Oh my god, you don't actually have to go to a clinic to get— get the condoms, it's amazing." Yeah, yeah. I think, since I've moved here, I've realised that the charities and organisations in Manchester are quite hot on safe sex, but also on encouraging people to get tested, and just even offering services within like the Gay Village, so it means people don't have to go to a clinic even to get it, you know to get a check up. I think they are quite hot on it. And I'd like to think that they probably— well, I'm sure they are, in London as well, and other major cities, but again it's like when you get to the smaller cities and the more rural areas, you don't— I don't think you see things like that.

I'd like to see more education in schools. I mean yeah they have sex ed, but I want to see more relationship education, and the campaigns that Stonewall do, and they have people that go out to schools, primary and secondary schools and we know this from research that's happened in Europe, in countries like Sweden you know, that the younger you talk to children around sexual— well, sorry around relationships, the more they— educated they are as they grow older in relation to sex generally, but also, you know, to LGBT things as well. I think we need to learn a lot from that. And I think it needs to start younger, the education around sexual health, around HIV, around all these different elements, needs to start at a young age. I'd— you know, I'd be more than happy for my kids to go to school and be taught it, and you know, without my consent, it's part— it's life. It's life.

[00:41:41]

**INTERVIEWER:** How— just looking at the time. How do you think that HIV, other STIs as well, and your awareness of them, has shaped your sex life, your sexuality, the kinds of intimacies that you've been able to negotiate, or not negotiate?

**PARTICIPANT:** Um... I think it has an impact on how you are with others when you're looking to get into a relationship or to have sex with them. I can't say that I've had safe sex every single time in my life because I'd be lying. I'd probably challenge anyone else to say the same thing as well, especially when there's drink involved, and you've met someone in a bar or something like that. Yeah. It's not the best. But you know what, you have to own it, and you know what, you're human, if you put yourself at risk then you need to be tested regularly, and that's— that's always been my frame of mind, that you know, yeah, I've not always been safe, so I go and get

tested if that's the case, and try and be mindful of it from then on, but then obviously it might happen again. Again, I'm only human, so if it does, I go and get tested so that I'm aware. And I think if everyone had that attitude then that'd be great, I think the issue lies with the people that don't go and get tested. In a perfect world, everyone would use protection all of the time and everyone would be on PrEP, and you know there would be no risk to anyone, but that's not reality. The reality is that people do have sex in different situations with different numbers of people, multiple times, and you know what? That's their business and no one should be judging people for what they get up to sexually. I think though that people have to take the responsibility of getting tested. And I think that's the only way people are gonna know whether they have something that they might pass on to someone else, or whether they need to get treatment if they have got something. Um, yeah.

[00:43:57]

**INTERVIEWER:** Ok. You mentioned PrEP and the trial. I was just wondering like, maybe looking back and then looking forward at— obviously the landscape has changed quite considerably in terms of like, rapid testing for example, and PEP, treatment as prevention, and obviously now PrEP as well. How do you think, kind of looking back and then looking forward things are changing, and what do you see the future holding?

**PARTICIPANT:** [exhales] I would like to see a PrEP made available generally. I mean, I've taken PrEP before, I've paid for it myself, I'm in a privileged position to be able to afford to just do that anyway, which is fine. But it should be made available, it really really should. And I know there's people that argue against that, but I think if— looking forward, HIV is something that could be eradicated. It's actually possible to say that this is something that could be completely got rid of. Um, great. It'd be even better to still find a cure, because then people that are living with it wouldn't have to, you know, face living with it. But I think one— the fact that we have PrEP, I think it should be more widely available to try and eradicate it as much as possible. I mean why wouldn't you? Why wouldn't you? [laughs] Just— it's just in my mind it's common sense, surely, to do that. And whilst the government might be arguing, "Yeah but it's the cost", it's like well surely, you have to weigh up the costs of how many people are still being diagnosed, and what's the cost of their treatment, you know? If we do it this way and you eradicate it, then at some point, once it's eradicated, you won't have to give it out, so you'll be saving money in the long term. It's just I don't know, it's just, in my mind it makes sense, but you know, it's not me that runs the country, what the hell, so this is it, so.

[00:46:15]

**INTERVIEWER:** Well, on that note, is there anything else you'd like to add that we haven't covered so far? I'm just aware that...

**PARTICIPANT:** No, I don't think so. I think things are moving in the right direction, I think there's a few battles still to be won in relation to sexual health, and treatment. I think there's still a few things that need to happen in relation to education from a young age but also changing the attitudes of people in relation to stigma around sexual health and— all sexual health, not just, you know, not just HIV. Because

you— there is that stigma as well, when you talk to someone and they'll— you know just general conversation when you're mentioning something about, "Oh you might have had this or that in the past" and they're like, "Eww", and it's like, you really don't know why you're doing "eww", surely you don't know what you're talking about, it's just— yeah. But it's gonna be a while, I think. I think it's gonna be a while before people are educated properly around these things. And there'll always be one or two but, I think it can be improved still.

[00:47:29]

**INTERVIEWER:** Just on that last point—

**PARTICIPANT:** Yeah.

[00:47:30]

**INTERVIEWER:** —you mentioned other STIs and it's interesting that, for understandable reasons the focus does tend to be on HIV, but obviously, you know, we're also— there's also higher rates of chlamydia, gonorrhoea, syphilis, herpes—

**PARTICIPANT:** Yeah, there's always a risk, for instance if you put everyone on PrEP, and you say— because you're absolutely right, in relation to sexual health, there does seem to be a much bigger focus on HIV than anything else, just in general around gay men's health, focuses on HIV and I think as that does lessen, which I hope it does in the future, I think you'll realise that there are other issues in gay men's health which have never been addressed, and we need to start looking at that now rather than waiting. But yeah there's always the risk that if you say to everyone, "Right you're all going on PrEP, it's a free-for-all, let's, no more condoms" you will see rises in other STIs. So there still needs to be people being sensible, and you know, having safe sex, but I think it's still, again it's about the awareness and the testing. You know if people get tested regularly then they can go be treated, and it stops them from then passing things on to other people. Because a lot of STIs you don't have symptoms from them, you know you can be passing them on to— left, right, and centre and you don't know. So yeah it's— it still comes down to that in my mind. I'm very adamant in my mind all about "Testing, testing, testing, everyone should get tested. Regularly!" Yeah.

[00:49:17]

**INTERVIEWER:** Ok. Just to end, you just to mentioned just now, that you had an experience once you moved to Nottingham, is that right?

**PARTICIPANT:** Yeah, so I moved to Nottingham when I was 18 and I used to work in a bank at the time, and there was someone that I used to work with who wouldn't ever share the same mug that I used. She made sure that she had her own mug? And she actually was quite vocal about the fact that she wants to make sure that she wasn't using anything that was— that I'd used, because I was gay, and quite simply, because of what she'd read, wrongly, but what she had read was that if you use the same mug as someone who had AIDS then you would catch it. And because I was gay, it was just an automatic thing that I was probably— that I probably had it. So,

yeah. And it's tough, it's really tough trying to come to a realisation that people—you're treated differently and that people actually don't want to come near you even, for fear that they're going to catch something off you, just because you're gay. And it wasn't, she thought— she didn't think she was gonna catch "gay", she thought she was gonna catch, you know an illness. And, but that fear is obviously the result of something, so it must be the result of either the initial campaign or what she read in the press subsequently. It's about misinformation and not being educated around, you know, around HIV and AIDS. But it existed, and I'm sure that there are many, many examples of that out there. But yeah that is something that happened to me.

**[00:50:56] End of transcript.**