

from the beautiful HIV+ community

JULY 2022

# BEAU



Nº 1

# BEAU

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# Hello,



world.  
by Marc + Rich

## LETTER

When we first set out to create BEAU's premiere issue, nothing could have prepared us for the emotional ride that ensued. Ambition, resilience, and gratefulness were staples; but mostly, and above all, pride. A whole lot of it. We got to hang out, connect with, reach out to, and - at times - discover beautiful BEAUs who inspire us and will keep on doing so for years to come.

And here it is! Hello and welcome to Beau; produced and developed by and for gay, bi & queer men from the beautiful HIV community.

Whether you've been living with HIV for years, recently diagnosed or somewhere in the middle, we've created Beau for you.

Beau is unapologetically beautiful. It is a product of post HIV epidemic, and even post U=U. We want to show what it means and looks like to live with HIV today. Out with the stigma, in with the times.

We know ending HIV stigma is no small feat. This is why Beau wants to share stories and experiences beyond our status.

At Beau we believe that honest visibility and representation of our beautiful HIV community is a big step towards ending HIV stigma, especially the stigma we internalise, which can

do us harm, impact on our well-being and stop us living our best lives.

In recent years HIV has slipped from the public view. TV shows like *It's a Sin* and *Pose*, have been great at restarting a conversation about HIV, but those shows give us a historical narrative. As two men living with HIV, who live very much in the present, we wanted to create a magazine that showed what it means to live with HIV almost 50 years into the epidemic.

We want to celebrate and share our joy, and provide solutions to some of the challenges we face. We want to spotlight the amazing men in our community, the creatives, artists, writers, activists, and the ordinary guys just going about their daily lives, who act as an inspiration for us all and all of whom make up this big, wonderful, and beautiful HIV community.

Beau is a labour of love, a passion project, by us and for us. Over the next six issues we'll be covering everything from the queer migrant men's experience, long term survivors and ageing, being a Trans man living with HIV, race and HIV, and many more. So sit back, buckle up, and join us for the ride - all is welcome, the beau the merrier.



# Round-up

with Simon Collins

## The latest in HIV treatment & news

Simon Collins is an HIV positive treatment advocate at **i-Base.info** which he co-founded in April 2000. i-Base supports HIV positive people to take an active role in their own health care.

### The British HIV Association (BHIVA) recently published new guidelines on antiretroviral treatment (ART).

These include recommending the latest integrase inhibitors as the first choice. So either dolutegravir or bictegravir can now be used with either one or two other meds. The whole combination will involve either one or two single pills, once a day, with or without food.

This covers people starting ART - but also people who are already on treatment. So this is a good time to talk to your doctors if your current meds are not perfect for you.

See: *Introduction to ART*  
i-base.info/guides/starting

### How often should I see my doctor?

As with everything in HIV, this will be individual.

If you are well, then a good minimum is once a year. Otherwise this can be as often as you need to until your health is better.

Viral load should ideally be checked once or twice a year.

Your treatment should also be reviewed every year.

See: *Introduction to ART*  
i-base.info/guides/starting

“People living with HIV should have the choice to be actively involved in *all* aspects of our care. The latest information should be *available to everyone* in easy to understand language. This is essential to be able to make informed decisions about our health.”

### Monkeypox (MPX), HIV and a new vaccine.

Although MPX was previously rare in the UK the recent outbreak has quickly become serious. Within six weeks cases increased from a handful of cases in mid-May to more than 900 at the end of June.

Nearly all cases are among gay, bisexual and other men who have sex with men. Most cases were first linked to London, and 25-50% were also people living with HIV. So far, HIV is not linked to higher risks from MPX.

This is an important time to be aware of any new symptoms, especially new spots or skin blisters.

A MPX vaccine is also being offered to men at higher risk. This provides up to 45% protection after one shot. Protection increases to 85% after two shots (28 days apart).

See: [www.i-Base.info/monkeypox](http://www.i-Base.info/monkeypox)

### Is injectable ART now available?

Yes. The NHS has just approved injection-based ART. If you have trouble with HIV pills and tablets you might be able to switch to injections.

You need to have an undetectable viral load for six months on oral meds first. Plus to talk with your doctor about the potential risks and benefits.

Injections into the muscle involve visiting the clinic every two months, and keeping to this schedule.

However, in research studies, viral load rebounded in a few people who were taking the injections on time. Unless you really need to change, this might be a good reason to stay with oral meds until these cases are explained.

See: [i-base.info/guides/starting/two-drug-art](http://i-base.info/guides/starting/two-drug-art)



ORDINARY GUYS, DOING ORDINARY THINGS

# Coffee date

with Mark Lewis

Each issue, we profile 'regular' positive guys and highlight how we live well, and beyond our HIV status. For our first 'ordinary guys doing ordinary things', we caught up with Mark who has been living in London on and off for the past 10 years.

Originally from West Wales and a native Welsh speaker, he is the Senior Policy Advisor for the All-Party Parliamentary Group on HIV & AIDS in Westminster. He is also Head of Creative Services for the International Gay Rugby (IGR).

Previously a Community Councillor in Carmarthenshire, he also worked for Terrence Higgins Trust as a Campaigns & Parliamentary Affairs Officer.

Mark was diagnosed with HIV in February 2018 and came out publicly with his status in January 2022.

**Hello Mark!****Tell us a bit about what you do and what you enjoy about it.**

I am the Senior Policy Advisor for the All-Party Parliamentary Group on HIV & AIDS in Parliament. There I advise the group members on all things HIV and AIDS in the UK and Globally.

I work with the HIV sector, parliamentarians and policy makers to ensure that the HIV response doesn't forget anyone and that we can end new transmissions but not forgetting those living with HIV.

**How does your HIV impact your daily life?**

HIV has no impact on my daily life. I take three tablets a day and that allows me to be healthy and do what I want.

**What do you know now that wish you'd known when you were first diagnosed?**

When I was diagnosed, the information I was given was related to my physical health, but nothing about how it affects my mental health.

Yes when I was diagnosed I was asked if I was ok, and I answered yes. But really I had no one to talk to who was positive like me to ask questions such as dating, impact on relationships and the stigma they might come across.

**How do you 'live well' with your HIV?**

I take three tablets a day, and I attend my clinic two times a year. I go swimming to help with my fitness and weight loss.

I am still coming to terms with living with HIV personally. I still treat my diagnosis professionally. One day I will have come to terms with my diagnosis emotionally.

I am still the same Mark before I was diagnosed. I try to own HIV and not HIV owning me.

**Who or what inspires you?**

The people who inspire me are friends that I have made since I was diagnosed.

However, three people especially inspire me due to the work they do and the passion they show in doing it. They are Alex Sparrowhawk, Lisa Power and Elizabeth "Buffy" Williams.

There is one person who isn't around anymore that inspired me when I was young to get me into politics and the memories I have of them still drives me today. That person is and was my Grandmother. She always told me to never listen to people who told me that I wouldn't achieve much, because you are the only one who can make that happen.

**What advice would you give to your 17-year-old self?**

The advice I would give my self would be: do not try and hide your sexuality as it would hamper you later on. Be open to your parents as they love you no matter what and don't be scared telling them anything.

Mark recommends...

**TV SHOW:** Pam fi Duw (1997-2002)

It was a Welsh-language soap which entertained school children in the late 1990s. It was Set in a valleys community, it was kind of like a Welsh version of Grange Hill. But better of course.

Following the ups and downs of teenage life, Pam Fi Duw? - translates as «Why Me God» - starred the late, great Brian Hibbard as Deryck, father to the main character Rhys Davies (Hefin Rees) and was filmed mostly around the Rhondda Valley and at Ysgol Gyfun Cymer near Porth.

The series, which first aired in 1997 and followed Rhys and his friends as they embarked on their GCSEs at Fern Glyn School, was a memorable part of Welsh teenage TV, the first of its kind. It touched on issues such as drug use, alcoholism, coming out, death, love and more.

**BOOK:** A Little Gay History of Wales by Daryl Leeworthy (2019)

A Little Gay History of Wales marks a major advance in the project of documenting and analysing gay lives and the cultural, social, and legal contexts in which they were lived in Wales.

It offers a vital corrective to 'British' studies which ignore national, ethnic, cultural and linguistic differences within Britain, and a salutary reminder, if one were needed, that

class matters in a study of national history.

If the arrival of this book feels a little belated, both in terms of being a long-overdue study of LGBT Welsh history, and in the way in which male homosexual experience remains centre stage, it will no doubt be highly influential within the kaleidoscope of studies—historical, cultural, sociological—which are enriching and complicating our understandings of queer Wales.

**FILM:** Beautiful Thing (1996)

The film is a 1996 British romantic comedy film directed by Hettie MacDonald and released by Channel 4 Films.

The story is set and filmed on Thamesmead, a working class area of South East London dominated by post-war council estates. The main character, Jamie, is a teenager who is in love with his classmate.

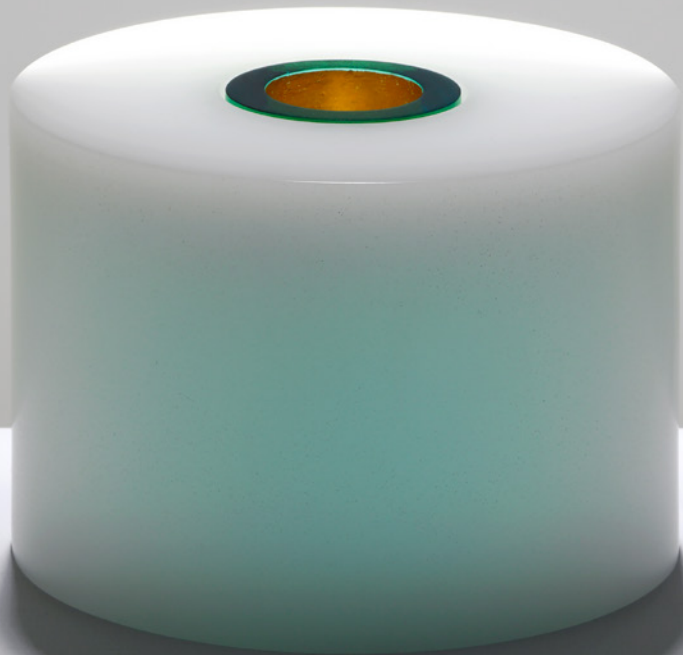
This movie, now more than 25 years old, still hits so many great notes. The central relationship builds very sweetly and believably. A mostly strong cast led by the two boys and the mother form a tender center. Life is not easy for any of these characters, but they manage to find some joy and acceptance through their mutual love. Still very few movies out there with such positive images. I have watched it many times, and I will watch it many times more.

SPOTLIGHT

# Bruno Romanelli



(he)art  
of glass



All photos: Andy Smart, AC Cooper

**Bruno Romanelli, 53, glass artist.**

Bruno, with his scruffy charm and boyish smile, is so unassuming in his demeanour that one would never guess his work sits in major collections like The Victoria & Albert in London, and the National Museum of Scotland. In fact, with a Masters Degree from The Royal College of Art and numerous exhibitions under his belt, Romanelli is considered as a leading contemporary in his field.

Though a Yorkshire native, Bruno lives in South London where he also runs his own workshop. His sidekick Toby - an equally scruffy Welsh Terrier - is a very, very good boy.

Most of Bruno's early work often centred around the figure, through which he used and expressed ideas of identity, masculinity and loss. But following the death of his father in 2001 and his subsequent diagnosis in 2004, his work took a dramatic turn towards the sculptural, abstract forms that he makes today.

His work employs ancient techniques of lost-wax casting to create his very contemporary, modern pieces, juxtaposing and enveloping the old and the new in this fusion of technique and style.

His work investigates the relationships between form, colour and light through the medium of glass.

Form, colour and glass are the intrinsic elements of each piece where light applied to the piece reveal the nature of these elemental relationships.

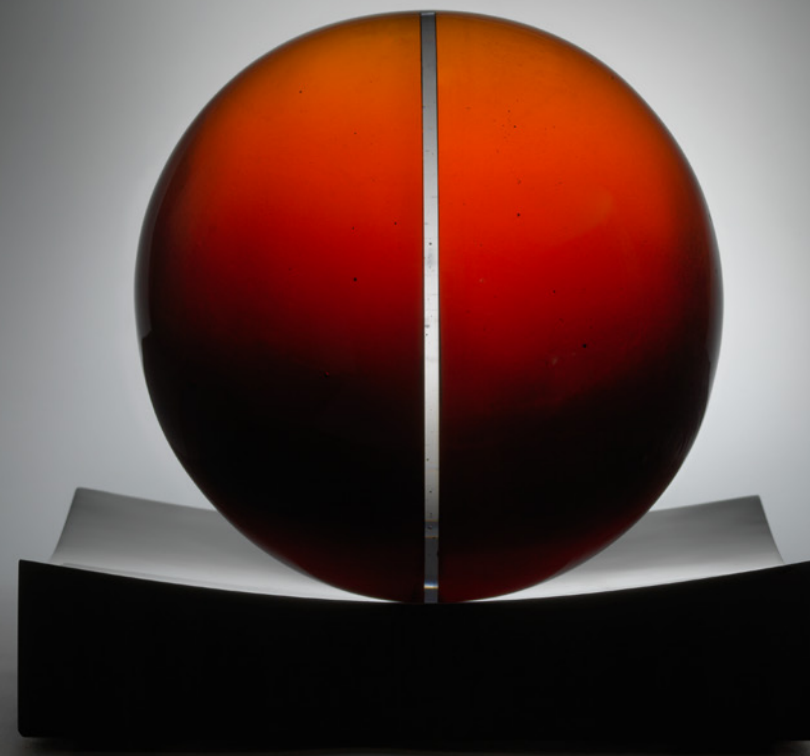
Geometry, symmetry and harmony are underlying aspects of the work which exploit different qualities of glass to achieve his aims.

Inspired by nature and in particular the way light interacts with the things around him, Romanelli attempts to capture and interpret the essence of this interplay within his work.

His most recent work uses a powdered form of glass, melted into precise geometric forms with coloured inserts that emanate that colour through the cloud-like body of the piece, resulting in quiet but mesmerising pieces.

Both complex in technique, yet simple in form, each piece demonstrates a mastery of the material and techniques he employs to create his work.

*To see more of Bruno's work, visit:*  
[brunoromanelli.com](http://brunoromanelli.com)





SPOTLIGHT



SPOTLIGHT





FEATURE

# Of losing and winning:

The story of queer migrants  
living with HIV in the UK.

by  
José Mejía Asserías

## FEATURE

The HIV epidemic resulted in a disproportionate number of diagnoses amongst migrants emphasizing the need for migrant communities to be regarded a priority focus in HIV and sexual health work in the UK and around the world.

However, migrants in the UK continue to face inequalities that put them at higher risk of getting HIV and also barriers that stop them from receiving adequate and equitable care. We are being left behind. Not fully benefiting from all the advances in prevention, treatment and care strategies and continuing to carry the burden of an HIV diagnosis, alongside other marginalised communities.

Data from 2019 by Public Health England (now the UK Health Security Agency) showed that 62% (2195/3552) of all new HIV diagnoses in the country were amongst migrants<sup>1</sup> and half of them probably acquired HIV whilst in the UK.

A study from 2018, showed that amongst migrants born and diagnosed abroad, 36% did not access care within one year of their arrival in the UK and 46% received a late diagnosis when their first test for HIV in the country<sup>2</sup>.

Access to PrEP has also been lower

<sup>1</sup> Public Health England. National HIV surveillance data tables to end December 2019. Tables No. 2: 2020.  
<sup>2</sup> Current experiences of accessing and using HIV pre-exposure prophylaxis (PrEP) in the United Kingdom: a cross-sectional online survey, May to July 2019

in some migrant communities. Data from England's PrEP IMPACT Trial in 2020, shows that just under a third of the 17,700 trial participants were born abroad<sup>3</sup>, with only 30% of the total of cisgender gay and bisexual men being migrants (with a smaller proportion of Black African, Black Caribbean and Asian migrants)<sup>4</sup>.

Socio-economic inequalities and punitive laws act as barriers to accessing care and affect migrants in ways that link to their multiple identities (race, gender, sexual orientation, etc), often resulting in invisibility, lack of representation, lack of community connections and poor self-esteem.

Furthermore language barriers, lack of representation in health promotion and clinical trials, low engagement in sexual health conversations, lack of knowledge of service provision, misunderstanding from health care professionals, conflicting priorities and other cultural factors make

<sup>3</sup> England's big PrEP implementation trial releases its enrolment data: young people under-represented | aidsmap  
<sup>4</sup> First efficacy results from England's PrEP IMPACT Trial | aidsmap



migrant stories often unheard and invisible in HIV and sexual health.

To challenge the invisibility of migrants in mainstream HIV narratives, I talked with 3 queer migrants living with HIV who share their thoughts on identity, community, stigma and wellbeing.

I had the pleasure to talk to Ese, Jakub and Roberto, 3 peers with whom I share some of these labels - queer, migrant, living with HIV - and who kindly shared their stories, dreams, hopes and fears as queer migrants living with HIV in the UK.

Besides these shared labels, there are a lot of other commonalities in our stories, but also a lot that makes us different. We come from different places, speak different languages, and migrated for different reasons. Finding out and living with HIV has been a different journey for each one of us, and we've all lost and won different things in our migration process. We all share the privilege of having platforms and spaces to share our stories with others and have gained a sense of community and belonging in the process of doing so.

Ese Johnson was born in Nigeria and moved to the UK after his HIV

diagnosis, where he has been freer to express his sexuality without the impact of punitive laws on sexual orientation, and where he now works in community sexual health programmes. Jakub Krzyzynski was born in Poland and moved to the UK, where he learned English, received an HIV diagnosis in 2016 and subsequently works in a sexual health programme for Polish men who have sex with men. Roberto Tovar was born in Mexico City and settled in the UK in 2015, where he receives his HIV care and works in creative HIV awareness projects with Latin-American communities.

For the three of them, being a queer man living with HIV in the UK is an experience of mixed feelings. They've all felt proud of where they are personally and how far they've come dealing with their HIV status. Sharing their stories has had a positive impact on their emotional wellbeing, and they feel this is key in the process of building and nurturing their communities.

However, they have all been at the receiving end of stigma and discrimination because of their intersecting identities. They all acknowledge that more action-driven work needs to be done to improve the

quality of life of migrants living with HIV in the UK, otherwise it becomes tokenistic.

They know, and I know that there are benefits to all of us sharing our stories. But they are as aware as I am, that we need our stories backed up by funding, policies and decision-making centred on our experiences and our wellbeing. They know more UK-based projects by and for migrants are key if we want to achieve global HIV targets by 2030.

As migrants, we often navigate different communities. We dip our toes here and shake our hands there. We explore communities of faith, the LGBT+ community, a diverse community of people living with HIV and the resettled citizens of our local diaspora. Though it is this same process that makes us realise that some bits of our identities don't fit within some of the communities to which we (are trying to) belong.

"I removed myself from societal communities and built my own", says Ese and explains how he is becoming more appreciative of other opinions and is creating spaces and opening conversations in which people feel freer to ask and share. Spaces for conversations about the things that affect and motivate us, says Jakub.

Or in Roberto's words is about "being present, showing up and asking questions. About building networks of support, mutual interest, and warmth with like-minded people".

People living with HIV experience direct or indirect stigma and discrimination, on many occasions before and after their own diagnosis. We experience stigma in different settings, including healthcare settings and dating apps. Stigma from friends, family, partners and from our different communities. This stigma can be easily internalised and turned into self-stigma, internalising those negative views and feelings about oneself.

Undoubtedly, the stigma experienced by queer migrants living with HIV is intersectional, as it is their identity. It not only relates to their HIV, but to their sexual orientation, race, country of origin or immigration status. It comes in layers which in my view, makes it harder to untangle.

"It is not always about people being horrible, it can be lack of knowledge" says Jakub who no longer feels ashamed and doesn't think any more about what his life would be like if he didn't have HIV. According to Roberto "stigma is present when we think it isn't. It is an on and off relationship"



or as Ese explains dealing with stigma “is a journey and you aren't free of it overnight”.

Having dealt with stigma and discrimination from others and the impact it has on wellbeing, these 3 men are doing the hardest part. The reflective process of ensuring they deal with those bits they've internalised. They are letting go of others' opinions and of their own biases and trying to “feel less judgmental about themselves and their communities”.

After chatting with all of them, I realise we all seem to share more than this positive diagnosis.

We seem to share a positive outlook on this experience. Our timings have been completely different but luckily, we are all at a point, in which we've valued what we've learned and gained amidst the challenges and difficulties of being a queer migrant living with HIV in the UK. It's as if we could all see the calm within the storm.

There is this shared feeling of gratitude. Perhaps one that is part of the migrant experience. This idea of being grateful for what this country offers or has given us. Nevertheless, we are all aware that this feeling is a double-edged sword. That it makes

people forget that to enjoy these gains, to win this joy, there has been a lot of loss, and a lot of pain.

We left our homes, we left our loved ones, we left our countries, our food, our traditions. We left some sort of certainty to navigate the unknown. Some left discriminatory policies and narratives towards their queer identity, to now face discriminatory

policies and narratives towards their migrant identity. We've endured racism, xenophobia, microaggressions and fetishisation all framed under the government's hostile environment.

Being a queer migrant living with HIV takes a toll on many. It's taken a toll on us. However, all these experiences

*we all seem to share more than this positive diagnosis. We seem to share a positive outlook on this experience.*

related to their identity are making Jakub, Roberto, and Ese more determined to share their story, and build community through their work.

This process ‘is teaching me to be critical, rather than negative’ says Ese, who knows that he will continue to learn from going through his own experiences. For Jakub, this is a matter of representation, of relating to others through our experiences. Whilst Roberto is becoming ‘more aware of the diversity and the differences with other people's journey’ which makes him mindful and always respectful. Their determination was clear, but I wanted to know more about their coping strategies. What do they do to walk the talk without fainting? How do they manage when things get difficult? Interestingly they shared a varied list of coping alternatives which included sun, music, sex, exercise, food, sleep, and relationships amongst others. More importantly, they all talked about recognising the signs of decline in their emotional health and the importance of their work and their community to keep them afloat.

So, I asked these 3 men what they would say to another queer migrant living with HIV who is struggling with their identity? Very thoughtfully they suggested 3 things. Understand

how they are feeling before offering solutions, reassure them there are infinite ways to be a queer migrant with HIV, and encourage them to build peer and professional support networks.

After I talked to Jakub, Ese and Roberto, I felt that I belong, I felt they are my peers and the ones more likely to get me if I ever need to talk. I felt privileged for knowing them and getting to hear their stories. I felt lucky for the opportunity to amplify their stories, for the opportunity to put a spotlight on migrants living with HIV. I felt proud of them and what they do, proud of myself and the team behind this publication, and lastly but most importantly proud of all migrants in the world who are insisting, persisting, and resisting with love and kindness amidst the many challenges.

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## ENSURING MIGRANTS ACCESS TO HEALTH.

POSTSCRIPT *by* JOSÉ

To understand some of the changes needed to facilitate migrants access to healthcare, I talked to HIV nurse and researcher Joe Phillips, who is currently working in a project on migrants accessing non-HIV-related health care.

For Joe, the challenges faced by migrants go beyond the health-care setting and are strictly linked to ever-changing hostile environment policies created by the government, which impact migrants' rights to education, employment, housing, and their relationship with the criminal justice system and their own communities.

However, in the healthcare setting, one of the challenges is the lack of clarity on healthcare entitlements. As much as HIV testing, treatment and care are free to everyone regardless of immigration status, other healthcare areas aren't, and migrants don't seem to have much clarity around this.

In many cases having to provide permanent addresses or interpreting services not being available can become barriers to migrants' engagement with care. However, Joe recognises that the support of fellow migrants in healthcare settings can provide culturally competent services and can improve engagement with care.

It is important that healthcare professionals are open and create safe spaces for migrants to share their experiences. Health-related or not. Healthcare professionals might not be able to solve all challenges patients present with, but Joe is clear that they can act as a listening ear and bridge with further support services that might come in handy.

Additionally, healthcare professionals can be key in opening spaces for migrants living with HIV to share their experiences and the impact that certain policies might have on them. Policies need to be informed by research (or peer-led research) that highlights migrants' experiences. Furthermore, education and awareness of healthcare professionals and migrant communities are key in the process of addressing the intersectional stigma experienced by migrants living with HIV.

More importantly, Joe acknowledges the need to recognise that migrants living with HIV are not a homogenous group. That each and every one of their experiences are unique, and education and policy should meet the needs of these different subgroups of migrants living with HIV. Neurodivergence, physical disabilities, profession, and other marginalised identities, mean different challenges for different migrants.

# U=U: The (r)evolution

Did you know that having an undetectable viral load also stops HIV transmission?

This is what U=U stands for:  
Undetectable = Untransmittable

For at least 20 years we have known that HIV treatment (ART) reduces HIV transmission. But for the last few years, leading scientists agree that the risk is not just reduced - it is stopped completely.

Here, we will take you through the history of U=U, what it means, and why it revolutionises the way we think about HIV.

## LEXICON

### What is viral load?

Viral load is the term used to measure the amount of HIV in our blood. It is reported as the number of HIV RNA copies per millilitre of blood plasma. Viral load is an important indicator of HIV progression and of how well treatment is working.

### What is a detectable viral load?

When viral load is detectable, this indicates that HIV is replicating in the body. If the person is taking HIV treatment but their viral load is detectable, the treatment is not working properly. There may still be a risk of HIV transmission to sexual partners.

### What is an undetectable viral load?

A level of viral load that is too low to be picked up by the particular viral load test being used or below an agreed threshold (such as 50 copies/ml or 200 copies/ml). An undetectable viral load is the first goal of antiretroviral therapy.

Having an undetectable viral load means HIV is in control, our immune system is healthy and therefore the risk of developing HIV related illness or opportunistic infections is greatly reduced.

## Timeline of the U=U history

### 2000

The first large study indicating that people with low viral loads are not infectious came from a study of 415 heterosexual couples in the year 2000 in Uganda. This found that no HIV-positive partner with a viral load below 1500 copies/ml transmitted HIV.

### 2006

Dr. Julio Montaner pioneers the concept of Treatment as Prevention (TasP). He was the first to advocate for the expansion of HAART coverage to curb the impact of the HIV pandemic, in terms of decreasing progression to AIDS and death, as well as decreasing HIV transmission.

### 2008

The Swiss Statement is released in 2008 Swiss doctors which asserted that people living with HIV who are taking antiretroviral therapy and have an undetectable viral load, with no sexually transmitted infections, do not pass on HIV to their sex partners. It was the first published document to say that, under defined circumstances, people with HIV who have fully suppressed viral loads due to treatment cannot transmit HIV.



## Timeline of the U=U history (continued)

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### 2011

In 2011, a large scientific trial called HPTN 052 concluded that HIV treatment reduced the risk of passing on HIV to a regular heterosexual partner by 96%. (The only reason it was not 100% is that one person in the trial did acquire HIV, but this happened within a few days of their partner starting treatment.) Over the course of the four-year study, not a single person with an undetectable viral load passed HIV on to their partner.

### 2014

Initial findings of Partner 1 Study report zero transmissions in serodiscordant heterosexual couples but acknowledged more data needed on gay men and anal sex.

### 2016

Researchers present findings of Partner 1 Study at 21st International Aids Conference in Durban.

### 2016

Prevention Access Campaign (PAC) and partners create the phrase Undetectable = Untransmittable (U=U) to describe this scientific concept and a campaign to promote it and build and communicate a consensus about U=U.

Today, U=U is a thriving and growing community-led movement of HIV advocates, activists, researchers, and over 1,050 Community Partners from 105 countries.

### 2017

Opposites attract study also found no transmissions in nearly 17,000 acts of condomless anal sex between serodiscordant gay male partners, meaning that no transmission has been seen in about 126,000 occasions of sex, if you combine this study with PARTNER 1 and 2.

### 2017

The British HIV Association (BHIVA) endorses the U=U consensus statement.






### 2018

Partner 2 Study (follow up on P1) present findings at the 22nd International Aids Conference in Amsterdam. They confirm that the chance of ANY HIV-positive person with an undetectable viral load transmitting the virus to a sexual partner is scientifically equivalent to zero.

### 2021

UNAIDS and World Health organisation endorse U=U.

So why is U=U important?

-  It can transform the lives of people living with HIV, freeing us from the shame and fear of sexual transmission to our partners.
-  This means that you don't need to use condoms if you were only using them to stop HIV.
-  U=U can help dismantle the HIV stigma that has been destroying lives since the beginning of the epidemic.
-  U=U can reduce anxiety associated with testing and encourage people living with HIV to stay on treatment to stay healthy.
-  It gives a strong public health argument to increase access and remove barriers to treatment and care to save lives and prevent new transmissions.



# Surviving chemsex

by Scott Agnew

Scott Agnew is a comedian and journalist, his 2016 show *I've Snapped My Banjo String Let's Just Talk* dealt with his experiences of mental health issues, chemsex and his HIV diagnosis.

Photo by: Steve Ullathorne

His body tensed between my arms and thighs as I spooned him and told him of my diagnosis. I felt him change, I felt everything change. I thought “you’re doing this on your own.” It flipped the whole dynamic of the relationship.

Chemsex is what had brought us together – we’d both been involved in that world before we met at a party. We enabled one another and became near daily users. Eighteen months of meth and meph fuelled marathon horny sessions with multiple partners made way for limp dicks, flaccid finances, crashing careers and a losing hand of paranoia, mistrust, anger, chaos, frustration, and humiliation. My diagnosis was the weight that proved too much to bear.

Six weeks later the relationship ended, and I had nowhere to live. I was 34 and single with no home, no job, a HIV diagnosis, and a drug addiction. I needed to stop. I couldn’t carry on the way I had been living. My HIV diagnosis brought into sharp focus my own mortality – despite me knowing

modern meds meant my diagnosis wasn’t the death sentence it was – it still pulled me up. I knew if I was going to manage my treatment and keep me healthy and safe and others I had to get a grip on my addictions.

Drug use amongst gay men is three times higher than their straight counterparts according to Home Office figures from the Crime Survey for England and Wales. Antidote, an LGBT alcohol and drug treatment service, says more than half (51%) of its drug-using clients had used methamphetamines (Crystal Meth) in the last year. I have stopped. But it took time, patience and determination. I’m no expert in recovery, I’m not entirely sure any one person is, but there’s plenty of folk worth listening to and tapping into – in fact I drew from all sorts of people, places and things. My first port of call was traditional services at Terrence Higgins Trust, I literally rocked up and spilled my guts to a staff member who basically told me it’ll be alright and let me unburden all my thoughts, fears

and problems from the previous few years. Aside from THT I dabbled with psychotherapy and counselling; drew on Kate Bush and Alanis Morissette lyrics; read the late David Stuart of 56 Dean Street's blog and watched his YouTube; I reconnected with colleagues and friends neglected in the depths of addiction. Try it all, pick and mix - use the bits that work for you and try them alongside other things.

Michael O'Dea, Chemsex Lead at Terrence Higgins Trust said:

*In a world of apps and instant hook-ups, it can be really easy for drugs, alcohol or sex to get out of control. It may feel like what was once an occasional bit of fun, has turned into something which you now feel is taking over your sex and social life. Making changes can be difficult, especially when it comes to chems use. Whether you want to cut back, be safer or quit entirely, getting some help can make a big difference.*

*At Terrence Higgins Trust, we provide a range of support services including a nationally available chemsex 6-week online group programme for gay and bisexual men who take part in chemsex and would like to make a positive change to their use of chems. If you need support, please visit our website:*

[www.FridayMonday.org.uk](http://www.FridayMonday.org.uk)  
or email us at:  
[chemsexsupport@tht.org.uk](mailto:chemsexsupport@tht.org.uk)

There's quite a lot of contradictions on the road to recovery. You must be selfish but also let folk in. You need to be independent but rely on people.

You have to disconnect some things and reconnect others. You have to take responsibility but not blame. That sounds like a minor distinction, but taking responsibility is owning your issue - blaming yourself or others builds anger, resentment, and guilt which won't be helpful as you move through getting a handle on things. Give in to others, let go of pride, accept help, let people take care of you. This IS you doing something. Some things you're just too messed up to deal with at such a critical juncture. Paula at THT sorted me out with benefits advice and a flat with a Housing Association. Getting that baseline in place, income and a home allowed me to concentrate on weaning myself off chems - that alone saved me.

I made rules for when I was using. I tried to buy one less gram each time I went to a dealer. No repeat trips or calls to the dealer. When it was done it was done. When I had stopped, I tried to go one day longer than the last time I stopped. Failure is part of this but never stop giving up - if that's what your aim is.

Be honest and open yourself up, tell your story to those you can trust. My flat was bare. My colleague and friend comedian Janey Godley saw the place and declared "fuck this is depressing. Let's get this sorted." She corralled the comedy circuit, collected a whip round and they appeared at my flat in various drunk and hungover states to lay carpets and paint and paper and donated furniture. I now owed it to them to get and stay chem free.

I wouldn't have got that if I hadn't spoken honestly and forced myself to accept help.

Set a goal. I had no plans, no work, I had become unbookable due to my chems use. I decided I'd write a show about my journey through mental health issues and addiction to a positive HIV diagnosis. Karen Koren at Edinburgh's Gilded Balloon was told about my show, she agreed to bankroll it on the condition I was chems free. I now knew I had to be able to get through four weeks at the fringe without disappearing off to some HnH sex party. I couldn't have the humiliation of having to cancel a show because I was too fucked to perform as I had in 2013 - ruined by a night on "bath salts" that left the world looking and feeling like squishy marshmallows and eventually getting to a stage and in front of my audience and unable to produce a word because I was so sparkled.

I was about managing three weeks at a time without using, my plan was to have a big blow out a week before the fringe and have another big sesh after. By chance the weekend I'd planned my pre-fringe session I had to preview the show - sesh cancelled. The fringe started, the show went great, a production company asked me to come to London to film the show - post fringe sesh cancelled.

A wonderful Welsh friend comes to the recording, and we go out on the piss after, find ourselves in Brighton unplanned and spend the weekend

there. Drunk, laughing, living. But not a drop of chems. It was the first in four years that I'd really felt like I'd had fun and connected with people - I felt alive. I felt like me again. And I'd now gone nine weeks without chems. I decided to just keep it going.

I lapsed a few times but never for more than a night or two. I held on to that drunken weekend in Brighton how good all of it felt and remembered what my chem sessions had become, nightmarish humiliations for the most part. It just didn't compare. I had my friends, family, colleagues, career and me back.

It's now nearly five years since I last picked up a syringe. Life got better, perhaps blander - chems free life can be a little boring, so rekindle old interests you may have abandoned, be it art, music, films, books, sports or the gym. It can be done. I've been able to enjoy doing the things I'm good at again, travelling without worrying where I can lay my hands on some Tina, being invited to friends and family functions again - it's really basic things but they were the basic things I'd lost for four or five years.

**IF YOU OR ANYONE YOU KNOW NEEDS HELP OR SUPPORT:**

[www.londonfriend.org](http://www.londonfriend.org)  
[www.davidstuart.org](http://www.davidstuart.org)  
[www.dean.st/chems](http://www.dean.st/chems)  
[www.tht.org.uk](http://www.tht.org.uk)

TOP TIPS

TOP TIPS



Photo by: Peter van der Wal

# 6 Tips for Dealing with Self-Stigma

by Michael O'Dea

Before receiving my HIV diagnosis, I considered myself well-versed in the art of sex positivity. I had watched the 'The Normal Heart'. I got routinely tested. I never held myself back from sampling the deviant delights of Grindr. Oh and of course, I would dissect every dirty detail with the gals the following day.

This was all thrown into perspective when I suddenly found myself living with HIV and attempting to cope

with the stigma associated with it. Receiving a HIV diagnosis ignited a plethora of deep-rooted internalised prejudice and bias, I never knew I held.

Now five years later, with a few psychology degrees, research projects, a career in sexual health and whole lotta HIV activism under my belt, I think I know a thing or two on how to navigate the world of STIs, stigma, and shame. So here is my top tips for dealing with self-stigma:

## 1. Know what Self-stigma is

We often talk about stigma in our society but we don't often appropriately define it. Stigma is when a characteristic or attribute is perceived as socially discrediting. Self-stigma is when we internalise this prejudice and stereotypes towards ourselves. This typically manifests in feelings of anxiety, self-blame and shame.

## 2. Accept that we all experience self-stigma

Let's get one thing out of the way: we all hold deep rooted shame and stigma around sex, especially when pertains to our sexual health. I always say that stigma is like polluted air, we all breathe it in. Stigma often lays dormant within us until a situation happens, like an STI diagnosis, where these beliefs are activated, and one is inundated with an ocean of negative thoughts. In a way, we all harbour prejudice that we are not necessarily aware of. Once this is established, it's easier to start deconstructing self-stigma in the pursuit of a shame-free sex positivity.

## 3. Know the facts

For me, when I started to learn more about HIV, I began to realise that my self-stigmatising beliefs had little basis in fact but largely stemmed from ignorance, internalised homophobia and a society that has established that people deserve to be punished for enjoying sex. With the right information one can develop a more realistic perspective of their sexual health. Arming yourself with knowledge is the best tool for the battle against self-stigma.

## 4. Talk to your friends

Often when experiencing self-stigma, the shame associated with it holds us back from seeking support from our friends or family. Relying on our social networks is one the key aspects of coping with any challenges in life. While you may fear confiding in someone about your sexual health, I guarantee that the advice, comfort and support will outweigh any potential risk.

## 5. Educate others

Now, you can work on yourself as much as you want but there will always be people in this world who will perpetuate stigma. In these situations, you can get angry and upset or you can take the high road. From a place of absolute compassion, everyone is a victim of stigma. I don't think people knowingly perpetuate stigma. Using the knowledge you have armed yourself with, correcting someone on their false beliefs can be a good opportunity to educate others and reduce stigma.

## 6. It's about getting tested, not the result

Ultimately, self-stigma can be one of the biggest barriers to getting tested. The fear associated with potential HIV or STI diagnosis can cause us to engage in avoidant coping, resulting in one neglecting their sexual health. I have found that reframing my perspective allowed me to have more of an active role in managing my sexual health. Once I realised that no matter what result I received, everything is treatable or manageable. Take control of the narrative, take control of your life!

THIS MUCH I BEAU



THIS MUCH I BEAU

Nathaniel Hall is an actor, theatre maker, activist best known for his role in Channel 4's *It's A Sin* and his critically acclaimed fringe hit show *First Time*.

# This much I BEAU

by Nathaniel Hall

Photo by: Anton Mellor

I was diagnosed in 2003 I was 16, and it was my first sexual experience. I didn't tell my family and I told very few people and I realise what an impact carrying that shame all that time had on me. I try to explain what stigma is to people who don't feel stigmatised like I do, and I struggle to find the words. It's why creating art can say it so much better because it's about feelings, and emotions. I grew up during Section 28, it came in 1988 when I was four years old. It didn't get removed until I left school in 2003 which was the year I got diagnosed. I just absorbed all that homophobia

by osmosis, but I realised in 2017 it was time to tell myself a new story, you must change the narrative. The words you use to describe yourself every single day are very important and powerful, and I realised that for 15 years I'd been telling myself that I was worthless. I was telling myself that people could treat me badly, that I could treat others badly, that I had this pain and this sadness and this dirty thing inside me and then you just flip that and I just gotta start saying the opposite, I'm not ashamed, I'm proud, I'm living proudly and that's a slow process but the more you do it

day in, day out the more powerful that becomes.

Young people if you're struggling with your sexuality, your gender identity or coming out as positive, if you're worried about the reaction, then writing a letter is a great way to do it. You can get everything down, you can spend hours on it, you can edit it, you can make it exactly perfect, exactly how you want to say those things and then the person you want to tell gets to have their reaction in private. I've got friends who came out to their parents, and they've been really supportive but that first reaction has lived with them because there's disappointment on their face or there is fear or worry for their child. The letter is a great tool I think for putting the power into the hands of people who are receiving the information.

Life is messy and complicated but there's nothing that can't be fixed.

Relaxing and switching off is important. I have to exercise a lot and swim every day. I've found this is the best way to help manage my anxiety post-traumatic stress disorder. I like going out and partying with a load of queers in an abandoned warehouse on the outskirts of Manchester. I've just bought a house and I've got into restoring furniture, so I've become one of those gays.

I'd heard Russel T Davies was writing a show about HIV and I said to my agent I need to be in this show as I was doing my own show about HIV

- and then I did something really unprofessional, I just messaged him on Instagram and I was like "I know you're writing this show and I'm doing this -maybe we should meet up?". I expected nothing and he literally replied straight away and said: "Let's go for a coffee." I spent two hours telling him my story and he was writing the storyline of Colin Morris Jones in It's A Sin who gets HIV from his first time and although it was set in a different era he wanted to check it felt real, honest and truthful. At the end of the conversation with a little glint in his eye Russell said "you're too old for the lead but there might be a little part in there for you." We were at the Fringe and The Stage had just given me five stars. I was on Cloud 9 and then my agent called saying I had the part of Donald in It's A Sin. I thought I could literally die now I'm happy, it was one of those beautiful days and it felt like the hard graft of the last couple of years had started to pay off.

I love my mum and dad, but I've been back living with them for three years thanks to lockdown and I've learned don't order sexy products online when living with your parents. I was minding my own business in my room and my mum came up, loves my mum, she's addicted to ordering things from Amazon, she says: "We've just had a delivery and I've just opened one of yours accidentally. Some sort of special glue. It was basically a bottle of lube. "Ooooh great, I'll take that because if you try and glue something with that it's not gonna work."

The  
story  
that you  
tell yourself  
every single  
day is very  
powerful  
and I realised  
that for  
15 years  
I'd  
been telling  
myself that  
I was  
worthless

SPOTLIGHT

# Número de Serie



art as activism





## SPOTLIGHT

All photos: Número de Serie

The Latin American community in the UK consists of more than a quarter of a million and keeps growing, with more than a half living in London.

**Roberto Tovar**, a Mexican advocate living with HIV, believes that Latin American representation and the creation of language specific resources that are culturally specific is key to raising awareness and addressing the needs of Latin American communities.

To respond to this Roberto created **Número de Serie**, a sexual health and HIV awareness initiative, that through video, talks, and community building experiences with an artistic approach breaks down barriers and reaches people that otherwise wouldn't engage with HIV work.

In 2022 Número de Serie is partnering with Metro Charity and the NAZ project to deliver a programme dedicated to serve Latin American people living with HIV. The programme aims to work with specifically with women, trans people and gay men.

*Speaking Positive* is a year-long project tackling internalised stigma of living with HIV. This initiative will gather a group of Latin American people and through

creative workshops like flag-making, life drawing and creative writing will explore and learn how internalised stigma works, how to recognise it and address it.

The creative workshops will be facilitated by Roberto and Rosana Alves, a Portuguese-speaking coordinator. After the creative workshops have been completed the participants will be invited to engage in therapeutic sessions so they can debrief with a counsellor and work through any thoughts that may arise from the previous workshops. To mark the end of the sessions a pyjama party will take place, where participants can decompress, relax, and pamper themselves with beauty treatments, nice food, music and interactive games.

The second part of the project is to record a podcast series of 12 episodes, titled *Leave a message after the tone*. This podcast aims to amplify Latin American HIV-positive voices and address an often-underestimated problem, internalised stigma.

### WEBSITE

<https://www.numerodeserie.org/>

### SHORT FILM - *My Message To You:*

<https://www.mymessagetoyou.info/>



#### ■ ENGLAND

**20, 5'10"**, 6 dark blue eyes, brown hair, tall, seeks friendship or even relationship with one who is caring and understanding, no age limit. I would give any guy a chance, and I would like a chance to please. Write soon. Thanks. Mark Burlington - West Yorkshire, England (e17)

**IT'S LONG**. It's loose. It's stinking. It's ringed for heavy stretching. **WM 40, 5'10"**, has filthy foreskin for you all dirty minded uncuts. Enjoys foreskin enlargement, cheesy workouts and all foreskin fantasy trips. Jules Sask - Brighton, England

**WM, 40, 5'8"**, 200 lbs. hot tongue greedy for cheesy-caked cockheads. Tight asshole holds dick, enormous is the best, make me yell till you pump in your mancum. Especially fond of black or PR dicks. Available to rim your shitty ass. Hunky kids as a lookout not for the hood. Santos Caribbean each year. Offer accommodation in London. Hums. Felling London, W5, England. (e1)

#### ■ FRANCE

**FRENCH BLACK, 24**, muscular, A/p, and his white lover want U.S. Black or white or Asian muscular men if more than 9". Cheesy, smelly, dirty appreciated, but not necessary. Our photo with reply. Charles 90 des poissons, Marseille, France

#### ■ GERMANY

**FORESKIN FAN 24, 5'11" 150 lbs.** uncut seeks contact with other guys who're really into foreskin. Would you like to exchange private videos (PAL or AT) and information? Response guaranteed. Hansel, Düsseldorf, Germany (e1)

**ATTRACTIVE WM 48, 4'5'10" 170 lbs.**, athletic built, dark blond, blue eyes well hung, uncut, always horny, like to be generous, seeks really horny young, muscular, uncut studs, 18-28 for fun and possible relationship. Will invite you to Europe. Also Asians, Latinos, Blacks very welcome. You wont regret it. PO Box. (Postage to Germany is .50 per half-ounce).

#### ■ HUNGARY

**TRAVELS TO THE USA, 42, 160 lbs.**, good physical shape, blue eyes uncut and hairy. Very active. Travels to Los Angeles, Philadelphia and Detroit a couple of times a year, would like to meet gay friends. Talababy, Hungary (e14)

#### ■ ITALY

**WM, 35, Uncut 6', 160 lbs., 7"**, would like to have perps (uncut or cut, any race) in USA and everywhere 18-30. In the future we could meet. I like videos magazines, nude photos and hot letters. Me! clean shaven, not fern, you the same. Photo gets mine. B.S. Pedrazzo, Italy. (e12)

#### ■ POLAND

**ATTRACTIVE GUY 35, 3black hair, moustache** would like to correspond with gay men from Europe, USA and Canada. I'm friendly, honest, an orphan and lonely. My heart and my home are looking forward to seeing you. Interest: friendship, love, travel, sex with goodlooking guys. Send your photo with letter in English, German or Polish. Rzeszow 2, Poland. (e13)



SPOTLIGHT



# From the archives:

In every issue we choose three items from the archives, to celebrate and recognise our history and the creativity of our beautiful HIV community.

Visuals and messages have been key to shaping peoples perception and understanding of HIV since the start of the epidemic.

Most people remember the Tombstones/Iceberg campaign (better known as the *Don't Die of Ignorance* campaign) or the Act Up *Silence=Death* reclaiming the pink triangle.

We want to acknowledge the role of design and creativity in changing the narrative on HIV, combating HIV and empowering People living with HIV.

The following images are kindly provided to us by *HIV Graphic Communication* - a historic visual archive of promotional campaigns and graphic ephemera from the UK.

ACROSS: POSTCARD SET  
Norwich Gay Men's Health Project.  
Postcard, 1 of set of 6: A6 4 col mono reverse.  
Concept: Will Nutland. Design: Ike Rust, 1994.

# WANKING



FROM THE ARCHIVES

BELOW: POSTCARD SET

Norwich Gay Men's Health Project.  
Postcards, set of 6: A6 4 col mono reverse.  
Concept: Will Nutland. Design: Ike Rust, 1994.

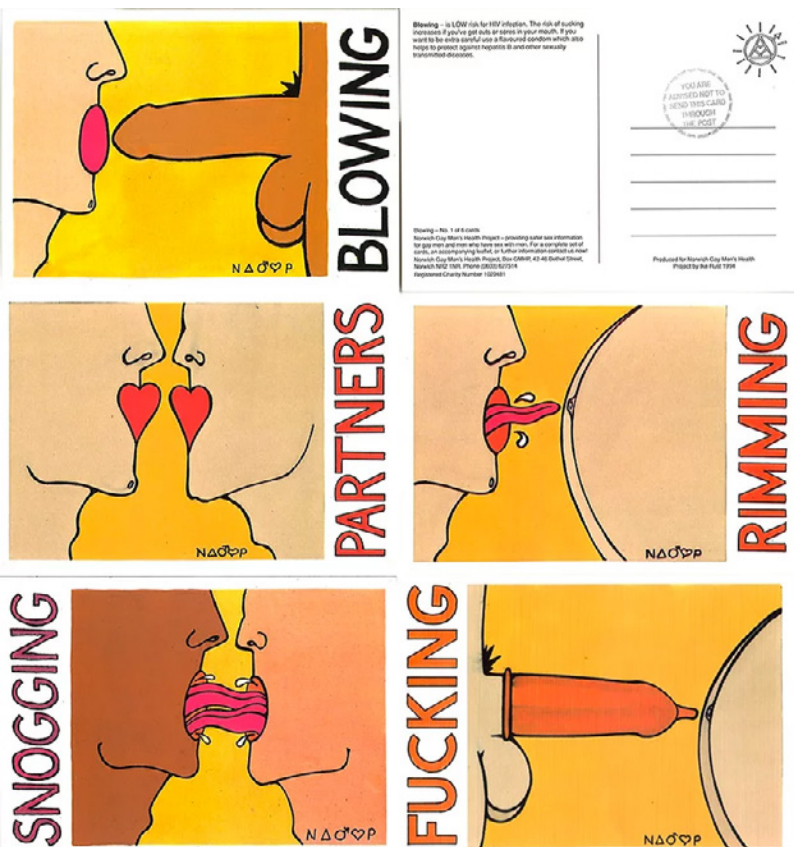
source: hivgraphiccommunication.com

ACROSS: THE DENVER PRINCIPLES

The Denver Principles were written in June 1983 at the Fifth Annual Gay and Lesbian Health Conference in Denver, Colorado, by the advisory committee of the People with AIDS Coalition,

The Principles outlined a series of rights and responsibilities for healthcare professionals, people with AIDS and all who were concerned about the epidemic. It was the first time that people who shared a disease organised to assert their right to a political voice in the decision-making that would so profoundly affect their lives.

source: actupny.org



FROM THE ARCHIVES

## The Denver Principles (1983)

Statement from the People with AIDS advisory committee

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others.

We are "People With AIDS."

### RECOMMENDATIONS FOR ALL PEOPLE

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

### RECOMMENDATIONS FOR PEOPLE WITH AIDS

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

### RIGHTS OF PEOPLE WITH AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die - and to LIVE - in dignity.

Denver 1983

from the beautiful HIV+ community

JULY 2022

**BEAU**

**BEAU**

**BEAU**

**BEAU**

**Nº 1**