The English Patients

With its free health care and progressive policies, Britain may seem like an HIVer's paradise. But drugged-out gays and desperate immigrants have doubled its HIV caseload - and challenged its stiff upper lip. Gus Cairns reports from across the pond

January 1, 2005 By Gus Cairns

Now 52 and a grandmother, Stella Zuzé rummages through her oldphotos. There she is in a Sophia Loren sunhat lounging in her garden in Zimbabwe, circa 1976. "Let me tell you—I was a *killer* then! I could have any man I wanted."

Three decades, four children and one near-death from AIDS later, Zuzé lives in a single room in Cardiff, Wales, on the £38 ($68) a week asylum seekers receive while U.K. immigration officials review their cases, which can take years.

"Young Stella," she says, as if telling a fairytale, "married an artist. He designed the bird on the Zimbabwe flag. Stella had four kids, and when independence came in 1981 and blacks were allowed to do office work, she got a good job.

"But the marraige turned out to be far from the fairytale that Stella had envisioned. So she left her husband and struggled as a single mother. And she had a lot of boyfriends! Why not? My husband never so much as paid my rent, but they did." (Common in African cities, this isn't considered prostitution.)

"Eventually, in 2000, I got sick. I went to a doctor who took a test and said, 'Stella, your blood is dirty.'" She got blinding headaches. With cryptococcal meningitis ravaging her brain, she flew to England for the treatment she needed to save her life.

Four years later and stable on HIV meds, she can't leave the U.K. until her asylum application is settled. That means she can't visit her kids—whom she bore before getting HIV. But she's determined not to return to Zimbabwe. "The place is not fit to live in," she says.

One in three Zimbabwean adults has HIV. "Every time you phone: 'So-and-so died,'" Stella says, beginning to sob. "Last year, I was begging for tablets for my nephew's son, a teacher. He died at 28. Over there, people think, 'Well, if I use a condom, I'll still die.' 'Death is death,' that's what they say."

Zuzé is the new face of HIV here in the U.K., which has largely handled the disease admirably. One

in 1,000 Brits is positive, compared with one in 330 in the U.S. This is due in part to the government's early adoption of needle exchange. Only 7 percent of Brit HIVers got the virus by injecting drugs, compared with 25 percent in the States. The Brits' bold, sexy and community-run info programs for gay men remain models for tackling HIV non-moralistically. And the U.K. is proud of its free, tax-funded National Health Service. This includes sexual-health clinics where you can drop in, give your name as Elvis Presley and get treated for STDs and HIV, no questions asked.

But the number of HIVers here has doubled in the past five years, to 60,000 in a country of 60 million. That's the steepest climb in anyrich country. Two-thirds of those new infections are among heterosexuals. Nine-tenths of those newly infected caught HIV outside the U.K., 80 percent of them in sub-Saharan Africa. A health-care system built in Victorian times to treat pox-ridden sailors returning from the colonies is buckling as immigrants from those former colonies—which have become the world's HIV hot spots—turn up with AIDS.

This has panicked the government and enraged the conservative press, which seems to mesmerize Britain's politicians. Immigrants are "health tourists bleeding the country dry," to quote the Rupert Murdoch–owned Sun. The London Times called them a "public health menace." The *Daily Telegraph* got a doctor to say that paying for their treatment was "why your granny won't get her hip replacement."

Prime Minister Tony Blair considered a U.S.-style ban on letting HIVers into the U.K. He dropped the idea when advisers told him it would merely encourage false documentation. Since April, though, roughly 1,500 to 4,000 "illegals" have been denied free HIV meds. That includes those denied immigrant status even though authorities agree it's too dangerous to send them back to countries with civil unrest.

"We've had cases of people admitted to hospital unconscious and getting a bill for £7,000 [$12,600] when they wake up," says Lisa Power, head of policy for the Terrence Higgins Trust (THT), the U.K.'s largest HIV organization. "We've had people with active TB who, when charged for their [HIV meds], discharged themselves halfway through their TB treatment. The Immigration Department seems to think if wed on't give them [HIV meds], they'll go back home. But it's still better dying by inches in London than in Africa."

THT chief executive Nick Partridge doesn't think the U.K. will end up with people dying of AIDS in the streets. "The

U.S.
Population: 293 million
People with HIV: Approx. 900,000
Who are they?: Among newly infected men: 60% via gay sex, 50% black; among newly infected women: 72% black
Hardest-hit places: Areas with highest AIDS rates in recent years have included Miami, New York City and Baltimore.
HIV reporting: HIV diagnoses are reported to the CDC by name in most states and by unique code in others.
HIVer celebs: Hoops legend Magig Johnson; Olympic diver Greg Louganis
Diva advocate: Dame Liz Taylor
Slang for HIV: "The monster," "the package," "that shit" (prison); "the virus"
U.K.
Population: 60 million
People with HIV: Approx. 64,000
Who are they?: 42% gay men; 50% heterosexual (62% women; 90% infected outside the U.K.)
Hardest-hit places: London, with 15% of the U.K. population, has 60% of the country's HIVers.
HIV reporting: The country's free clinics report HIV cases by unique code to the Health Protection Agency.
HIVer celebs: Queen frontman Freddy Mercury; director Derek Jarman (both dead)
Diva advocate: Sir Elton John
Slang for HIV: "The cat flu," "She's got snatch" (gay)

human cost is just too high," he says. "I can't see how clinicians would agree to refuse treatment." A physician advisory group, for example, refused last August to draft guidelines for withholding

free HIV meds.

In recent years, Blair reorganized the National Health Service(NHS), shifting spending power to Primary Care Trusts, which run all local services. The Trusts have no problem spending 10 percent of theNHS budget on obesity and diabetes. But they don't like spending even one percent on AIDS, a stigmatized disease increasingly suffered by non-taxpaying immigrants. "It's a challenge to make the local Trusts understand that AIDS is more, not less, important than it was in the 1990s," says Partridge.

The Trusts also don't like spending on HIV prevention for "poofs" (that's British for "fags"). But infections in gay men have risen 40 percent from 1999—that's three times the increase among American gay men.

London, where Victorian laws once punished any sex act other than two-in-a-bed heterosexuality, has become the sex-party capital of Europe for gays and straights. Take Hard On, successor to the notorious, polysexual fetish club Fist, which made its promoter, lesbian S&M diva Susie Krueger, a very rich woman. Or Pigpitmen, a monthly bareback party at an East End pub. It's for guys with HIV, though proof of status isn't required.

Meet Sam Cotton, 29. The hunky Scot represents yet another new face of the U.K. epidemic: younger gays. He knows the bareback world well. "After I was diagnosed, I had little safe sex," he says. "I regarded it as a perk of being positive. I've changed my mind due to STDs, but I do think a lot of positive guys, like me, are thrill seekers. I'd never had unsafe sex until six months before I was diagnosed at 25."

In 2000, Cotton was having a bad year. "I thought I wanted to be an actor but was doing it very half-heartedly. I was lost. It was that and the GHB," he says, referring to the party drug that can make one vulnerable to rape or a fatal overdose. "That's the only drug that's ever made me lose it. And yes, I have tried crystal."

Crystal meth, or "tina," has arrived on London's gay scene but hasn't yet saturated the community as it has in the U.S. GHB is a different matter. Positive guys on Norvir (ritonavir) are at particular risk because it hikes GHB to lethal levels. Tired of ambulances carting off comatose boys, sex clubs now frisk for GHB bottles.

After his diagnosis, Cotton was aimless. "In this country," he says,"if you're positive, the government plies you with meds and money." It's true that, if you've paid taxes, you can get generous benefits, sometimes including a government-leased car. But benefits have become more difficult to get—and many HIVers are being forced back to work.

After taking a life-coaching course, Cotton got a job working with Derren Brown, the U.K.'s answer to the hip American magician David Blaine. Now, Cotton rings up people and asks whether they'd like to be "vanished" on TV. "I know so many boys who've had HIV for ages and are just a mess on welfare," he says. "I've learned I'm too important to be a mess and that I can realize my goals. I've

worked through a lot of guilt about myself. You don't 'catch' HIV, I think—you *receive* it. There's something symbolic about that virus filling an empty hole."

Yusuf Azad, policy director of the National AIDS Trust, worries about people like Sam. Azad thinks prevention messages in the U.K., however nonjudgmental, are dangerously misdirected. "The U.K. has brilliant information about how you catch HIV," he says. "But I challenge you to go into a gay bar and find a leaflet that issues a clear statement about why you *shouldn't* catch it." Some HIV workers think that CHAPS, the consortium of groups doing all that sexy harm-reduction work, should augment their pamphlets on the relative risks of, say, topping versus bottoming, with a blunt surgeon general's–type warning that unsafe sex with many partners greatly increases one's risk for HIV and other STDs.

"London is also an asylum center for men who can't be gay in their own country," he adds. "How many of these new HIV cases in gay men are also among immigrants?"

Welcome to Kudos, a gay bar just off London's Trafalgar Square. The designer decor and steep prices mark the opposite end of Pigpitmen. Half the guys are Asian. And downstairs, in the louder disco bar, it's all African boys in beads and Muslim prayer hats.

The Health Protection Agency, the U.K. equivalent of the CDC, documents the probable country of infection for every heterosexual diagnosed with HIV but not for gay men. In a recent newsletter, the agency estimated that one in six new gay infections comes from abroad.The 2002 Padare Project, which studied HIV positive African Londoners, found that one in five was exclusively gay. So far, however, remarkably little HIV prevention targets them.

Mohamud Yasin, 29, is from the one African country that beats Zimbabwe in U.K. immigrant numbers: Somalia. It's a failed state torn between rival warlords. But that's not why Yasin's family bundled the newly married 16-year-old to neighboring Kenya shortly before civil war broke out in 1991.

One evening, Yasin's brother caught him kissing another man. "It wasn't my brother who tried to kill me," recounts Yasin. "He just said, 'You are *qanes*.'" (Pronounced *kanesh*, the word means "gay" in Somalian.) "But my sister leaped on me and started *biting* me! I was in fear of my life."

Somalia is homicidally homophobic. "This guy in London," Yasin reports, "came out to his mother. She pretended to accept it but rang his father in Somalia. He said, 'You must kill him.' And she did! She invited him 'round and stabbed him."

Islam dictates, however, that if your family accepts you, no one else can touch you. "The night I was 'outed,' my father gathered us," continues Yasin. "My brothers wanted to kill me. But my father said, 'I am the one who can kill him or let him go.'"

In Kenya, Yasin found a Somalian boyfriend, Abdi, also an exile. But Abdi returned to Somalia to die of AIDS in 1997. "That was my dark year," says Yasin. "I got letters from him every week. Then, they stopped."

Mohamud applied to the U.K. for refugee status and arrived here in 1999, almost as sick as Zuzé. He soon tested HIV positive. Thanks to meds, he's healthy and works at the Naz Project, a West London group that supports positive Latinos, Asians and East Africans. Working with Somalian HIVers, he decided to set up a support group for gay ones. "Their lives are still in danger," he says. "I get them running to my door saying, 'Mohamud, they've found out—you have to rehouse me *now!*'"

He was expecting around 30 guys at the first meeting. Eighty-five showed. "A lot are nice-looking and have good hearts but are forced to marry," he says. "They have no English; they have no self-worth; and if a white man wants sex without a condom, they are easy meat. If I don't work with them, who will?"

Britain finds itself at a crucial point with HIV—the numbers aren't yet dire but the political will to ramp up funding for prevention and treatment for gay men and immigrants, who need it most, is feeble. Without it, experts say, the situation could worsen. "At the moment," says Partridge, "prevention for HIV and sexual health is simply not one of the NHS priorities—something I think will turn out to be a huge mistake." And with right-wing groups like the British National Party weighing in, no one wants to trigger more anti-immigrant backlash by screaming for immigrant AIDS services.

At a recent major PWA conference, an angry caucus of Africans protested that groups serving them weren't doing enough to counter the media's scare stories. "It's time for us as Africans to take the lead on these issues," says Thandi Haruperi, 42, who came here from Zambiain 1990 with ambitions to start her own chain of fashion boutiques only to learn she had HIV in 1998. Today, the divorced mother of two runs a health-education agency for black youth and HIVers—and serves on the board of the U.K. Coalition, the nation's largest PWA group. "We need to challenge the government," she insists. "Why press for more Africans to test for HIV if there is no treatment?"

For all the press hub bub over HIVer immigrants, the issue likely won't play a major role in the upcoming elections, which, experts believe, will favor Prime Minister Tony Blair's Labour Party, which has been relatively progressive on HIV and AIDS. Even if Blair's own party evicts him as party leader and PM—a possibility, due to his unpopular support for the U.S.-led Iraq war—his likely replacement would be his own finance minister, Gordon Brown. Brace for the worst, however, if the Conservatives get in. Their leader, Michael Howard, supports immigration quotas and deportations—even though his own Jewish parents fled the Holocaust.

Also troubling? The increasing criminalization of people who transmit HIV. Last year, three men, all African asylum seekers, got heavy sentences for passing HIV to women. "African men are demonized as ghastly sexual predators," says Azad. "HIV is becoming fetishized as a criminal activity by the government and the conservative media. We are losing the argument for a public-health approach to HIV. Would we get needle exchange through today? I doubt it."

Meanwhile, back in Cardiff, Zuzé thinks about her family in Zimbabwe—about her daughter, a jazz singer, and her teen son, who's failing his school exams. But she's determined to prove her worth

to her new home, proudly displaying the paper on European Union law she wrote in night school. And she’s determined to stay in the mother country for the drugs she needs to live. Says she: “I’m not going nowhere.”

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