Putting a Wrench In It

BBC Radio's Nigel Wrench voices his opinions on living with AIDS

November 1, 1997 By Manjula Martin

When you think of the British Broadcasting Corporation, the voice of a person with AIDS in his mid-'30s hosting the nation's largest radio show for gays and lesbians may not be what ricochets across the airwaves of your mind. Nigel Wrench (profiled in the August/September 1996 POZ) anchors Out This Week for the BBC's Radio 5 Live, and reports special projects and cultural issues for BBC Radio 4. Despite the fact that Radio 4's daily show has an audience of three million, Out This Week is what garners Wrench the most attention. And with his easy speaking voice, sly word choice and calmly outspoken ideas, Wrench garnered plenty of POZ's attention as we gave him airplay about med-scheduling, journalism ethics and how life with AIDS is different for Brits.

Martin: So you recently purchased your own flat in North London...

Wrench: Yes, I just bought it through an AIDS-friendly financial adviser. It was an incredible thing for me to do because it involved planning to pay things off in a 25-year period. Even just talking about that is a very life-enhancing experience.

And what sort of life-enhancing treatments have you been using?

I'm on ritonavir [Norvir], saquinavir [Invirase] and AZT. It's the first protease combo that I've tried, and it's working very well. I started on low doses and increased incrementally. My viral load was 30,000 when I started in January, but now it's undetectable. I'd been bumping along on a T-cell count of about 60, and now it's up to 160.

One of the only problems I've had is that the ritonavir has to be refrigerated, and I travel quite a bit. I've acquired one of those little refrigerated lunch bags. And I take my pills with grapefruit juice every day—it really helps in the absorption of the saquinavir and, luckily, I quite like grapefruit.

I had Pneumocystis carinii pnuemonia [PCP] in February 1996, so I take Septra to prevent a recurrence. Since then, I've been well—right now I'm recovering from a bout of hepatitis A.

Do you find it difficult to schedule your life around your drug regimen?

I live a demanding life, and I want to continue to lead a demanding life. The idea of protease inhibitors is to give you your life back. If you have to schedule every little thing you do around taking your pills, it's ridiculous. I only have to take the pills two a day, with food. But taking the

pills becomes so much a part of your life that it becomes hard to remember, like brushing your teeth. If someone asks you, “Have you brushed your teeth today?” it’s likely that you can’t remember exactly when and where you did it. I’ve worked out a system where I keep a Post-It note with my pills and I mark it every time I take them.

Are AIDS-activist issues in Britain different from what we Americans may assume to be “the norm”?

Well, the obvious thing that most Americans don’t realize is that all treatment here is free. So there are no issues around health insurance. Of course, the government does watch the pennies—they’re very aware that treating PWAs is very expensive. This is particularly a problem in hospitals outside of London, places with tighter budgets and fewer resources. You hear of hospitals doing very questionable things. There was a hospital in Scotland that withdrew combination therapy. There’s even a documented case of a hospital, in this day and age, offering AZT monotherapy. Activism here is about making sure that the best possible treatment is available. And as far as drug access, we’re about six months behind America.

How do you feel about the fact that you not have access to a drug that PWAs in America are already taking?

In autumn of 1996, I wasn’t doing very well. And it was a very hard for me to know that in America things were available, and I didn’t have them. I do worry to some extent about the future, because at the moment there isn’t another combination that I can turn to if this one doesn’t keep working.

As a reporter, you obviously bring a unique perspective to AIDS coverage...

Working on both AIDS and gay issues is very rewarding to me. I relish that. Sometimes the shows want a different perspective. I’ve had huge arguments about the way AIDS is reported. But I’ve always thought that getting AIDS on the agenda is less about being an “advocate” than about just being honest. Reporters that I work with now know someone with AIDS—me—and it gives them a new perspective. And I will argue with people if I don’t think they’re reporting AIDS well. You can’t put a homophobe on the radio saying “AIDS treatment should be taken away”; that’s ethically wrong as a journalist.

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