

Metaphors of Contagion and Pollution Surrounding HIV/AIDS in *The Normal Heart* and *It's a Sin*

Abstract:

When HIV/AIDS infections and deaths ballooned and became part of the public consciousness in the 1980s in the US and UK, fear drove many individuals' and institutions' responses. This fear permeates HIV/AIDS literature and conversation to this day. Larry Kramer wrote *The Normal Heart* in the heart of the epidemic, while he and his community in New York were suffering. HIV does not yet have a cure, though treatments have been developed, yet the literature about people's experiences around the disease are still centred in the '80s. Russell T. Davies' TV series *It's a Sin* was only released in 2021, but it is also set in '80s London. Both texts are filled with individual characters wrestling with fears of contagion, both medical and reputational, and ethical questions. Each text has its own purpose and perspective, leading to praise and criticism, but both make real the nuanced reality of living through this time, which is especially important for the younger generations that were not there. Overall, *The Normal Heart* shows people's struggles to make the right choice and take the right action in public and private spheres, depending on what power they do or do not have; *It's a Sin* demonstrates changing perspectives as scientific and public understanding increases and the effect those improvements have on everyday lives.

Contagion and pollution often cause fear. New diseases mean uncertainty, which only exacerbates those fears. Larry Kramer's 1985 play, *The Normal Heart*, was written in the earlier days of the AIDS crisis and is filled with the frustration of unstable information.¹ Also set in the earlier

¹ Larry Kramer, *The Normal Heart* (London: Nick Hern Books, 2011). Further references will be to *TNH* and in brackets.

days is Russell T. Davies's 2021 TV series, *It's a Sin*; it was written decades later, which provides an opportunity for reflection.² Both are fictionalised accounts based on personal experiences and expressed in visual media. When HIV/AIDS emerged, it worsened homophobia. Simon Watney in 1987 made the crucial point that such bias means 'Epidemiology is thus replaced by a moral etiology of disease that can only conceive homosexual desire within a medicalized metaphor of contagion.'³ When the gay community was the most affected, homophobia became more extreme, and gay men were seen as the problem. Along with illness-related fear of contagion came what Mary Douglas termed 'social pollution,' which occurs when groups intermingle.⁴ Pollution is about more than personal health; it can be about associating with the 'wrong' types of people and damaging one's reputation. In *TNH* and *IAS*, fear of contagion and pollution drive several characters. *TNH* interweaves ideas of public reputation and private experience. In *IAS*, the people most affected by the disease learn to overcome fear of contagion and pollution, but those on the outside largely do not. First, I will show examples of characters in *TNH* dealing with these issues from the public to private sphere, in terms of power and experience. Then, I will show examples in *IAS* chronologically to demonstrate how improvements in information and knowledge impact how people interact.

In *TNH*, Dr Emma Brookner's office becomes a rotating door of sick men. She does not fear the illness nor view it as dirty. She pushes the men to speak up and speak out for themselves because no one will do it for them. She does her best to care for her patients, but there is no research or information to help her. When challenged on whether doctors do enough, she explains that 'Doctors [...] try to stay out of anything that smells political, and this smells. Bad' (1.1.9). The politics of medicine pollute its progress because doctors, governments, and foundations fear associating with

² Russell T. Davies, *It's a Sin*, dir. Peter Hoar (Channel 4, 2021). Further references will be to *IAS* and in brackets.

³ Simon Watney, 'The Spectacle of AIDS', *October*, 43 (1987), 71-86 (p. 73), <<https://www.jstor.org/stable/3397565>>, accessed 28.09.2021.

⁴ Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (Milton Park: Routledge and Kegan Paul, 1966), p. 123-4.

the wrong disease. A disease that mostly affects marginalised groups will not receive the support that a disease affecting the majority will. She collects information and applies for research funding because she knows she is at the front of something that will only get worse. When the board rejects her application, the man in charge says it is no longer her disease (2.12.66-7). Emma grows angry with him because she does not want this to be ‘her’ disease. She does not want to keep treating men who are doomed to die without understanding what is happening to them. She wants government and medical bodies to step up and deal with the problem that they are too scared to handle. Their fear of damaging, or polluting, their reputation by working with marginalised groups hurts those groups. In all her scenes, Emma shows the audience what a good doctor can be in the face of an uncaring system – and the limits of one person’s power.

At Emma’s encouragement, several gay men establish an organisation to do whatever they can to help those affected by this new and unnamed disease. Ned and Tommy, leaders in the group who clash constantly, show divisions within the gay community. In a heated moment, Tommy declares, ‘It’s my right to kill myself.’ Ned replies that ‘it is not your right to kill me. This is not a civil-rights issue, this is a contagion issue’ (2.11.60). Tommy speaks for those who do not want to change their behaviours and justify their choice by saying they accept the potential consequences of their actions. Conversely, Ned is upset because very little is known about the disease at this point, but they do know that it is communicable, which means everyone’s actions could affect everyone else. Ned cannot stop Tommy from living however he wants to, but he will certainly confront him with the possible repercussions. All these men share the experience of being gay in the 1980s, but they are certainly not all the same and do not all think alike. Tommy and those like him do not want to stop living the way they finally feel free to live. Ned and others like him are afraid of the disease and do not understand why others are not. Tommy and Ned’s argument is about contagion and whose responsibility, if anyone’s, it is to contain it.

One of the most personal scenes in *TNH* is Bruce telling the story of Albert's death. Bruce monologues with no stage direction (2.11.64). The stillness of the scene allows everyone in the room to feel every single breath and listen to the excruciating details. Bruce explains to Ned that Albert 'wouldn't tell anyone' that he was ill since 'he knows I'm so scared I'm some sort of carrier.' Albert suffered mostly alone to protect his lover from external judgment compounding his internal fear. They had to worry about physical contact because no one yet knew exactly how passing on the disease worked, and they had to worry about the rest of the world judging and fearing them. Contagion and pollution became part of their relationship. Emma was unable to help Bruce when he begged her to tell him if he was a carrier because that sort of test did not exist yet. Bruce talks Ned through his last flight with Albert and all that went wrong. The pilot, police, and doctors treated Albert as though being near him would contaminate them in body and reputation. Finally, after he was dead and doctors refused to examine him, an orderly shoved his body into a trash bag and threw it out, demanding payment for his efforts. In his essay, Watney writes that 'The "homosexual body" is "disposed of," like so much rubbish, like the trash it was in life.'⁵ Nowhere is that more literal. Bruce had to live these moments while experiencing grief and watching what he feared was his fault and his future. He does not fear contagion or pollution in the way that other characters have so far; he fears that he *is* the contagion, which is more prevalent in *IAS*. The story of Albert's death is probably the most heart-wrenching part of the play, and telling it allows Bruce to express his fear. *TNH* overall is a story of activism as well as public and private battles with fears.

IAS covers a longer timeframe but still narrows its focus to a few characters living through the experience. It sends the message, in VanArendonk's words, that 'AIDS is not a moral judgment, and the horror of it does not make their joy something evil.'⁶ While *TNH* is predominantly heavy, a mixture of excitement and devastation pervades *IAS* from start to finish. It emphasises the joy of

⁵ Watney, p.80.

⁶ Kathryn VanArendonk, 'It's a Sin's Clear-Eyed Look at the AIDS Crisis Has One Big Blind Spot', *Vulture*, 18 February 2021, <<https://www.vulture.com/article/its-a-sin-review-hbo-max.html>>, accessed 04.01.2022, para. 7.

1980s gay life in London, but it does not hide what it will become. Two scenes in particular juxtapose the experience of having AIDS versus hearing about it in the beginning. First, we see the nurses in the hospital not treating Henry Coltrane (Ep. 1, 30:00). They lock him up in a room and leave food at the door. Colin wants to see him, so they make him wear full PPE. Henry is suffering alone without real medical care, and no one with any knowledge or power seems interested in helping him. Soon after, we see Millie telling Ritchie about GRID at one of their parties (Ep. 1, 36:49). Ritchie does not believe what she says because it sounds unreal, and it would surely be in the news if it were real. Kang writes about the poignant visual that ‘The first death by “gay cancer” is criss-crossed with the main characters being asked about their near- and long-term plans for the future.’⁷ Henry dies alone in the hospital while the young main characters dream big, unaware of what is coming. Henry, as Poniewozik explains, is ‘a stand-in for the generation of elders and mentors who would be lost to the plague.’⁸ These scenes demonstrate the gap between what the medical field and public were seeing. The staff’s actions show that they fear contagion and the spread of an unknown disease, but they also fear pollution of their reputation by telling the public about the new disease from America that only affects gay people. Again, homophobia prevented progress.

Time passes rapidly in the miniseries, which covers a decade in five episodes. Because of that, changes appear quickly, including an increase in quiet rejections. At the start of the second episode, Ritchie is rejected by a guy when he says he is from London (Ep. 2, 02:36). Ritchie insists that Americans are the problem, not him. This is the first sign of fear and possible distrust within the gay community. The man’s exact concern is left unspoken. Later, as the group sends Colin off to New York, Ritchie warns him not to get with American guys (Ep. 2, 23:41). He says it jokingly, but

⁷ Inkoo Kang, “‘It’s a Sin’: TV Review”, *The Hollywood Reporter*, 10 February 2021, <<https://www.hollywoodreporter.com/tv/tv-reviews/its-a-sin-tv-review-4128542/>>, accessed 04.01.2022, para. 7.

⁸ James Poniewozik, “‘It’s a Sin’ Tells the Stories That Were and Could Have Been”, *The New York Times*, 18 February 2021, <<https://www.nytimes.com/2021/02/17/arts/television/review-its-a-sin.html>>, accessed 04.01.2022, para. 9.

there was certainly a seed of fear being planted in the community. While in New York, Colin collects literature on AIDS to bring back to Jill; when his predatory boss sees the papers in Colin's hotel room, he makes assumptions, changes tone, and leaves (Ep. 2, 30:35). Once back in London, Colin loses his job without being given a reason, and no one will talk to him on his way out (Ep. 2, 37:45). Throughout these interactions, no one says what everyone is thinking. Gay men have started fearing other gay men. In Kang's words, 'Davies underscores how the fear of HIV intensified homophobia, even among gay men themselves.'⁹ The everyday interactions in this episode are full of unspoken fear of contagion. No one wants to say it out loud, but they are worried. People are starting to distance themselves from certain groups and even from those within their own community. At this point, we have not seen self-hatred or guilt in-depth. However, these scenes punctuate the first full illness plot.

Gregory's illness narrative dominates the second episode. There are three responses to his illness: isolation, cleaning, and destruction. Gregory calls Jill to come and help him under one condition: she cannot tell anyone (Ep 2., 12:06). She agrees immediately. When she gets there, he insists he is not contagious but refuses to let her come near him. He is afraid, and he is isolating himself in case he might cause anyone else to be ill. He is also ashamed. Poniewozik writes about how 'characters avow that they're "clean," as distinguished from the "dirty" men who they believe fall victim to the disease.'¹⁰ Gregory struggles with this because he fears other people viewing him in that light. He, somewhat like Bruce, fears being the contagion. Jill's reaction is kind but anxious. She takes care of him with food and conversation, but she will not go near him. She wears protective clothing and vigorously scrubs everything after she sees him. When he comes over to the friends' place, she freezes in panic (Ep. 2, 19:05). After he leaves, she must face the mug he used, which I will discuss later. Jill's compulsive cleaning is an attempt at control and fear management in the face

⁹ Kang, para. 8.

¹⁰ Poniewozik, para. 11.

of an unknown disease killing her friend. The worst response comes from Gregory's own family. They join in Gregory's shame, practically threatening Jill to keep the secret (Ep. 2, 31:15). Their shame is worse than his, though, because his is self-protective and theirs is selfish. At the end of the episode, his family burns everything of his, even childhood photos and condolences (Ep. 2, 43:53). Hattenstone quotes Davies talking about a letter he received from an old friend, which says, 'We sent our best friends home to die in their childhood bedrooms while their parents hid them from the neighbours.'¹¹ Jill wanted what was best for Gregory, but she felt guilty once he left because he died alone and ashamed. Sepinwall writes that 'the horror came as much from how the straight establishment reacted to AIDS as from the virus itself. Getting sick is awful enough [...] but these patients are also treated like lepers, locked away from the world, their possessions burned.'¹² Gregory feared that he would be contagious and hurt others, so he chose isolation. Jill feared the illness, so she cleaned while caring for her friend. Gregory's family feared pollution to their reputation, so they rejected him as he died.

After Gregory dies, the illness narrative shifts to Colin and a slightly changed perception. When the doctors first realise what Colin most likely has, they lock him up just like Henry, which feels behind the times (Ep. 3, 19:06). His mother, in stark contrast with Gregory's family, invests herself in getting Colin the care he needs. She talks to the doctors and police at the hospital, who are supposed to be the best resource, but she must listen to their prejudices that place the blame on Colin and label him as a 'public menace' who needs to be locked away (Ep. 3, 19:18). His mother is understandably upset by them, so she and his friends get Lizbeth Farooqi involved to advocate for Colin. Lizbeth states her case in front of the hospital administration that AIDS is scary and unknown, but there are guidelines about how to move forward in much more productive ways (Ep. 3, 28:45).

¹¹ Simon Hattenstone, 'Interview: Russell T Davies: 'I genuinely thought – who wants to watch a show about AIDS?', *The Guardian*, 22 December 2021, <<https://www.theguardian.com/tv-and-radio/2021/dec/22/russell-t-davies-i-genuinely-thought-who-wants-to-watch-a-show-about-aids>>, accessed 04.01.2022, para. 21.

¹² Alan Sepinwall, "'It's a Sin' Mourns the Loss and Celebrates the Lives of AIDS Victims', *Rolling Stone*, 16 February 2021, <<https://www.rollingstone.com/tv/tv-reviews/its-a-sin-hbo-review-1125323/>>, accessed 04.01.2022, para 5.

They concede, and Colin is finally allowed to see his mother and friends. Like in the unspoken moments of the previous episode, we do not hear or see the doctor telling Colin he has AIDS. Instead, like with Gregory and as noted by Poniewozik above, we see him promise his mother that he isn't 'dirty' or 'bad' (Ep. 3, 31:35). Even after being isolated, confused, and uninformed of his own medical situation, Colin's focus is making sure his own mother is not afraid of him. He has been made to feel like a contagion. He moves to a new hospital, and the contrast is striking. The new hospital not only allows his friends to visit, but it also looks much more modern in comparison to the style of the last one (Ep. 3, 33:50). This was likely a deliberate choice on the part of the producers to give the audience a feeling of improvement and progress in the treatment of the ill. In roughly fifteen minutes of one episode, Colin serves as a transitional experience between the abysmal treatment that Henry received to the much better treatment that Ritchie will receive. The problems have by no means been resolved, but the characters can at least expect somewhat better treatment from the people whose job it is to care for them.

The last character I want to focus on is Jill. Jill carries a lot of weight in the series, often losing a sense of individuality because she stands in for so many people. In terms of handling her fear surrounding AIDS, she is arguably the most dynamic character. Because *IAS* was written decades after the events of the series, the creators were able to reflect on the various responses to the crisis. Jill is the character written for a large amount of the audience to identify with because she is not a gay man living through the 1980s, but she cares about those who are. Her identity gets lost in her allyship, which is a shame, but her constant care and fighting spirit are inspiring and integral to the series. 'The marginalization of queer people in the U.K.,' writes VanArendonk, 'the mainstream refusal to see queer lives as valuable and joyful, was a crucial cause of AIDS's terrible impact.'¹³ Most straight characters in the series represent this mindset, from the original doctors to Gregory's

¹³ VanArendonk, para. 2.

family and more. Jill, however, acts differently but still imperfectly. When Gregory asks her for help, she agrees without hesitation. Fear is certainly present, as mentioned above with her incessant cleaning, but her care for her friend is more important. She does not blame him nor fear pollution to her reputation, though she is afraid of potential contagion. Returning to the scene of the pink mug after Gregory's visit, Jill cannot sleep (Ep. 2, 20:40). First, she scrubs it to ensure it is clean. Then, she hides it in the back of the cupboard so no one will touch it. The risk remains, though, so she puts it in the bin. Still, that is not enough, so she takes it out of the bin and destroys it. Nothing can eliminate the threat of contagion. She did her best to educate herself on the disease, so her misunderstanding of how it infects people demonstrates the lack of information available to the public. One episode later, Jill caresses Colin's face in the hospital and kisses his cheek as he lies unresponsive (Ep. 3, 41:03). She no longer fears contagion, and she is more than happy to be involved in ill people's lives, never fearing pollution to her reputation. Jill is the most educated on the issue but least likely to be infected, since she seems to have no sex life or hobbies; she guides the others through the process of learning and understanding. Jill is a surprising hero in a story focused on the experience of gay men, but so much rests on her character. The way she handles her fear is admirable and a lesson to the audience to abstain from judgment until well-educated on a topic.

Fearing disease is nothing new. People instinctively want to be safe and healthy. However, the combination of homophobia and lack of scientific knowledge on a new disease led to the mistreatment of so many ill people, which unfortunately has continued in some ways today. *TNH* was written in the heart of the crisis with no chance at external reflection on the situation. Kramer was living it as he was writing, and that passion and personal experience shows. Emma fights for her patients even when she lacks the resources she needs to care for them. Ned and Tommy show the difficulty of uncertainty and responsibility. Bruce shows traumatic personal experience of so many lovers. Fear of contagion and reputational pollution proves to be a massive barrier to the characters obtaining the information and help that they need. In 1999, Treichler wrote, 'Almost two decades

into the epidemic, the story of AIDS remains untold. Instead, AIDS narratives on television tell the story of network television, still on its fearful, cautious path to self-destruction.¹⁴ Two decades later, *LAS* acts as one answer to the lack of representation. Writing retrospectively allowed Davies to analyse some of the responses to the epidemic. The series shows the medical establishment's extremely slow progress in addressing the new disease, from Henry's isolation to Colin's fight for care to Ritchie's better care at the end. At the same time, it shows the reactions of families to their ill loved ones, with the extremes of Gregory's family's shameful destruction versus Colin's mother's gentle fierceness. A third layer is the reaction of average people to the whispers at parties about a 'gay disease' and to their loved ones becoming ill. *LAS* shows both the pain and community that are the truth of the epidemic. Contagion and pollution are unavoidable topics in the discussion and portrayal of HIV/AIDS, and both texts represent the nuanced, fear-based reactions to these ideas.

Word Count: 3489 / 3706

¹⁴ Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), p. 204.

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