



Pandemic Citizenship, Care, and the Joys of Denial in *It's a Sin* (2021): Remembering AIDS in the Post-COVID Conjunctionure

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“Why This Turn to the AIDS Past Now?”

On 22 January 2021, just over two weeks after England had entered into a third national lockdown as part of the government's COVID-19 response, Channel 4 released a five-part drama about another pandemic on its streaming platform All 4: *It's a Sin*, a miniseries about the impact of the AIDS crisis on a group of gay friends and 'allies' in 1980s London. Written by Russell T Davies of *Queer as Folk* fame, the programme quickly became the platform's "most binged new series ever" (Channel 4 2021a). Flanked by interviews with cast members from BBC One's *Graham Norton Show* to *PinkNews* and their appearances at high-profile shows such as the BRIT Awards and in a *Great British Bake-Off* Christmas special at the end of 2021, the series was doubtlessly, as Gary Needham and João Florêncio note in their introduction to a *Cultural Commons* special section on *It's a Sin*, "one of the year's cultural touchstones" (2023: 80). How could a show "depicting how otherwise unremarkable people absorb the shocks of AIDS's traumas when these traumas were still new" (Griffin 2023: 121) become such a success with lockdown audiences in 2021?

This article takes its cue from a question raised by Dion Kagan in *Positive Images: Gay Men and HIV/AIDS in the Culture of 'Post Crisis'* (2018: 162): "Why this turn to the AIDS past now?" I suggest that studying how viewers were invited to fear for and grieve with a close-knit group of friends in 1980s London – and especially dying young white cis gay men – yields insights into a pandemic politics of emotion that was (re)activated during the coronavirus lockdowns. Even though the series was scripted and produced before the onset of COVID-19, its melodramatic AIDS narrative, with "melodrama's iconic emphasis on justice, suffering, and virtue" (Duckels 2022: 123),¹ speaks in multiple ways to viewers' pandemic experiences. Asking how the series positions spectators towards the AIDS past does more than pinpoint affective parallels or emotive echoes between two moments of

¹ Gabriel Duckels has defined "AIDS melodrama" as "mass-market films and TV that dramatize the tragedy and hysteria of AIDS prior to the introduction of antiretroviral medication"; these mainstream productions are "associated with nostalgia for a time 'before'" and seek to elicit viewers' compassion (2022: 122-123).



national and global crisis. Beyond exploring the cultural politics of fear, shame, and repair in these entwined crises, this article grapples with the popular appeal of *It's a Sin* as an occasion to tease out what this cultural “touchstone” reveals about dominant-hegemonic socioeconomic formations (neoliberalism, heteropatriarchy, feminised caregiving arrangements) in the present conjuncture. As this article will trace over the sections that follow, enquiring into the negotiation of AIDS memory in *It's a Sin* sheds a light on enduring forms of neoliberal subjectivation that rely on individual crisis management and care capacities. The article is divided into three main parts. After contextualising my theoretical approach, I will, in the first section, draw on Paula A. Treichler's (1987) notion of AIDS as an “epidemic of signification” to point out how the series avoids the tentative or confused epistemological stances of early AIDS representations. As will be argued, *It's a Sin* appeals to viewers' potential desires for clarity in a conjuncture characterised by a ‘post-truth’ erosion of epistemic reliability by offering a retrotopian turn to a past crisis where ignorance seemed a deadly, yet somehow feasible option. The second part foregrounds the series' depiction of care arrangements, arguing that the programme normalises demonetised, feminised, and self-eradicating modes of care. The third part traces how viewers are invited into affirmative positions of pandemic citizenship and asked to assume responsibility for managing their own serostatus (coronavirus status, vaccine status, etc.), thus accepting the notion that public health crises call for individualised responses.

The reading I seek to mobilise in this article is one that Needham and Florêncio dismiss in their introduction to the *Cultural Commons* special. Pointing to the possible echoes between the series' fictional rendition of the AIDS epidemic and viewers' experience of pandemic times, they clarify at the outset:

Not a useful analogy. If anything, the handling of the current pandemic further highlights the obscenity of the AIDS crisis, in which nothing was done for several years. The recent urgency of research, vaccination and health provision for the ‘general public’ around covid-19 cannot be weighed against a virus whose aetiology was once understood to be the sickness of homosexuality. Years of discriminatory government inaction in the United States and the United Kingdom, silence and disavowal on a scale unimaginable, accusations medical and biblical to a chorus of ‘let them die they deserve it’; unconscionable, yes, but it happened. (2023: 81)

When it comes to the violently slow response of medical and governmental authorities and to the stigmatisation of HIV-positive people and AIDS patients, Needham and Florêncio obviously have a point; COVID-19 responses “cannot be weighed against” a biopolitical regime built around the dispensability of queer lives. And yet, as their somewhat tentative reference to a “general public” in times of COVID implies, the coronavirus pandemic has impacted citizens unequally, too. Both global health crises have had disproportionately shattering impacts on the Global South as well as on minoritised populations in the Global North, especially minority ethnic groups, the poor, the disabled



and chronically ill, and those in precarious living conditions. Investigating the reworking of AIDS memory through 21st-century pop-cultural products like *It's a Sin* submits the fault lines zigzagging through this “general public” to scrutiny.

Asking how AIDS has been remembered during the COVID-19 pandemic might be seen to stretch the conceptual framework of conjunctural analysis due to a blurring of the temporalities of AIDS and COVID. To use Kagan's terms, I find myself, at the time of writing, certainly in a post-crisis time frame when it comes to the AIDS epidemic in the Global North, where “‘post-crisis’ describes the cultural re-scripting of HIV/AIDS from a state of crisis to one of chronicity” (2018: 15). Gary Dowsett had first proposed the term ‘post-AIDS’ in 1995 to describe changing patterns in the way that Australian gay communities related to the threat of HIV, stressing in various reflections on the term since then that he “never meant that AIDS was over or that the AIDS crisis was over”, but that he “was noting an end to the singularity of gay men's experiences of the epidemic” (2017: 943). Still, as critics such as Paul Butler have pointed out, less nuanced approaches to ‘post-AIDS’ terminology have proliferated since the advent of effective treatment, “when the media declared the ‘end of AIDS’” (2004: 94). The turn to a ‘post-AIDS’ or ‘post-crisis’ era hinges on the introduction of highly active antiretroviral therapy (HAART) in 1996 and the attendant reinterpretation of HIV as a condition that can be medically contained. This biomedical progress is inextricably connected to changes in cultural responses to AIDS. For instance, David R. Jarraway identifies in AIDS memoirs, from the publication of Mark Doty's *Heaven's Coast* (1996) onwards, a move away from a rhetoric of rage “and into a textual space where it is possible to envision people ‘talking about *living* with AIDS, not dying from it [...]” (2000: 121; original emphasis). If scholars feel confident to describe the post-AIDS present in the affluent Global North in terms of “the neoliberal normative” (Kagan 2018: 13), the post-COVID society is still the site of more uncertain political projections. In 2021, Lorraine Jones and Marcia Wilson speculated (with pronounced scepticism) “if we are moving towards a more caring society post-Covid-19” (2021: 146); in 2022, Jilly Boyce Kay and Helen Wood predicted “increasing violence towards those who dare to gather in common, or seek refuge in Britain, which will only help sustain capitalism in its new post-covid phase” (2022: 285); in 2023, Angela McRobbie in a contribution to this journal deployed the suffix *post-* more confidently in writing of a “current post-pandemic scenario [...] where poverty and even malnutrition and ill health are so rampant” (2023: 12).

While the post-COVID political moment may still be unfolding, it would be erroneous to assume that the relationship between the two public health crises is unidirectional: HIV/AIDS does not just figure as some kind of “usable past[...]” that delivers insights for the (post-)COVID present, even though this impression could easily arise from the “slew of articles [...] proclaiming ‘lessons from the AIDS crisis’ for the current pandemic” (Catlin 2021: 1446-1447). Instead, I would follow Jaime Garcia-Iglesias et al. in their call to



ponder how the experience of the COVID-19 pandemic has altered ways of thinking about and remembering HIV/AIDS (2024: 2-3). To some extent, such an approach to the current conjuncture seems at odds with conjunctural thinking as established by Stuart Hall and his collaborators, for “conjunctural analysis is always ‘historically and contextually specific’, [...] and its results cannot easily be transferred to other contexts and other times” (Huck et al. 2024: 161-162). Hall et al. first defined the conjuncture in *Policing the Crisis* (1978) as a specific historical and political moment in which social forces, agents, and events combine to bring forth a particular phenomenon. Their original example was the phenomenon of so-called mugging in the early 1970s, and their key intervention was to see this particular form of ‘street crime’ as produced by what were commonly thought of as mere “background issues”, namely, the “clear historical and structural forces at work in this period”, which they link to “a general ‘crisis of hegemony’ of the British state” (1978: 185, 218). Throughout *Policing the Crisis*, Hall et al. speak of a “precise historical conjuncture – the early 1970s”, and their analysis of the situation of “the black working class in Britain” continually stresses a focus on “what the mechanisms are, in the *present* situation, in the present conjuncture” (1978: vii, 392; original emphasis). Within Hall’s set of terms, it might hence make more sense to speak of *articulation* in addressing political or affective links between the AIDS and COVID crises, rather than seeing them as forming part of the same conjuncture. However, Hall’s collaborator John Clarke, in his recent book *The Battle for Britain* (2023), usefully argues for the temporal multiplicity of the conjuncture. He writes that “it is the intersections and entanglements of [...] different temporalities – the ways that they come to be condensed in the present – that gives the conjuncture its distinctive character” (2023: 32). Clarke proposes to analyse

the different orderings of time that are associated with particular fields of relationships which have distinctive dynamics of crisis, contestations and (temporary) resolutions. These temporalities are, however, not entirely separate: each provides some of the conditions for the others and is affected in turn by their dynamics. They both enable and interfere with one another. They ensure that the ‘now’ of a particular conjuncture is always multifaceted, condensing different temporalities and their dynamics and intersections. (2023: 33)²

Following Clarke, I propose reading the ‘now’ of the (post-)COVID conjuncture – assuming that the prefix *post-* captures the time of writing, but not the reception experience of Channel 4 viewers in 2021 – as intersecting with the AIDS past in multifaceted ways. More specifically, I will argue that the scripted AIDS past interferes with the viewers’ COVID present by mapping kindness and forgiveness against affective polarisation. This non-linear understanding of temporality has important points of contact with current scholarly challenges to chrononormativity. The concept of “pandemic time”, and of “crip time” especially, does crucial work in interrupting “the temporal rhythms and flows of the

² Clarke brings together, amongst other things, the timelines of the Anthropocene and of Empire in order to tease out continuities between the post-war conjuncture and the present one.



everyday that demand a ‘normate’ body and mind” (Backhausen et al. 2023: 6), just like earlier notions of queer temporalities still stand as important subversions of heteroreproductive timelines, or “repro-time” (Halberstam 2005: 5). Despite addressing both chronic illness and queer identity, *It’s a Sin* activates neither crip nor queer temporalities, but the televisual narrative relies on the conventional teleological arc of melodrama and tragedy (crisis – climax – catastrophe – retributive justice – triumphant virtue). My focus, hence, lies less on chronopolitics as such than on the affective links that the viewing experience establishes between the two entwined public health crises. I am particularly interested in what the success of the show and the strong media presence of its plot, characters, and cast over the year 2021 have ‘enabled’ in terms of providing a reparative and nostalgic lens through which the pandemic present could be felt. As I will argue, imagining the AIDS crisis via *It’s a Sin* potentially pacifies viewers through the show’s sentimental framing, rather than alerting them to the structural failures underlying both crises. My approach takes inspiration from Lauren Berlant’s suggestion, in *Cruel Optimism* (2011: 4), “that the present is perceived, first, affectively [...] before it becomes anything else, such as an orchestrated collective event or an epoch on which we can look back”. Thus, this article pairs a more conventional British Cultural Studies approach to popular culture as a site of struggle for hegemony (Storey 2021: 9-11) with an attempt to tease out the affective contours of the post-AIDS, (post-)COVID present.

“Don’t Die of Ignorance”: AIDS and COVID-19 as Epistemological Crises

In 1987, Paula A. Treichler famously coined the idea of an “Epidemic of Signification” to grasp the explosion of interlacing cultural and biomedical discourses around AIDS. “In multiple, fragmentary, and often contradictory ways we achieve some sort of understanding of AIDS, a reality that is frightening, publicized, and yet finally neither directly nor fully knowable” (1987: 31), as her much-cited article begins. Early cultural responses to AIDS bear testament to these incomplete and tentative ways of knowing. As the speaker of Thom Gunn’s poem “In Time of Plague” (1992) observes of two “fiercely attractive men” (59, l. 6) he meets in a bar:

Their mind is the mind of death.
They know it, and do not know it,
And they are like me in that
(I know it, and do not know it). (1992: 59, ll. 14-17)

The syntactical simplicity and neat parallelism of the lines, alongside Gunn’s orderly use of punctuation marks, belies the speaker’s utter confusion, confessed twice in the opening stanza.³ As surely as the strangers and the speaker “know it” – i.e. know that casual sex

³ “[...] I am confused / confused to be attracted / by, in effect, my own annihilation [...]” (ll. 3-5).



can lead to infection can lead to death – there is as much they do not know – i.e. whether or not they have already been infected, whether this particular encounter could be risky, etc. The speaker gets so caught up in “weigh[ing] possibilities” (l. 29) that he loses out on the chance of a threesome or the sharing of intravenous drugs – depending on whether one reads the strangers’ suggestion “to stick their needle in [his] arm” (l. 7) metaphorically or literally. At first sight, then, the cognitive seems to be played out against the erotic here, where the speaker’s deliberations prevent him from the pursuit of pleasure. Yet Gunn complicates such ostensible oppositions by interweaving the mental with the sensual, as is already evident in the poem’s opening lines: “My thoughts are crowded with death / and it draws so oddly on the sexual” (ll. 1-2). Here, and in other cultural responses to AIDS of the early 1990s, cognition is never fully separable from or superior to more speculative, experiential, or intuitive approaches to AIDS.

This corresponds to Treichler’s claim that there is not one privileged way of knowing (about) AIDS. Against Susan Sontag’s well-known dictum to move beyond metaphor for the sake of developing a more ‘accurate’ scientific language about AIDS (Sontag 1990), Treichler posits that the cultural and the biomedical domains are always already interconnected: “AIDS exists at a point where many entrenched narratives intersect, each with its own problematic and context where AIDS acquires meaning” (1987: 63). In spite of these multiple and messy meanings, Treichler notes how official AIDS discourses have mobilised the long-standing binary of “knowledge and ignorance” as one item in a long series of “discursive dichotomies” (1987: 63-64) – thus making AIDS appear as a reality that one could satisfactorily comprehend. This dichotomy is perhaps nowhere as evident as in the UK government’s publicity campaign “Don’t Die of Ignorance”, which relied on the distribution of leaflets to all UK households from 1986 onwards and the broadcasting of a TV commercial in 1987. In this 50-second clip, produced by the Health Department, a hand is seen chiselling a tombstone against the acoustic backdrop of explosions, bells, baroque piano and choir sounds, as John Hurt’s sombre voiceover warns viewers: “If you ignore AIDS, it could be the death of you” (BFI 2016).

It takes until the fourth out of the show’s five episodes for the protagonists of *It’s a Sin* to watch this advert on their TV screen. Although they have already become regular visitors on AIDS wards and one of them has taken up voluntary work for a helpline modelled on the AIDS charity Terrence Higgins Trust, they have, at this late point in the narrative, never been exposed to any official government communication about AIDS. One of the clearest disjuncts between the diegetic world constructed around the AIDS crisis and the viewers’ pandemic realities is the sparsity of reliable information available to the characters – which runs counter to the “overabundance of information” seen to cause the COVID-19 “infodemic” (WHO 2021) – paired with an almost complete absence of government intervention. This is epitomised by Margaret Thatcher’s fleeting appearance in the same episode, where she is only briefly seen from behind, walking away from the



camera. In sharp contrast to the draconian government measures pandemic viewers will have become accustomed to, the characters are curiously left to fend for themselves. It is noteworthy, in this regard, that the government's responsibility for public health is only hinted at explicitly at one point in the series, when the managers of the Welsh hospital where one of the characters has been practically incarcerated cite the Public Health (Control of Disease) Act 1984, which was not originally drafted in response to AIDS. The overarching message is that government policy is invoked to punish, not protect citizens.

From the beginning of the series, whose narrative frame spans the years 1981 to 1991, information about the condition first known as "GRID: gay-related immunodeficiency" (Treichler 1987: 53) filters into the diegetic world mainly as rumour. Less than 15 minutes into the first episode, protagonist Ritchie (played by pop singer Olly Alexander) is longingly observing drama student Ash (Nathaniel Curtis) warming up for a class through a glass door, when a student sat next to him, off focus for the camera, is heard telling her classmate: "So, the other day I was talking to my friend, and he said they found 41 men with this cancer thing, and they all died at the same time in New York, and they were all gay" (Hoar 2021: 13:19-27).⁴ Viewers with some knowledge of the unfolding AIDS crisis are likely to recognise the show's reference to the *New York Times* article from 3 July 1981 that is today reconstructed as the first mainstream news item to report of a "Rare Cancer" (DeVita 2022: 316); yet it is significant that this news story is not available to the characters as such, and that its contents are misreported.⁵ In slowly saturating the diegetic world with scattered and unreliable information, the programme "allows viewers to contemplate what it would be like to hear vague rumors of a mysterious, deadly illness without fully understanding it, to imagine what it would be like to have little access to information about it, and to consider what it would be like for that information to feel unreliable" (Griffin 2023: 116).

The mode of hearsay accompanies the characters into episode two, set in 1984. Early on in this episode, an AIDS activist walks into the protagonists' local to distribute leaflets with capital letters asking in bold print: "AIDS? GRID? GCS? SLIM?" (07:29),⁶ thus further indicating (and slightly stretching the point) that AIDS, even after identification of the HI virus in scientific circles in 1983, was a condition not properly understood or

⁴ All further references to the series will provide only start and end times as well as episode numbers, if otherwise unclear.

⁵ When her friend asks, "What, they all died on the same day?", the student provides her with a piece of misinformation: "Yeah [...], all 41 had exactly the same cancer" (13:27-34).

⁶ As Treichler explains, the term "GRID: gay-related immunodeficiency" was replaced by "AIDS", which "was selected at a 1982 conference in Washington (GRID was no longer applicable now that nongays were also getting sick" (1987: 53). Like the label "GRID", the acronym "GCS" (Gay Compromise Syndrome) used on the leaflet reflects the early misunderstanding of HIV/AIDS as "gay-related", whereas the term "SLIM" connotes East African contexts. "Slim disease", referring to what were identified as AIDS-related symptoms of "weight loss and diarrhoea", was first reported in Uganda in 1985 (Serwadda et al. 1985) – hence the scene set in 1984 is, strictly speaking, historically inaccurate.



unambiguously named by 1984. After Ritchie calls the activist out to the pub's owner ("He's doing it again, we're being victimised" [07:34]) and the man gets evicted, Ritchie dismisses the concerns expressed by his friend Jill (Lydia West) along lines that echo the earlier exchange overheard on the college corridors: "Oh, he said, she said, they said" (08:03-04). He then launches into a monologue that turns into one of the most carefully choreographed and semiotically layered segments of the entire series. In this sequence, we see Ritchie surrounded by his group of friends, walking in and out of gay pubs and finally into the gay club Heaven, speaking alternately to them and to camera. The pace and rhythm of his speech correspond to the soundtrack; the long intro and interludes of the song "Do Ya Wanna Funk" (1982) by Sylvester and Patrick Cowley provide a backdrop to Ritchie's words until the song bleeds over into diegetic music when Ritchie and his friends enter Heaven. Throughout the monologue, Ritchie recites conspiracy theories about the origin and transmission of HIV/AIDS, such as: "They say it's spread by poppers. They say it arrived from outer space on a comet. And they say that God created it to strike us dead" (08:54-09:03). The monologue and disco song come to a climax after Ritchie asks his friends, "Don't you see what all of these things have got in common?", and the gang walks into the club with Ritchie shouting out:

They're not true! [*Ritchie kisses Ash.*] And how do I know? [*He kisses Colin.*] How do I know it's not true? Because I'm not stupid! [*He walks backwards onto the dance floor.*] Which means ... [*He kisses a clubgoer.*] I don't believe it. [*He kisses another clubgoer intensely.*] I don't believe a word of it! [*He speaks to camera.*] Now hit me with those lasers, please! [*He begins dancing.*] (09:37-10:13)

Due to its treatment of conspiracy theories, this sequence is the one that most reviewers have drawn on in noting the resonances for an audience experiencing the COVID-19 pandemic; suffice it to quote one critic's comment on "the belief that AIDS was a conspiracy theory [as] something that is particularly hard-hitting in a time of a global pandemic" (Henry 2021). Hollis Griffin reads the scene as "a cringeworthy moment because while the causes of AIDS are incorrect, audiences know from the viewpoint of the present that the disease, itself, is very much real" (2023: 117). Although I do not agree with her assessment of the sequence as "cringeworthy", it is certainly the case that viewers will experience a significant gap of knowledge separating them from the characters. Of course, they have the benefit of decades of scientific research and easily accessible publications about AIDS to pronounce Ritchie as, plainly, "stupid". What is interesting about the dialogue, however, is the secure epistemological position with which the script provides him. Contrast his repetitions of "how do I know" and "not true" to Gunn's oxymoronic "I know it, and do not know it" – there is no indication of probing truths or "weigh[ing] possibilities" here. The uncertainty contouring Gunn's lines gives way to outright denial in the series, which is a surprisingly joyful position here. The hedonistic pursuit of pleasure (clubbing, kissing, and the anonymous sex shown in various



sequences intercut with and surrounding this segment) hence remains an unproblematic option for Ritchie.

This characterisation is compelling for its echoes with the viewers' pandemic context. Ritchie's grappling with conspiracy theories, alternative cures,⁷ and denialism carries multiple resonances for viewers in the (post-)COVID conjuncture. And yet, in marked difference to the production team's setting of the monologue against an iconic disco track, there seems to be nothing 'sexy' about COVID conspiracy theories. At a time when attitudes to mask-wearing and vaccination gave rise to "pandemic-related social identities" split along the lines of "affective polarisation" (Wagner and Eberl 2024: 18-19), audiences might be expected to relate to Ritchie based on their own pandemic in- or out-group membership (pro- versus anti-vax, etc.). This would indubitably lead to most viewers rejecting Ritchie's recklessness. But to dismiss this sequence as a "cringeworthy moment" is to overlook its affective charge and the pleasurable viewing it invites. The pulsating beats of "Do Ya Wanna Funk" draw viewers into the scene and keep them engaged. Ritchie may be wrong, but who could decline the song's invitation to "funk" with him? The *mise-en-scène* is significant here: Ritchie is placed slightly off-centre towards the camera, with the iconic Heaven club sign visible to the left of his head, and the camera has almost imperceptibly shifted from just above eye-level to a slightly lower shot. So Ritchie is looking down seductively at the viewers as he commands, straight to camera, "Now hit me with those lasers, please!" There is no way to refuse his request, as the viewers' perspective merges with the camera's hold of him, and it becomes unclear whether this is an exchange shared between Ritchie and the producers, or Olly Alexander as the actor-musician and us as his audience.

Due to this framing, it is unlikely for viewers, as Griffin also concludes, "to watch the program and condescend to it" (2023: 117). Rather, she writes, "the program asks viewers to consider the actions of characters with open-mindedness and generosity precisely because their actions are shaped by fear and ignorance"; audiences are almost inevitably placed into "affective proximity" to the characters (2023: 117). This underscores what I would describe as the reparative tendencies of the show, as viewers are invited to see their pandemic present – marked by spectacular medical progress in treatment for HIV-positive patients – as having made ample amends for the injustices suffered by these fictional characters. What the series might achieve, then, provided that viewers decode the text in a dominant-hegemonic manner, is to facilitate a forgiving attitude towards a present harmed by conspiracy theorising and denial. Whereas it would be difficult, and politically disastrous, to come up with any understanding for the likes of British conspiracy theorist David Icke, who was banned from Twitter in 2020 for the spread of

⁷ After anticipating his own HI-positive status, Ritchie engages with a number of presumably alternative treatments, such as almost drinking battery acid in episode four, which recalls Donald Trump's infamous recommendation to inject disinfectants as a cure for COVID-19.



COVID misinformation (BBC 2020), viewers' safe distance to the AIDS past might elicit a different "generosity". Due to this temporal gap, and because the series significantly exaggerates the difficulty with which information about AIDS could be obtained,⁸ it seems easier to forgive Ritchie for not 'following the science' than be understanding towards vaccine deniers or mask refuseniks. This sympathetic stance is further facilitated by a structural framing of Ritchie as tragic hero. The five-part structure of the miniseries corresponds quite accurately to the classical structure of tragedy: in episode three, the climax occurs when Ritchie discovers, after having had unprotected sex, a mark on his boyfriend's back that seems to be a tell-tale sign of the AIDS-related skin cancer Kaposi's sarcoma; the falling action propels Ritchie towards catastrophe, i.e. his inevitable death in episode five. He is also equipped with *hamartia*, or the tragic error typical of classical heroes: due to his hubris, he considers himself invincible. As Gabriel Duckels comments, Ritchie's HIV infection almost inevitably follows from this personality structure, "a comeuppance for the hubris of his denial" (2023: 125). In the diegetic world of *It's a Sin*, characters either comfortably refuse to engage with the barely accessible official information about AIDS, as Ritchie does, or they strive for self-education – this stance is epitomised by Jill, who scrambles for any reliable information she can get her hands on, going so far as to instruct the introverted character Colin (Callum Scott Howells) to browse New York's gay bookshops during a brief business trip for "stuff about AIDS" (episode 2, 23:01-02). In this melodramatic character line-up of heroes, villains, and victims, there is no in-between, no sign of Gunn's simultaneity of knowing and not knowing. Where Gunn's speaker weighs possibilities to the point of indecisive stasis, Ritchie calls for the lasers and dances on, regardless.

The series thus encourages a nostalgic reading of the AIDS past. Against the backdrop of viewers' experience of an "epistemic crisis" (Špecián 2021) caused by shifting perceptions of expertise and reliability in a "post-truth" climate (Russell and Patterson 2023), the pre-digital experience of the AIDS epidemic is here mediated as holding a space for a kind of blissful ignorance that would be difficult to muster in times of COVID.⁹ In the club, pub, and house party scenes of the first two episodes, viewers are allowed to indulge in the retro aesthetics of 1980s disco and queer subcultural life, visually replete with crowded, dimly lit, poorly ventilated, smoke-filled, exuberant gatherings – a far cry from their own pandemic realities of social distancing and lockdown life. Zygmunt Bauman has described the turn away from a future-oriented utopian mode to utopian revisions of the past as "retrotopia", defined as a "U-turn: from investing public hopes of improvement in

⁸ For instance, the series omits any information about safer sex practices that circulated in 1980s queer communities (Pearl 2023; Duckels 2023).

⁹ Duckels also reads *It's a Sin*, alongside the US-American series *Pose* (2018-2021), as indicative of "an appetite for nostalgic AIDS-related media in Anglo-American popular culture" (2023: 123). Alluding to the nostalgic reception of these programmes, he writes that "the pre-antiretroviral, pre-PrEP, pre-gentrification, and pre-Internet settings of *It's a Sin* and *Pose* function as romantic spaces of innocence and embodiment" (2023: 123).



the uncertain [...] future, to re-investing them in the vaguely remembered past, valued for its assumed stability and so trustworthiness” (2017: 6). What is there to recuperate from this seemingly stable AIDS past? It appears striking that the disjunct between knowledge and ignorance causes no rift between the characters. In episode two, after Ritchie’s spectacular monologue, Jill challenges him: “If there was an illness, and say you had it, and you slept with [...] 500 people, like all of you do, every weekend, then tell me [...] what’s going to stop it spreading? What’s gonna save you? Your A-levels? Get smart, idiot” (35:30-54). Significantly, she ends this riposte by gently pressing down on Ritchie’s shoulders and kissing him on the top of his head. Even though Jill, as “the Black surrogate mother for the queer, male-oriented community that she inhabits” (Harrison 2023: 88), will already intuit at this stage that she would have to bear the brunt of caregiving should one of them become ill, she is still patient and forgiving in spite of Ritchie’s obstinance. She maintains this stance all the way through. In the final episode, after Ritchie confesses on his hospital bed that he may have knowingly infected other men, she still answers his question, “Do you hate me now?” (13:35), nonverbally in the negative by grasping his hand. This sentimentalised, retrotopian vision of the AIDS past thus interferes, to use Clarke’s terms, with the COVID present by mapping kindness and forgiveness against affective polarisation. In this sense, the series’ affective tonalities gesture towards repair and reconciliation, even if this comes at a cost, as the next sections will discuss.

AIDS, COVID, and the Ethics of Care

For a brief moment, early on in the COVID-19 pandemic, it seemed like members of Western neoliberal societies had learned a crucial lesson about caring for the elderly, the chronically ill, the vulnerable. It became a publicly commendable virtue to do the shopping for older neighbours or to wear one’s mask around those at higher risk. Yet, to pick up on Jones and Wilson’s concern, cited above, it is questionable “if we are moving towards a more caring society post-Covid-19”, given the ongoing structural devaluation and depletion of care capacities in a neoliberal economy. For some commentators, the coronavirus pandemic presented – at least in theory – an opportunity to radically rethink relations of interdependence, mutual reliance, and transversal care. As a particularly timely intervention, the Care Collective published their *Care Manifesto* in 2020. This manifesto sketches a “vision of universal care”, which “will involve avowing our mutual interdependencies and embracing the ubiquitous ambivalences at the heart of care and caregiving” (Chatzidakis et al. 2020: 19). This call has resonated with multiple scholars pushing for a feminist ethics of care. Isabell Lorey asks, in *Democracy in the Political Present* (2022: 121): “How might we picture a social bond that does not devalue care and mutual dependencies, but instead starts from them [...]?”



Even though *It's a Sin* places Jill at “the emotional center of the program” (Griffin 2023: 118), and thus foregrounds the experiences of an HIV-negative cis woman who devotes nearly all her on-screen time to caring for those dying of AIDS-related complications, it falls short of developing any sustainable vision of care ethics. In all existing scholarship on the series, this is a key point of criticism. Duckels dismisses “Jill [...] as a sort of ‘fag-hag’ cypher for heterosexual compassion” (2023: 124), and Griffin suggests that “the character’s centrality raises questions about narrative focus and the possibility of heterocentrism” (2023: 118). Focusing more explicitly on how the show navigates care arrangements, Rebecca Harrison argues that the idealised construction of mixed-race Jill as “the clean and perfect virgin mother, a kind of Black Madonna” (2023: 89) not only posits altruistic modes of care as an uncontested standard but also deploys a problematic racialised dynamic. Harrison draws on Kristen J. Warner’s concept of “plastic representation”, which describes the casting of actors of colour for originally white parts, to critique how “actress Lydia West was cast in a part inspired by Jill Nalder, a white woman friend of writer Russell T Davies”, thus obliterating the specificities of race in her characterisation (2023: 88). Janey Umback seems to be the only scholar who attributes some productive political potential to the show’s treatment of care. While she is critical of the erasure of “the invisible work that female caregivers carried out during the first decade of the HIV/AIDS crisis in the global North”, she holds that the shortcomings of character development for Jill sparked conversations unfolding online around the social media hashtag “#BeMoreJill” (2024: 43, 57).¹⁰ “The adoption of #BeMoreJill by viewers of *It's a Sin* creates an avenue to increase visibility for ‘real-life’ Jills” (2024: 57), she argues.

What does this injunction to “BeMoreJill” imply for the post-COVID conjuncture? Drawing on feminist care ethics, I would argue that the show obliterates not only Jill’s racialised and sexual identity on a narrative level, as previous scholars have noted, but, more importantly, that it fails to acknowledge the ambiguities of care and the radical relationality it implies. Altruistic, boundless, self-effacing acts of care, especially those provided by subjects marginalised by race and gender, work to uphold the socioeconomic system that Nancy Fraser describes as “financialized capitalism” (2022: 54). It is worth quoting her at some length here:

The capitalist economy relies on [...] activities of provisioning, caregiving, and interaction that produce and maintain social bonds, although it accords them no monetized value and treats them as if they were free. [...] [Reproductive work] forms capitalism’s human subjects, sustaining them as embodied natural beings while also constituting them as social beings, forming their habitus and the cultural ethos in which they move. The work of birthing and socializing the young is central to this

¹⁰ Umback documents the origins of this hashtag as follows: “A week after the programme’s debut, on 28 January 2021, Russell T Davies posted a public thank-you message to his personal Twitter account”, containing the hashtag “#BeMoreJill” (2024: 54-55). At the time of publication of her article in 2024, Twitter engagement using the hashtag had “amassed 1696k retweets and 38.2k likes” (2024: 55).



process, as is caring for the old, maintaining households, building communities and sustaining the shared meanings, affective dispositions and horizons of value that underpin social cooperation. (2022: 55)

In sum, demonetised caregiving activities under capitalism serve to foster a heteropatriarchal structure in which subjects are raised to conform, cooperate, and reproduce. “A key point we can take from this”, as Jilly Boyce Kay concludes, “is that the family in its current historical manifestation is not a ‘retreat’ or a ‘haven’ from the vagaries of the market economy, but rather a model of privatised care that functions as a resource for capitalism” (2020: 885). While I agree with Kay on the system’s primary reliance on the heteroreproductive family unit, I would submit that the queer chosen family, as represented in *It’s a Sin*, is not automatically situated outside of this logic and no default setting to enable the “more expansive and collective models of love, care, and kinship” that family abolitionist feminism calls for (2020: 885). In her thinking about an alternative social structure, Lorey reevaluates the difference between precariousness and precarity to argue for a radical understanding of relationality. For her, precariousness “is the base of sociality and points to an ineluctable relatedness that is produced only in political and social acts”, whereas neoliberal precarity renders subjects as singular, apparently autonomous beings: “The debt economy requires a subjective figure who takes on (self-)responsibility and internalizes the risks in terms of both guilt and debt” (2022: 121, 129). Both the HI and the coronavirus, if mediated in a certain way, have the potential to alert us to the “ineluctable relatedness” that connects not only all humans globally – albeit in heavily stratified ways – but also human to nonhuman entities and the animal world,¹¹ given the presumed origins of the viruses. And yet, through its sentimental rendering of what Lorey would call “feminized, de-politicized, devalued” (2022: 124) acts of care for AIDS patients, *It’s a Sin* fails to elicit a heightened awareness of fundamental interdependencies.

That virtually all the fictional characters are structured by the affirmative capitalist habitus described by Fraser becomes apparent early on in the first episode. Just after the scene where Ritchie eyes up Ash at college, Jill is first introduced to viewers – and immediately, her function is to build a community and facilitate cooperation. She coaxes Ritchie out of the closet and suggests to introduce him to Ash: “he’s a bender, so you’re in with a chance” (13:54-55). In carrying out matchmaking as her first on-screen activity, Jill almost instantly relinquishes her own personal and sexual interests. She introduces Ritchie to Ash with the words: “This is Ritchie. He says he’s bisexual, so he can have sex

¹¹ As Florian Cord writes in an assessment of the biopolitical and necropolitical modes of governmentality that have crystallised around the pandemic, “Covid-19 can also be said to have opened up a window onto something different. It raised awareness for the necessity of alternative forms of inhabiting the Earth, and it provided us with some ideas of what this might entail [...]. What is at stake is a radically different biopolitics, [...] [involving] the notion of an ‘impersonal’ life shared among all (living) beings” (2023: 244-245).



with you or me. So what do you wanna do? Wrestle for him?" (14:38-43). While posing this question, Jill puts one protective arm around Ritchie and uses her other hand to squeeze his cheeks, offering Ritchie's face up for Ash's appraisal. Even though her words might indicate her own sexual desires, her paternal gestures contradict a reading of her body as sexually active. Ash, in contrast, is shown in a lower-angle counter-shot with a tilted head casually pushing a strand of hair aside, wordlessly smiling at his interlocutors such that his tongue is just visible between his teeth. He does not need to speak to express his desire. When the scene next cuts to a shot of Ash and Ritchie frantically kissing while tumbling around the corridors of the student halls, viewers are encouraged to put the question of Jill's sexuality aside for good. Her playful wagering of her own body in a presumed sexual competition is merely a ploy to up the erotic stakes for her gay friends.

One could conclude from this brief analysis that the mode of care Jill can provide to her gay friends once they fall ill is, in fact, more complicated than Harrison's label of "clean and perfect virgin mother" implies. Is there not a nod to the "ambivalences at the heart of care and caregiving" described by the Care Collective in the way that Jill turns from suitor to procurer to surrogate mother? I would argue that her transition into a quasi-maternal figure happens too quickly for any ambiguity to arise: when Ritchie and Ash's first attempt to have sex with each other goes wrong, a tearful Ritchie comes knocking on Jill's door, who receives him with open arms and cuddles him, fully clothed, to sleep. This is how effortlessly the show establishes the complimentary habitus of caring desexualised female versus dependent gay male figures; not only does Jill intuit what Ritchie needs, but Ritchie has been raised in the same heteropatriarchal system to take her provisions of care for granted. It is significant that Jill is never shown as having to learn how to care for male others. Despite treating informal (and to a lesser extent also institutional) care arrangements for AIDS patients as a key subject matter, the show does not give any space to the mental, physical, emotional, or economic challenges that incur for those who provide care. The complete obliteration of Jill's desires and her subsequent rendering as an asexual figure (whether by choice or circumstance, one can only speculate) makes her a rather unambiguously sacrificial mother of the group. As queer ally, Jill assumes responsibility not for her own sexual desires or their fulfilment, but for the gay men's sexual involvement with each other. In episode two, her initial matchmaking turns into a hesitant suggestion of abstinence when she asks her friends, "Don't you ever think you should [...] stop for a bit?" (34:53-35:00), in light of the spread of rumours surrounding AIDS. Earlier on in the same episode, she sees a doctor for a birth control pill prescription purely as a pretext for asking him, "if [he] had any information about AIDS" (22:09-12). Jill virtually sterilises her own body to turn it into a tool in the service of caregiving.

Hence, if pandemic audiences in 2021 responded to the call to "BeMoreJill" in virtual conversations, or simply took up the viewing position provided by the show – generosity, sympathy, affective proximity – they (inadvertently) accepted a politically regressive



framing of care as feminised, selfless, and freely given. Through the idealised construction of Jill, the show misses the opportunity to raise questions about the politics and ethics of care that are relevant not only to how 21st-century Britons remember HIV/AIDS but also to how they relate to one another in the post-COVID conjuncture. In this respect, it is instructive to consider *It's a Sin* against another drama released by Channel 4 in the same year that strikes a completely different note about the exigencies of care: *Help*, written by Jack Thorne and directed by Marc Munden, is about a working-class care assistant (Sarah, played by celebrity actor Jodie Comer) who works in a private care home in Liverpool at the beginning of the pandemic in 2020. An excruciatingly lengthy scene shows Sarah working her way through a night shift as the only carer on duty. The film brings a heavy charge against the UK government for its failure to provide adequate resources and equipment to the care sector in the COVID-19 pandemic. Where *Help* can be seen to complicate the “uncritical veneration of [the] health system and of health workers, which is an increasingly distinctive feature of the conformist political culture of the United Kingdom”, as an assessment by sociologist Des Fitzgerald (2020) reads, *It's a Sin* contributes to a depoliticised understanding of care. The sentimental framing of serial melodrama, especially when seen against the gritty social realism of Thorne and Munden’s film, seems to place rather tight boundaries around the complexities of care. Recalling the iconic gentle maternal farewell to a dying Tom Hanks in the blockbuster *Philadelphia* (1993), “Good night, my angel – my sweet boy” (quoted in Streitmatter 2009: 88), Jill accompanies a succession of dying young white gay men on their deathbeds, never once withholding gestures or words of kindness from them. As Harrison points out, Jill’s acts of care are depoliticised along a deracialisation of her character, as there is “no opportunity for self-recognition and community in her care work because no people of colour or people marginalised by gender get HIV/AIDS in the show” (2023: 88).

This melodramatic representation of AIDS deaths might be seen to strike a particular chord with viewers as bodily proximity and the sensation of human touch was precisely what was found lacking in lockdown life. Writing in March 2020, Paul B. Preciado anticipates of “the great mutation of COVID-19” that “those among us who had lost love or who had not found it in time [...] were doomed to spend the rest of our lives totally alone. We would survive but without touch, without skin”. In light of this eulogising turn to human touch, it would be unsurprising for viewers to perceive the scenes shared between Jill and her dying friends as affirmative of the socially sustaining values of touch, love, and “chosen rather than biological family” (Umback 2024: 49). Indeed, Jill’s boundless acts of care compensate for absent or failing biological mothers, such as the neglectful family of the ostracised stranger shown on the AIDS ward at the end of the series and, most significantly, Ritchie’s homophobic mother Valerie. As Harrinson aptly demonstrates, the programme’s stereotypically bad mother is demonised for a transactional understanding of care: Valerie is a bad mother and bad caregiver because she expects a “return on her financial and emotional investment in [Ritchie’s] wellbeing”



(2023: 88). In contrast to Valerie, the show upholds Jill's attitude to care as an ideal, a social demand even. In this way, the series, despite its ostensible focus on a queer chosen family, falls short of developing a progressive vision of "kinning", understood as "non-oedipal" and "reciprocal" care relations across generations (Lewis quoted in Kay 2020: 886), for the show effectively pits the younger against the older fractions of London's queer community and integrates no sense of reciprocity into its care arrangements. What is more, the programme ultimately abandons its focus on queer alternative families when it turns Ritchie's mother into "focalizer" for the final episode and thus "folds back into maternal melodrama [...], indicative of its heterosexual gaze" (Duckels 2023: 124). To conclude, when the discourse surrounding the series asks viewers to "BeMoreJill" in relation to one another, they are asked not to expect any (monetary) compensation for caregiving, thus upholding or, in Fraser's terms, 'feeding' "a capitalism that systematically cannibalizes the capacities available for sustaining social connections" (2022: 72).

Pandemic Citizenship in Neoliberal Times

The series' framing of care contributes to an overall interpretation of AIDS as a crisis that requires individualised, rather than political or systemic management. From the outset, the show depicts AIDS as a threat to personal fulfilment and economic opportunities, perhaps even more so than a challenge to bodily integrity. This is particularly evident in the overall structure. The first episode suggests to viewers that three of the protagonists' narrative arcs will be central: Ritchie, Roscoe, and Colin are the only three characters whose names appear in a stylised, seemingly handwritten fashion on screen as they are introduced in this order. One is left to wonder why Ash and Jill are not included in this exposition, which would once again suggest their mere structural purpose as exoticised love interest and selfless "Black Madonna".¹² In the introductory sequence, Ritchie has dinner with his parents in a white middle-class home on the Isle of Wight, discussing his imminent departure to London to study law (soon to be abandoned for a drama degree); Roscoe (Omari Douglas) is first seen working as a builder on a London inner-city site, then packing up his belongings and walking out on his family, who have gathered in the living room performing some kind of exorcism and planning for him to be removed to a conversion facility in rural Nigeria; Colin, a white 'closeted' lower-middle-class man from

¹² Oddly, their racialised positions in 1980s Britain bear no impact on either Ash's or Jill's characterisation. In their first encounter, Ash asks Ritchie "Did you think I was exotic? [...] You're born and bred on the Isle of Wight. Do they have any Indians?" (episode 1, 15:52-58). Beyond this exchange, there is no further reference to his ethnic self-identification; his is the only biological family we never get to see on screen. Likewise, Jill has to 'clarify' her cultural identity only once in an exchange with Ritchie's jingoistic father, who is not satisfied with Jill telling him that she is from "just outside Woking", prompting her to convey: "My dad's from Dominica in the Caribbean" (episode 2, 21:04-13). The idealised construction of both Jill and her supportive parents as AIDS activists and queer allies glosses over the challenges of interracial marriage in post-war Britain and the oppressive obstacles to Black (female) self-realisation under Thatcher.



southern Wales, adjusts to his new rental and work environment with a London family and as an apprentice in an exclusive Savile Row tailor's shop. From promotional materials surrounding the series, viewers can expect that not all three of them will survive the AIDS epidemic. What these characters stand to lose are not only their budding sexual freedoms – encoded in the initiation into London's gay subculture – but, primarily, their career prospects. The ending of the first episode is telling in this respect. It cuts from the first glimpse of media information about AIDS, a close-up of a fictionalised version of a *Sunday Times* article from 1982 with the headline "Concern over mystery illness" (42:08), which Ash is reading over breakfast, to alternating scenes where the three protagonists are interviewed by their future agents or bosses. Asked the clichéd question where they see themselves in five- or ten-years' time, Ritchie answers that he wants "everything. West End, I want my name in lights, big movie posters with me on them"; Roscoe visualises himself driving past "every single teacher I ever had [...] in my big, shiny car, like, 'fuck you'"; the introverted Colin more modestly wants to "do good work. I wanna learn everything, like Mr. Coltrane taught me" (43:25-44:08). The scene abruptly cuts to a shot of said Mr Coltrane, an older gay man and mentor figure to Colin, being lifted by a team of mask- and glove-wearing nurses onto a trolley after having died alone on an AIDS ward. After this wordless sequence that ends with the door to the ward falling shut, the scene cuts back to a frontal shot of Ritchie, who says to camera: "I just wanna be happy" (44:58-59).

The sentimental coming-of-age and -out-of-the-closet framing invites viewers into fellow feeling with the three young men, who have only just begun their professional and sexual developments. Ritchie's final line, of course, foreshadows how his "happy" life will be tragically cut short by AIDS. Pitting their modest to grandiose fantasies of success against the spectre of the abandoned cold body of the AIDS patient, handled with professional efficiency by glove-wearing nurses, the series first and foremost portrays AIDS as a personal tragedy. Screenwriter Davies sketches a biography for each of these men in order to enable spectators to fear and mourn for them. They may be "unremarkable", to recall Griffin's blur cited at the beginning of the article, but their dreams and ambitions humanise them. The sentimental mode of the show reinforces the dominant cultural norms that dictate that these characters' lives are seen as liveable, and ultimately grievable (Butler 2010: 1-5), and thus normalises an ontology that is predicated on neoliberalism: viewers are expected to feel for these men not simply because they *are* a certain way, but because they *want* things – or "everything", even. It is the men's subscription to capitalism's promise of happiness that is meant to engender solidarity with them.

It follows from these scripting and editing processes that AIDS figures primarily as an entrepreneurial obstacle in the series. As barman Roscoe says to the AIDS activist entering the protagonists' local in episode two: "We're trying to earn a living, this stuff is gonna



drive people away” (07:44-47). Tellingly, for both Ritchie and Colin, the tragic turning points of their narrative arcs occur when they are at work. When Ritchie has finally been cast for what seems like a successful TV show modelled on *Doctor Who*, the director of photography remarks that there is “something wrong with” his skin (episode 4, 18:40-41). This registers as “an important moment marking the first sign that he is unwell” (Wheatly 2023: 99). Equally, Colin’s first symptoms appear when he is at work. After he has already suffered economic consequences due to his proximity to AIDS – he loses his cherished position at the Savile Row tailors when his predatory boss spots a stack of newspaper articles about AIDS on Colin’s nightstand during the New York business trip – he experiences a seizure due to AIDS-related neurological complications just after re-encountering job satisfaction as a copy shop assistant in episode three. After a close-up of leaflets being issued from the copy machine, the camera slowly pans from Colin’s boss entering the shop, jovially expressing his satisfaction with his new employee’s work ethic, to Colin suffering an epileptic fit on the floor of the back room. Again, the melodramatic editing serves to pit pre-crisis happiness and productivity against the destructiveness of AIDS.

It seems significant that, for the two protagonists who die of AIDS-related illnesses, these moments of downturn are framed, primarily, as an inability to stay on the job. Bodily breakdown becomes inseparable from their failures to function in a capitalist economy. On the one hand, one could read the informal care networks that spring up unproblematically for them as indictments of capitalism: even though the performing arts union Equity is mentioned at several points, it is obvious that there is no institutionalised safety net for artists who fall ill. On the other hand, this could as well be read as a rejection of trade unions, rather than a critique of late capitalism as such.¹³ It is revealing that Ritchie’s agent steps in in the final episode, as some kind of *deus ex machina*, offering an “advance” (30:58) on the royalties she expects to receive through Ritchie’s voiceover work so that Jill and Roscoe can travel to the Isle of Wight to accompany him on his deathbed. Thus, it is Ritchie’s productivity that somehow serves as insurance policy; his labour as such, not the union which he and Jill had fought so hard to enter, yields the funds that sustain the private network of care around him. In sum, it is easy to see how “patriarchal capitalism” is a system “that all of the characters in the show either perpetuate or participate in” (Harrison 2023: 91). An attempt to read the characters’ AIDS diagnoses as a condemnation of subjects’ precarity under capitalism would also be complicated by the fact that the most self-reliant of them, Roscoe, remains physically

¹³ In this respect, Jill and Ritchie’s first discussion with Valerie about the necessity “to get an Equity Card” sets the tone for an underlying anti-union sentiment. When Valerie professes, “I don’t understand why it’s so hard to join. Thank God for Maggie, she made a pledge, she’s gonna stop all this union stuff”, Ritchie agrees in terms that are not necessarily ironic: “I know, good for her, just wish she’d hurry up” (episode 2, 01:00-15). Even though the pro-Thatcherite stance of Ritchie and his mother is later contradicted by his group of friends, there is no salvaging of trade unions at any point in the show.



unscathed by the AIDS epidemic, even though his behaviour is the most risk-seeking in sexual and entrepreneurial terms. In fact, Roscoe's grasping for opportunities of self-improvement, including acting as some kind of exclusive callboy for an older white Tory MP, seems to provide him with an escape route from the AIDS crisis closing in on his circle. As he tells Jill in episode four, when she asks him to support an ACT UP-style die-in protest that she has co-organised: "I'm getting out of here, Jill. You can wave your flags all you like, but I'm moving up" (34:50-54). Hence, I do not see the programme as depicting "HIV [...] as punishment" (Duckels 2023: 125) – either for investments in capitalism or in libertarian sex lives. Instead, I agree with Griffin that the series at large counteracts its own "hint of moralism about Ritchie's promiscuity" by emphasising how HIV is, essentially, contracted "by chance" (2023: 119-120). Accordingly, one can see the show's "moral universe working to dismantle cultural hierarchies that assign blame and fault to those who contract the virus" (Griffin 2023: 120).

While it may not blame the HIV-positive, the series is not entirely free from what Kagan has identified as a "moralistic narrative logic" in post-crisis culture, which he describes as a "'logic of epidemic' that trains well-behaved subjects and punishes bad ones" (2018: 219). The show goes so far as to turn its quintessential bad subject, homophobic mother Valerie, into a scapegoat for the AIDS crisis as such. The series ends with a final confrontation between Jill and Valerie, in which Jill offers an interpretation of the AIDS epidemic that the show at large, through soundtrack, editing, and *mise-en-scène*, affirms:

All of this is your fault. [...] I don't know what happened to you to make that house so loveless, but that's why Richie grew up so ashamed of himself. [...] And then he killed people. [...] He kept the shame going by having sex with men and infecting them and then running away. 'Cause that's what shame does, Valerie. It makes him think he *deserves* it. The wards are full of men who think they *deserve* it. They are *dying*, and a little bit of them thinks, [...] 'It's my fault because the sex that I love is killing me'. I mean, it's astonishing. The perfect virus came along to prove you right. So that's what happened in your house. He died because of you. *They all die* because of you. (39:46-41:16; original emphasis)

As Harrison writes, the only way to "legitimise blaming a white, middle-class woman for multiple men's deaths [is] by reading Margaret-Thatcher-sympathising Valerie as a proxy for the Prime Minister herself, whose policies harmed numerous queer people" (2023: 91). But this reading is hardly encouraged. Instead, Jill takes Valerie to account for her bad mothering, whereas Ritchie's misogynist and equally homophobic father is curiously exempt from this critique. Through its melodramatic standoff between bad biological and good surrogate mother, the series' finale ostensibly provides a neat solution. Jill's explanation that Valerie's lack of unconditional love for Ritchie and her failure to recognise and foster his sexual identity as a gay man has led to Ritchie's interiorisation of shame and subsequent spread of HIV comes across as a satisfactory conclusion – perhaps



especially so in times of COVID, when the cultural politics of shame operated in powerful ways between citizens calling each other out for (not) complying with lockdown measures, mask-wearing, or vaccination.

This indictment of loveless, shame-instilling mothering upholds the moralistic narrative logic that Kagan has identified. Yet, in contrast to his characterisation of AIDS representations with a post-antiretroviral timeline, it is not the case in *It's a Sin* that "HIV positive people may be deemed good citizens if they comply with the prevailing instructions of medical and scientific authorities" (2018: 16-17). By consistently stressing the difficulties of obtaining reliable information on HIV prevention, the series with its nostalgic, pre-treatment setting significantly reduces its protagonists' responsibility for their own serostatus. The first real option the script provides for them to become compliant is when HIV antibody testing becomes available (too late for Colin). Ash, Roscoe, and Ritchie duly get tested, even though Ritchie initially shies away from receiving his results. It is noteworthy, however, that his allegedly wilful, post-diagnosis spread of HIV occurs off screen and is only revealed to viewers in the final deathbed scene. On screen, the only option to stop transmission seems abstinence, as advocated by Jill early on. This is in spite of the fact that, within the show's timelines, the safer sex suggestions conveyed in manuals such as Richard Berkowitz and Michael Callen's *How to Have Sex in an Epidemic* (1983) began to circulate widely in anglophone queer communities. Many critics have commented on the strange fact that the series does not explore any other preventative methods: the series is "cravenly silent about safe sex" (Pearl 2023: 112). For Duckels, this omission "indicates the reactionary rather than interrogative position it takes regarding the history that it constructs" (2023: 124). In line with my argument above, I would propose to see the binary of abstinence versus promiscuity as mapping effortlessly onto the knowledge versus ignorance binary. This, in effect, false choice between having no sex and having risky sex partly exonerates the characters for their failure to contain the virus – no hedonism, no drama. While the protagonists are thus, to some extent at least, relieved of blame, Valerie is, in immunological terms, retrospectively tasked with prevention. In Jill's logic, her mothering is the decisive factor in determining the extent of HIV transmission – not the men's sexual behaviours. It is curious to note how Jill's verdict slides from the past into the present tense in her final, shattering condemnation: "*They all die* because of you", rendering Valerie's faults and their consequences somewhat permanent.

There is also a nod to futurity in this final pronouncement: Jill's diagnosis could become a prognosis of future AIDS-related deaths, or it could become a relic of the AIDS past, depending on the parenting of future generations. This is where pandemic audiences come in, assuming their own responsibility as good viral subjects. The narrative of *It's a Sin* ends with Ritchie's death; all surviving characters are seronegative. Dramaturgically, it seems that AIDS victims have been mourned adequately both in the diegetic world and



by sympathetic viewers, and the blame has been laid where it belongs. Whether AIDS-related complications remain a thing of the past or continue to claim the lives of hopeful (young, white, cis, gay, male) British citizens is something that Channel 4 viewers are instructed to take some responsibility over. This is particularly evident in the wider discourses surrounding the show. In its press communications in early 2021, Channel 4 suggested that the programme's "significant reach has helped drive an increase in the number of people ordering HIV tests as well as seeking information and support" (Channel 4 2021b). A publicity campaign by the Terrence Higgins Trust used stills of characters on posters with the headlines "Do it for Ritchie!", "Be more Jill!", or "Make Ash proud!" (quoted in Ledin and Weil 2023: 103). This advertising campaign relies on the emotional ties cultivated in fan cultures between consumers of a pop-cultural product and fictional characters to suggest to fans that their health-conscious behaviour could somehow serve to please or honour 'Ritchie', 'Jill', or 'Ash'. There is no allowance here for divergent readings of the programme, such as decoding processes that tease out the show's problematic omission of "racial solidarity" (Harrison 2023: 88), its "queerphobic" (Duckels 2023: 125), cisnormative, or misogynist/misogynoir tendencies.

To return, by way of conclusion, once more to Needham and Florêncio's point, tracing the continuities between the AIDS past and the post-COVID conjuncture might not seem like working with a "useful analogy" at first. On a superficial level, the diegetic world of *It's a Sin* could not be further removed from viewers' lockdown present. From the confinements of their own homes or their COVID bubbles, or watching the series on mobile devices while obeying restrictive distancing, mask-wearing, and disinfection rules, viewers engage with the mediation of a crisis that seems to impact a specific segment of the British population in ways radically different from their own pandemic experiences: we see only white (lower-)middle-class gay cis men who are affected; they have almost no options to obtain reliable information about spread and prevention; there is (apparently) fairly little they can do to limit transmission; informal care arrangements rely on bodies that are close to one another, on holding hands, and offering hugs. Where the "distinctive pandemic architecture" visualised in COVID representations reified "the reproductive legacy of epidemiology [...] through the deployment of heteronormative and middle-class homemaking" (Fitzgerald 2020), the Channel 4 series depicts a "queer chosen family living in the Pink Palace" (Harrison 2023: 92), as the protagonists dub the apartment they come to share. At first sight, then, little appears to connect the diegetic universe to present pandemic realities.

And yet, in a pandemic climate where citizens have been trained to act in a certain way so as to protect others ("Stay at home", "wash your hands", "wear a mask", etc.), the imperatives emerging from the wider production contexts ("Be more Jill", "Make Ash proud", i.e. get tested and educated about AIDS and care freely for those in need) feed into an already established epidemiological logic whereby self-reliant and responsible



pandemic citizens take on the burdens of care and health management in a neoliberal economy with eroding welfare resources. *It's a Sin* was first streamed in a cultural moment where questions of health inequalities and Black mortality seemed particularly pressing, accentuated by the rise of the Black Lives Matter movement after the killing of George Floyd as well as increasing reports of Britain's so-called BAME individuals being disproportionately affected by both COVID-19 (Keys et al. 2021) and HIV (Dhairyawar et al. 2021). The particular position of racialised Britons in eroding care structures led to a higher COVID-19 death toll, as nurses, doctors, and care workers were especially exposed to the virus without adequate protective equipment. Curiously failing to address concerns about the expendability of Black lives at the levels of either plot, production, or promotion, the series sanctifies Black female care capacities and universalises the experience of dying white cis gay men. As the programme gives no representation to ethnic minority AIDS patients, it fails to develop more inclusive narrative models of grievability in a post-George Floyd, post-COVID era.

As this article has suggested, when assessing pop-cultural products depicting the AIDS crisis from the vantage point of the post-COVID conjuncture, AIDS figures as more than a "useable" past that provides "lessons" for the more recent pandemic. Rather, the positive responses to the melodramatic and sentimental framing of AIDS in *It's a Sin*, and the didacticism of the publicity campaigns surrounding it, signal a pandemic politics of emotion that interconnects and interferes with the seemingly distinct temporalities of the AIDS and COVID-19 crises. The cultural politics of fear, shame, and repair work across the two crisis timelines to build a conformist public around "the immunitarian impulse" that preserves the "integrity" and sovereignty "of the male, white, 'Western', bourgeois, able-bodied, young to middle-aged (read: productive) subject – the 'human security system'" (Cord 2023: 244). While one should also acknowledge the programme's representation of queer care capacities and solidarities as progressive challenges to the hegemonic structures that prevented governmental and medical authorities from responding with urgency to the AIDS crisis, the series inserts itself effortlessly into the epidemiological parameters of the (post-)COVID conjuncture, structured around immunological impulses. Ultimately, the future of health crisis management that the series gestures to is one where a new (safer, healthier, immune) community can emerge from those that have survived.¹⁴

¹⁴ I would like to thank the graduate students at Leipzig University for the vibrant and thought-provoking discussions of *It's a Sin* and other AIDS representations in my seminar "HIV/AIDS and British Culture, 1981–2021" in the winter term of 2024/25.



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