SYMPOSIUM: BEYOND BORDERS

HIV and Queerness in Science Fiction

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The bare-bones basics of the history of HIV is probably familiar territory. It is an immune disease, commonly coded as gay, that was a dominant issue and, indeed, an epidemic in the 80s. When HIV evolves, it is called AIDS. What many may not know is that there is efficient medication available that can now bring a person to a state labeled “undetectable,” meaning there are below fifty copies of the virus in a milliliter of blood. When I was diagnosed, I had roughly 300,000 copies in a milliliter. At the moment, I have below twenty—not 20,000, but only twenty. On a larger scale, that means I have zero symptoms. My lifespan is the same as that of the average population, and, perhaps surprisingly, I could have unprotected sex and pose no risk—meaning 0%, not 0.0001%—to my partner. Clearly, HIV has come a long way since the 80s.

I was diagnosed with HIV on January 7, 2015. The most challenging part of it has been a concept known as serophobia, or the stigmatization of people living with HIV. Here in the States, serophobia often entails legal consequences. In most states, there are what are called disclosure laws, the idea being that you have to disclose your HIV status to someone before having sex with them. They often only target HIV. If you have other sexually transmitted conditions (like herpes or chlamydia), ones that are more easily spread, or ones that are not easily treatable compared to HIV, they are not criminalized like HIV. Many theorists have claimed that the reason for this is the gay connotation of HIV/AIDS. Some states go as far as the death sentence for not disclosing, even for people like me who pose no risk of spreading it. Even outside the law, people have reached out to me personally with death threats because I am open about my status. At least once a week, I receive messages telling me I should kill myself because they see me as a threat to public health.

I begin with the non-science-fiction (non-sci-fi) frame in order to contextualize my approach, which grows out of disability studies. Disease and disability can often be part of a person and their identity, and such individuals are no less valid of a person for it. People with chronic conditions often have to deal with stigmatization, discrimination, and more. HIV itself comes with notions of queerness, of disease, of infection, and alterity.

My essay discusses the ways that the HIV/AIDS epidemic has appeared in some sci-fi texts, the ways in which HIV is coded as queer in those texts, and what those literary treatments say about the author’s perceptions of HIV. I aim to illustrate not only the ways that HIV is utilized as a sci-fi trope, but also constitutes an element of a lived experience that is often marginalized and exists beyond textual representation. Sci-fi allows for new possibilities of reading HIV in the modern world, and I am excited to explore them critically in three texts.

The first of the three is Samuel Delany’s 1985 book, *The Tale of Plagues and Carnivals*. In this story, AIDS attacks Neveryon, Delany’s parallel version of New York in the 80s. This is one of the
earliest novels in America to explicitly discuss HIV, given the epidemic came to America in the early 80s. Delany says:

Without a virus, in a sense AIDS is not a disease. It’s a mysterious and so far (February 23rd 1984) microbically [sic] unagented failure to fight disease. It is connected with sex—‘perverted’ sex. It is connected with blood—‘blood products’, as they say. Suddenly the body gives up, refuses to heal, will not become whole. This is the aspect of the ‘illness’ that is ravenous for metaphors to stifle its unsettled shift, its insistent uneasiness, its conceptual turbulence. (Delany 166)

What interests me here is Delany’s use of quotation marks. He displays skepticism about many of the terms used to talk about HIV, questioning whether queer sex is “perverted.” He also questions the use of the term “blood products” in the medical community, which at the time was not comfortable saying “semen,” instead often saying “blood products.” Moreover, Delany questions whether HIV is indeed an “illness.” In his novel, as per this one quote, HIV becomes a canvas for metaphor. What he is certain about is that HIV is a resistance of the body toward itself. It will “not become whole.” It is “unsettled” and “insistent,” “uneasy” and “turbulent.” He manages to queer the disease on a metaphorical level, and he challenges heteronormative rhetoric around it, claiming that it is an enemy even to queer people as much as it is an aspect of queerness. One character in the story, Gorgik, abandons his role as the narrative’s rebel to become a politician used to distract the masses from concerns around HIV, furthering the idea that people living with HIV are often swept under the rug: statistics and nothing more. Therefore, the use of HIV for Delany is rather revolutionary, both at the time and at the moment. He humanizes the virus. He queers it. And he says that these people living with it still matter and should be something everyone talks about.

This brings me to the next text, Ian McDonald’s 1995 book, Chaga. In Chaga, there are four strains of HIV. In the real world, we know there are a high number of minutely different strains, but essentially HIV is HIV (see the CDC’s information pages on HIV basics for more info). Unlike in Chaga, there are not four distinct types. McDonald took numerous creative liberties with his depiction of the disease(s). In the universe of Chaga, HIV 1 and HIV 2 are treatable, while HIV 3 is controllable and HIV 4 means certain death. As the virus is routinely compared in the novel to colonialism and warfare, a comparison even discussed in scholarly treatments, not much has been said about McDonald’s work speaking about HIV issues as reflective of real ones (see Malisa Kurtz for an example). This is surprising, considering his disease is not just a lofty metaphor but actually based on and named after a very real disease. After all, as Susan Sontag says in Illness as Metaphor, “illness is not a metaphor, and... the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphorical thinking” (Sontag 3). The issues McDonald focuses on often are queer. Queer sex happens in Chaga, but he does not go into as much detail as Delany does. However, McDonald is heavily invested in other social issues around HIV. He focuses extensively on what are called antiretrovirals, medications that suppress the virus, discussing at length HIV 3 and how only certain people can pay for the medications to suppress
it. If someone is poor, they simply die. This brings in a whole level of classism and socioeconomic discrimination even in the pharmaceutical industry. Now, in the United States, my pills cost about 3,000 dollars a month. Thankfully, I am eligible for a special insurance that covers the cost and yet many people are either ineligible or do not even know that special insurance exists in the first place. Given this real-world parallel, we see that the issues brought up in *Chaga* are far from science fiction. McDonald looks at Delany’s use of people living with HIV as potential statistics and takes it to the extreme: costs and losses. Suddenly, bodies have numbers associated with them.

Next, we have Tracy Hickman’s 1996 *The Immortals*. Unlike the previous two, Hickman imagines an AIDS-like virus that forces the American government to put the virus’ victims in internment camps. The government constructed a disease known as V-CIDS, a counter-virus that was intended to fight AIDS. Its test run was offered only to people at risk, queer people, and people suffering from drug addiction. Instead of solving the issue, it effectively gave those people a disease that was basically indistinguishable from AIDS. The government then consulted the non-“diseased” public (anyone who was straight and not addicted to drugs). Surprisingly, the resounding majority confidently suggested they should be put in concentration camps. One man says:

Captain, who are we sending into our little camps in the beyond of nowhere? Homosexuals, drug addicts, and ghetto junkies. People on the welfare doles. If they weren’t to begin with, then they got it by being intimate and immoral with someone who was. […] The biggest problems we’ve had in the last hundred years have been related to these cancers, these blights on our nation! They’ve been bleeding this country dry, sucking the very life out of it, killing it off little by little by their own parasitic growth. […] But V-CIDS changed all that. V-CIDS was the mark of the beast, you see! You look at a person on the street, and you couldn’t tell if they were straight like you and me or a homo or some other kind of pervert. You didn’t know if they were a hardworking person or a leech on the welfare rolls. Yet with V-CIDS it became so simple, so direct. Justice and judgment all in a single little bug! (Hickman 190)

Although this character is not by any means a hero in the book, it is worth noting the language in the middle there, jumping from calling these people “immoral” to the phrase “cancers…” This character sees queerness, disability, and poverty as cancers, not the virus itself. For him, the two are conflated: the “mark of the beast,” he said. This may seem like pure sci-fi. Yet in 2017, Georgia state representative Dr. Betty Price, a former anesthesiologist, asked an HIV specialist at a public hearing if there was any way that people living with HIV could be quarantined somewhere. “What are we legally able to do?” she asked. “I don’t want to say the ‘quarantine’ word, but I guess I just said it. […] What would you advise, or are there any methods, legally, that we could do that would curtail the spread? Whereas, in the past, they [people living with HIV] died more readily, and then at that point, they are not posing a risk. So, we’ve got a huge population posing a risk if they’re not in treatment” (D’Angelo). That is the reality that Hickman gestures to. There are people in power
who very much believe people living with HIV should be cordoned off somewhere, all for the sake of “public health.”

Clearly, the ways these three authors approach HIV are very different. In each of these novels, the author problematizes social stigmas toward queer bodies as sites of infection and questions paradigms around serophobia as protection of the heteronormative majority. Sci-fi imagines a new utopia, one that is aware of the past but hopeful for the future, for people living with HIV today, people like me. I lean on the communal aspects of utopia here. As Sontag says in *AIDS and Its Metaphors*, “The illness [HIV/AIDS] flushes out an identity that might have remained hidden from neighbors, job-mates, family, friends. It also confirms an identity and, among the risk group in the United States most severely affected in the beginning, homosexual men, has been a *creator of community* [my emphasis] as well as an experience that isolates the ill and exposes them to harassment and persecution” (Sontag 113). The three authors mentioned here tackle this idea of imagined community for people living with HIV. As indicated in Hickman’s work, the “diseased” are isolated from “normal” society while also making community of their own.

And largely, these authors work to contest dominant AIDS narratives in media. Paula A. Treichler notes that, “[80s] television’s analysis of representation might graphically demonstrate and deconstruct its own recurrent conventions in representing persons with AIDS: the emaciated gay man in a hospital bed; the ‘innocent’ transfusion victim surrounded by loving family; the Third World prostitute, in red” (133). The characters of these three texts go beyond those stereotypes showing what it was really like living with HIV and what it felt to be “punished” for their disease, as Trevor Hoppe notes in *Punishing Disease: HIV and the Criminalization of Sickness*.

These books offer us alternative ways of historicizing HIV in the 80s, and they create a queer space for people living with HIV that is political, critical, and personal. When I read these texts alongside scholars like Sontag and Treichler, I see the ways these sci-fi writers did take issue with representations of people living with HIV at the time, and they fought against the systematic issues of the time. And they envisioned utopic communities where people living with HIV could not feel isolated but still feel that sense of belonging Sontag mentions. Especially in today’s trying times, these texts are relevant. The stigmas are still there. The criminalization is still there. These books offer hope. Such writings and readings reassert the need, endorsed by someone living with HIV, to stay positive.

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