



ARTICLE

HIV/AIDS and the English Countryside

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Abstract

The HIV/AIDS epidemic in Britain was an overwhelmingly urban phenomenon. Towns and cities were home to the majority of people living with HIV and boasted most of the hospitals which diagnosed and treated them. The epidemic was not simply understood as urban because of demographic epidemiological factors; it was also seen as antithetical to rural life. This article explores the ways in which HIV/AIDS was positioned as urban through a particular cultural construction of rurality in late twentieth-century England. This cultural imaginary rested on a nostalgic construction of the English countryside in which conventional heteronormativity buttressed social, moral, and sanitary stability. The English countryside was frequently thought to be in need of protection from HIV/AIDS, whether in the form of metropolitan producers shoe-horning the virus into cherished rural soap operas, or more directly from the urban import of HIV and the gay men understood to be its most likely carriers. This article examines the cultural mentality in which rurality was mobilized as distinct from HIV/AIDS, pointing to the wider anxieties about changing rural life for which the epidemic often acted as a proxy.

Sebastian Sandys spent much of the mid-1980s in rural Dorset. For many gay men like Sandys, illness and death emerging from the HIV/AIDS epidemic define their memories of these years. Sandys's memories, however, are framed by rhododendron gardens and wide open fields. From 1984 until 1987, Sandys lived with the Society of St Francis, latterly as a Novice, spending his time in religious houses on the isolated Northumberland coast and in the verdant Dorset countryside. 'There were orchids and there were fields and it was just – and you could see Glastonbury Tor. And it was just beautiful.' By 1987, Sandys had fallen in love with the bursar of his Order and so, as the Great Storm of October 1987 raged across the country, the pair ran away, eventually ending up in London's Bethnal Green. 'By the time I emerged from the Franciscans', Sandys recalled, 'we were in the period then of the gay plague.'¹

In recalling this period, Sandys paints a picture in which his proximity to HIV/AIDS was mediated by his lived environment. The countryside figured as an idyllic safe haven, free of the virus which became so apparent upon moving to the

¹Sebastian Sandys interview, 10 Mar. 2019.

capital. Such understandings were not unique to Sandys. Many people in Britain saw HIV/AIDS as a uniquely urban phenomenon from which rural Britain was immune. This was partly because gay men had long been associated with the city, but also due to the connection between illness, epidemics, and urban life.² Such associations were long-standing: miasma theory (the idea that ‘corrupted’ air led to recurring epidemics) and cholera outbreaks in the nineteenth century both associated dense urban life with ill health, connections which remained live during the COVID-19 pandemic in recent years.³ Despite this, rural spaces had in fact been central to the development of ‘field epidemiology’ since the late nineteenth century.⁴ Epidemics are, as Jacob Steere-Williams puts it, ‘complex biosocial and ecological phenomena’, ones which were easier to narrate in environments which were presumed to be less socially dense and complex.⁵ More broadly, many looked to the countryside to make sense of complicated and dynamic changes in modern Britain. The looming threat of what Sam Wetherell refers to as ‘obsolescence’ and an increasingly tense ‘moral conflict’ surrounding sexuality and HIV/AIDS all served to position urban centres as sites of degeneration.⁶ The implicit corollary to this positioned the countryside as a sanitary space, both morally and epidemiologically. Understanding this cultural construction sits at the heart of this article.

Historians of HIV/AIDS have tended to understand the epidemic as overwhelmingly urban. Early histories of the epidemic in the UK were rooted in London through their focus on the production of national HIV policies.⁷ As historical scholarship on the epidemic moved from policy-making to everyday life, London continued to animate most HIV/AIDS histories.⁸ An intellectual agenda which sought to shift the focus of queer history ‘beyond London’ has yielded rich results, though these – like ‘most analyses of lesbian and gay lives’ have continued to skew towards the urban.⁹ Janet Weston and Hannah Elizabeth offer a critique of the ‘AIDS capital’, a phrase in circulation in the 1980s and 1990s to describe large cities which were seen as having

²Matt Cook, *London and the culture of homosexuality, 1885–1914* (Cambridge, 2003).

³See ‘Editorial: epidemics, planning and the city’, *Planning Perspectives*, 37 (2022), p. 3; Francisco Rowe et al., ‘Urban exodus? Understanding human mobility in Britain during the COVID-19 pandemic using Meta-Facebook data’, *Population, Space and Place*, 29 (2023), pp. 1–15.

⁴Jacob Steere-Williams, ‘Demarcating the “field” of field epidemiology in Britain: rurality and the narration of epidemics (1850–1950)’, in Matheus Alves Duarte da Silva and Christos Lynteris, eds., *Rural disease knowledge: anthropological and historical perspectives* (London, 2024), pp. 17–40.

⁵Steere-Williams, ‘Demarcating the “field”’, p. 25.

⁶Sam Wetherell, *Liverpool and the unmaking of Britain* (London, 2025), p. 6; Matt Cook, ‘AIDS, Mass Observation, and the fate of the permissive turn’, *Journal of the History of Sexuality*, 26 (2017), pp. 239–72.

⁷Virginia Berridge, *AIDS in the UK: the making of policy, 1981–1994* (Oxford, 1996); Virginia Berridge, ‘AIDS, the media and health policy’, in Peter Aggleton, Peter Davies, and Graham Hart, eds., *AIDS: Rights, Risk and Reason* (London, 1992). See also many of the essays in Virginia Berridge and Philip Strong, eds., *AIDS and contemporary history* (Cambridge, 1993).

⁸Matt Cook, ‘Capital stories: local lives in queer London’, in Matt Cook and Jennifer V. Evans, eds., *Queer cities, queer cultures: Europe since 1945* (London, 2014); Matt Cook, ‘London, AIDS and the 1980s’, in Simon Avery and Katherine M. Graham, eds., *Sex, time and place: queer histories of London, c. 1850 to the present* (London, 2016); Jason Okundaye, *Revolutionary acts: love and brotherhood in Black gay Britain* (London, 2024).

⁹Matt Cook, ‘Local turns: queer histories and Brighton’s queer communities’, *History Compass*, 17 (2019), pp. 1–12; Matt Cook, ‘Local matters: queer scenes in 1960s Manchester, Plymouth, and Brighton’, *Journal of British Studies*, 59 (2020), pp. 32–56; Matt Cook, Alison Oram, and Justin Bengry, eds., *Locating queer histories: places and traces across the UK* (London, 2022); Matt Cook and Alison Oram, *Queer beyond*

a particularly acute 'AIDS problem'. More than this, 'the idea of an "AIDS capital"' was socially, culturally, and politically useful; it 'made the problem geographically limited, constrained within city limits and often safely located among people and places "elsewhere"', a result of the 'urban decay' which permissive modernity had sparked.¹⁰ This rethinking of the 'AIDS capital' offers productive purchase on the ways in which cultural discourse around HIV/AIDS was framed as a medico-moral problem confined to large cities. It complements the work of historians such as Daisy Payling who have examined HIV/AIDS activism as a constituent part of a distinctively urban left politics.¹¹

In this article, I seek to extend this analysis by thinking about the place of rural Britain within this formulation. I not only explore the ways in which HIV/AIDS was constructed as an urban phenomenon but the extent to which it was variably rejected, contested, and negotiated as a rural reality. To do so, I look to two moments in the cultural history of the epidemic in which the spectre of HIV/AIDS appeared in rural contexts. In the first, this was an imagined threat, one which reveals the construction of the virus as urban and the English countryside as in need of protection from it. In the second, AIDS was an inescapable reality, highlighting the ways in which rural dwellers confronted that viral presence. As Weston and Elizabeth have argued, those who spoke of an 'AIDS capital' were able to neatly package cultural anxieties about permissiveness and social decline into an urban problem. Mobilizing an understanding of AIDS as *un-rural* went further than simply confining AIDS to the city. Such a mentality invested in a nostalgic, politically charged image of rural Britain at the same time as constructing a picture of urban life fraught with disease and depravity. Not only was HIV/AIDS the product of permissive urban excesses, but traditional, largely conservative rural life acted as defence against its threats. Examining the moments in which the problem of AIDS was shifted 'elsewhere' reveals as much about the places from which the virus was excluded as those to which it was constrained.

To be sure, HIV/AIDS was a more common experience in urban centres but it was not absent from rural settings. Between 1982 and 1994, the 'four Thames regions' which covered greater London 'accounted for 70% of all AIDS cases' in the UK and 65 per cent of HIV infections.¹² Regions proximate to London and which had considerable rural coverage such as Wessex and Oxford had markedly fewer cases of HIV than the four Thames regions: 6,484 people in the North West Thames region had been 'infected' with HIV by the end of 1994, compared to 564 in the Oxford region and 498 across Wessex. In predominantly rural East Anglia, 330 cases of HIV had been reported during this twelve-year period. Across the UK during this

London (Manchester, 2022). Quote from Yvette Taylor, 'Not all bright lights, big city? Classed intersections in urban and rural sexual geographies', in Barbara Pini and Belinda Leach, eds., *Reshaping gender and class in rural spaces* (Oxford, 2016), p. 227.

¹⁰Janet Weston and Hannah J. Elizabeth, 'Introduction', in Janet Weston and Hannah J. Elizabeth, eds., *Histories of HIV/AIDS in Western Europe: new and regional perspectives* (Manchester, 2022), p. 8. See also Cook, 'AIDS, Mass Observation'.

¹¹Daisy Payling, 'City limits: sexual politics and the new urban left in 1980s Sheffield', *Contemporary British History*, 31 (2017), pp. 256–73, see esp. pp. 262–3.

¹²PHLS AIDS Centre, *Quarterly surveillance tables: data to end December 1994*, 26 (Dec. 1994), p. 2.

period, 'sexual intercourse between men' was the most common 'exposure category'.¹³ Urban centres and gay men were linked in the cultural imaginary as vectors of HIV/AIDS. Responders to Mass Observation and the National Lesbian and Gay Survey frequently constructed the virus as an urban phenomenon, with London in particular constituting the major 'hazardous zone'.¹⁴ As these figures suggest, there was an epidemiological rationale for this. They also highlight that HIV/AIDS was not solely an urban phenomenon. Those who marshalled nostalgic views of rural England to distance themselves from HIV did not do so based on viral reality, but rather did so as part of a process of bucolic myth-making. It is this construction of a countryside at once free from HIV/AIDS but also in need of defence from it with which this article is concerned.

Those who mobilized bucolic notions of the countryside as a cultural barrier to AIDS often drew on a supposedly stable and unchanged cultural image of rural life at threat from encroaching urbanization. As Lucienne Loh has argued, during the 1980s 'the *English* countryside, in particular, was projected as a secure, nostalgic site', one which sat in opposition to urban and post-colonial precarity.¹⁵ Rurality, however, is heterogeneous and, thus, difficult to define. Historians have tended to define the countryside based either on the centrality of agriculture to its economy and culture, or in opposition to urban centres as an 'idyllic' other.¹⁶ Whether it was defined in opposition to the urban or through particular local contexts, rural life has always been variably experienced and understood. Rural economies impacted such experiences considerably. Those dominated by agriculture differed markedly from those reliant on mining, though rural economies in general were shifting rapidly across the late twentieth century towards what sociologists identified as a 'post-productivist' countryside.¹⁷ In the face of changing economic realities, ever-expanding urbanization, broader cultural shifts, and novel epidemic fears, a nostalgic image of the countryside was constructed as a psychic defence to threats which were positioned as new, external, and exponential.¹⁸ This constructed myth of rural life was heavily sanitized, equating rurality with health and well-being, a leap which ignored the fact that rural communities in Britain had often found it much more challenging to respond to epidemic outbreaks than their neighbouring towns and cities.¹⁹ As they navigated the risks associated with HIV/AIDS, the actors in this article were also shaping understandings of rurality in late twentieth-century England.

This article examines two different case studies in order to explore the ways in which notions of rurality were constructed through (and often defended against) the

¹³For all the statistics discussed in this paragraph, see *ibid.*, table 8.

¹⁴Cook, 'London, AIDS and the 1980s', p. 52.

¹⁵Lucienne Loh, 'Rural heritage and colonial nostalgia in the Thatcher years: V. S. Naipaul's *The enigma of arrival*', in Louisa Hadley and Elizabeth Ho, eds., *Thatcher and after: Margaret Thatcher and her afterlife in contemporary culture* (Basingstoke, 2010), p. 96. Original emphasis.

¹⁶Jeremy Burchardt, 'Agricultural history, rural history, or countryside history?', *Historical Journal*, 50 (2007), pp. 465–81, see esp. pp. 474–5.

¹⁷*Ibid.*, quote at p. 465.

¹⁸Loh, 'Rural heritage'.

¹⁹Keir Waddington, "'In constant fear of some dire epidemic breaking out": rural responses to infectious and epidemic disease, 1870–1920', *Rural History*, 35 (2024), pp. 211–32.

HIV/AIDS epidemic. These fortified images of the countryside were forged in rural communities after they were confronted with the reality of the virus in their midst, but perhaps more often occurred in the face of the *imagined* threat of HIV. In order to capture both realities, the article looks to press derision at the *possibility* of HIV being introduced into a fictional rural setting, and the various responses to the work of an HIV-positive priest who continued to minister in his country parish, even after being diagnosed with AIDS. Through cases of the absence, imagined presence, and the reality of HIV, these case studies point to the ways in which the HIV/AIDS epidemic was understood alongside (and, most often, in opposition to) rural England.

This occurred at a time in which much of rural Britain was in a state of flux. The historian Alun Howkins characterized the 1990s as a period in which the countryside was 'in crisis', a crisis which led to what he referred to as 'the death of rural England'.²⁰ Scholars noted the 'depopulation' of rural communities during the late twentieth century, a trend which was especially evident amongst young adults who left the countryside 'in search of the educational, social, and cultural facilities found principally in cities'.²¹ These demographic shifts helped to produce an age divide in the cultural distinction between urban (younger) and rural (older). With HIV/AIDS frequently coded as predominantly a young person's concern, this generational divide served to externalize youthful city dwellers as a threat to rural Britain. As the agricultural workforce declined, the number of second homeowners in the countryside increased, cementing wealth divides which had been evident for decades in rural England.²² In his column for the *Church Times* (which later received a much wider readership in book form) Ronald Blythe painted a picture of an East Anglian village experiencing significant change, from the growth of mechanized farming practices to the increase in those commuting into towns and cities to work.²³ Not only was rural life in Britain shifting in these decades, it was coming into more regular contact with urban centres. Or, as Howkins put it, 'the town appears victorious' in a battle between urban and rural Britain.²⁴ In this context, HIV/AIDS was positioned as an urban threat from which the already beleaguered countryside required protection.

I

Growing anxieties about HIV/AIDS, and the mounting anti-queer fears which were folded into them, resulted in the production of a phantasm of 'AIDS'.²⁵ This was constituted of a wider variety of anxieties around sexuality, permissiveness, morbidity, and mortality. In this construction, AIDS was larger than the sum of its parts.

²⁰Alun Howkins, *The death of rural England: a social history of the countryside since 1900* (London, 2003), pp. 207–34.

²¹David Spencer, 'Counterurbanisation and rural depopulation revisited: landowners, planners and the rural development process', *Journal of Rural Studies*, 13 (1997), pp. 75–92, quote at p. 76.

²²*Ibid.*, pp. 208–9.

²³See, for example, Ronald Blythe, *Word from Wormingford: a parish year* (London, 1997).

²⁴Howkins, *The death of rural England*, p. 234.

²⁵Judith Butler has recently discussed the ways in which a phantasm of 'gender' has been created (consciously and subconsciously) by the anti-gender movement, one which 'absorbs an array of fears'. See Judith Butler, *Who's afraid of gender* (New York, NY, 2024), p. 8.

These parts amalgamated to construct 'AIDS' into a monolith of fears. Direct contact with HIV-positive people was not required to produce overwrought responses. As Matt Cook has shown, even the suggestion that someone might have a gay acquaintance was enough to be ostracized, with AIDS's phantasmatic shadow eclipsing erstwhile bonds of collegiality, friendship, or even family.²⁶

Cultural productions were prime targets for such fears. Where anxieties surrounding sexual immorality, sexual illness, and permissiveness took shape, long-standing establishment sites of cultural production were imagined as being in need of protection from the phantasmatic 'other'.²⁷ The art historian and HIV/AIDS activist Simon Watney suggested that 'AIDS' had become a 'spectacle', one which 'activate[d] deep psychic anxieties' about the fragility of collectives such as the family and the nation and worked to position gay men in particular outside the category of 'the social'.²⁸ Television and broadcast media were major arenas through which AIDS was established as a spectacle and in which gay men were positioned on a pendulum between deserving victim and despised cause of the epidemic.²⁹ In doing so, media cast the spectre as necessarily urban. The broadcast media Watney discussed, and those which he would go on to present, situated HIV/AIDS within cities such as San Francisco, New York, and London.³⁰ Readings of HIV/AIDS which understood the virus as morally determined, exacted on a deserving minority of immoral queers, 'incites a violent siege mentality in the "morally well"', Watney suggested. This was 'a mentality that locks only too easily into other rhetorics of preemptive "defense"'.³¹

One of the sites which was imagined to be in need of 'defense' from the phantasmatic threat of AIDS was soap operas. Television soap operas attracted controversy and debate when they introduced storylines featuring homosexuality or HIV/AIDS. When the popular BBC soap opera set in the east end of London, *EastEnders*, introduced an AIDS storyline in 1987, some viewers and commentators criticized its lack of 'morality'.³² Other TV programmes, particularly those aimed at adolescent audiences, offered more nuanced storylines which aimed at providing HIV-informed safer sex education, an approach which was rewarded by consistently high viewing figures.³³ Such controversies, however, were not confined to television series. Broadcast nationally on BBC radio since 1951, *The Archers* is the longest running soap opera in the world.³⁴ It follows a rural community in the fictional Midlands

²⁶Matt Cook, "'Archives of feeling': the AIDS crisis in Britain 1987", *History Workshop Journal*, 83 (2017), pp. 51–78.

²⁷See, for example, Marcus Collins, "'Gays in your living room": LGBTQ+ television, homophobia, and the birth of Channel 4 in 1980s Britain', *Journalism History*, 51 (2025), pp. 5–23. For a useful discussion of the place of culture in the establishment of a phantasm, see Butler, *Who's afraid of gender*, p. 15.

²⁸Simon Watney, 'The spectacle of AIDS', *October*, 43 (1987), pp. 71–86, quotes at pp. 74 and 82.

²⁹Simon Watney, *Policing desire: pornography, AIDS and the media* (Minneapolis, MN, 1996; orig. edn 1987), pp. 97–121.

³⁰George J. Severs, *Radical acts: HIV/AIDS activism in late twentieth-century England* (London, 2024), p. 29.

³¹Watney, 'The spectacle of AIDS', p. 73.

³²Cook, 'AIDS, Mass Observation', p. 254.

³³Hannah J. Elizabeth, "'Private things affect other people": Grange Hill's critique of British sex education policy in the age of AIDS', *Twentieth Century British History*, 32 (2021), pp. 261–84.

³⁴Leonard Miall, 'Obituary: Godfrey Baseley', *Independent*, 4 Feb. 1997.

village of Ambridge and, since its inception, has offered listeners a combination of dramatized human interest stories and agricultural plots designed to subtly impart advice and information about farming. By exploring opposition to AIDS storylines in *The Archers*, the extent to which the HIV/AIDS epidemic had been (and was being) culturally constructed as an urban phenomenon comes into sharper focus.

1987 was a celebratory year for *The Archers*. Its audience had grown to seven million, and in April the show won the prestigious Sony Radio Gold Award for 'outstanding contribution to radio' after thirty-six years on the air.³⁵ Much of this success was attributed to Liz Rigbey, who had taken over as editor in 1986. Rigbey saw the introduction of 'controversial topics like drugs and abortion', a move which was largely (if not universally) praised.³⁶ By 1987, questions began to surface about whether the next controversial issue would be the HIV/AIDS epidemic. This was a totemic year for AIDS anxieties in Britain. The number of people living with HIV had reached 2,500 while AIDS-related deaths exceeded 600, 'signalling a marked escalation in the crisis'.³⁷ In response to this escalation, broadcasters staged a series of television programmes designed to offer 'measured' discussion of HIV/AIDS, in part to counter the increasingly aggressive and inaccurate coverage of the virus in the print media (coverage which would later be directly targeted by activists).³⁸ With broadcasters actively discussing HIV on television and the epidemic at its most visible level up to that point, newspapers began to speculate that *The Archers* was considering introducing an HIV-related storyline.

The source of rumours that AIDS was going to be introduced to *The Archers* is unclear. *The Sunday Times* reported that Rigbey denied 'saying that she intended to introduce a case of Aids'.³⁹ Rigbey herself does not recall the matter being discussed in the writers' room. 'Would we have talked about it at some stage? Probably', she told me, but 'I honestly don't remember discussing AIDS'.⁴⁰ Perhaps her reputation for tackling divisive and topical themes, coupled with the groundswell of press and popular interest in the virus, led to a general expectation that the series would discuss it. This was the opinion of Norman Painting, the actor who played Phil Archer and, by 1987, the last surviving member of the original cast. Painting told journalists that 'if we start ducking major issues, we're sunk'. Given that, in his view, *The Archers* had a proud record of tackling a wide range of 'issues[s] and problem[s]', he was 'sure the scripts will continue to keep up with topics of concern, like AIDS'.⁴¹

Painting's certainty was misplaced. Eight years later, in 1995, the series's production team were still refuting the suggestion that HIV/AIDS would feature as a storyline.⁴² In 1987, not only was Rigbey keen to impress to journalists that she had not suggested the introduction of an AIDS storyline, she also quashed rumours

³⁵Michael Day, 'Archers plan to air AIDS problem', Press Association memo, BBC Written Archives: T66/22/3 TV Press Office memo re *The Archers* AIDS storyline 1987.

³⁶See, for example, 'Ambridge folk prepare to tackle Aids', *Independent*, 27 May 1987.

³⁷Cook, 'Archives of feeling', p. 52.

³⁸*Ibid.*, p. 53. On activist opposition to the press, see Severs, *Radical Acts*, pp. 32–3.

³⁹Byron Rogers, 'Underneath the Archers', *Sunday Times*, 2 Aug. 1987, p. 44.

⁴⁰Email from Liz Rigbey to the author, 8 July 2024.

⁴¹Jack Bell, 'Archers facing the scandal of AIDS', *Daily Mirror*, 27 May 1987.

⁴²'Aids in The Archers reports are scorned', *Wolverhampton Express and Star*, 27 Dec. 1995, p. 5.

that the virus would be dealt with in the series. 'We have to be realistic', journalists quoted her as saying, 'there aren't many villages with Aids. We have found no way of introducing it into the scripts so far, and we don't want to sacrifice credibility for the sake of topicality.'⁴³ This quote suggests that there may, in fact, have been discussions of whether (and how) to include HIV/AIDS into *The Archers*. More importantly, it reveals that it was the series's rural setting which, above any other factor, worked to undermine the credibility of an AIDS narrative. Rigbey underlined this by suggesting that AIDS was 'much more of an *EastEnders* subject'.⁴⁴

Homosexuality and HIV were contested features in soaps with urban settings, but were seen as particularly incongruous in those set in the countryside. This is despite the fact that there were regular listeners to *The Archers* who would have found a storyline featuring HIV/AIDS meaningful. One respondent to the National Lesbian and Gay Survey (NLGS) in the 1990s, for example, noted 'radio was definitely my favourite medium'.⁴⁵ 'The one programme I really try very hard not to miss is *The Archers*', wrote this contributor, who was born in the West Midlands in 1947 and worked as a social worker in the Shropshire town of Telford. She and her partner were 'both *Archer's* [sic] fans'. This contributor did not only record her passion for *The Archers* but criticized its lack of queer representation. She 'eagerly await[ed] the day when they [*The Archers*] have a lesbian or gay person (not just the nebulous Shane)'. Shane, a character who worked in the local wine bar and never actually spoke – his existence was only ever discussed by other members of the cast – had recently been 'outed' alongside the country-club chef Jean-Paul in 1993.⁴⁶ Despite the fact that Shane's was not a speaking role, by 'outing' him *The Archers* could be said to have introduced a gay character. Clearly, this was insufficient for the show's queer listeners, with people like the NLGS contributor lamenting Shane's 'nebulous' peripherality. Reactionary fans of *The Archers* were perhaps even more perturbed by the introduction of a gay male character. Through these reactionary attitudes, we can observe the erosion of queer lives – and the possibility of HIV – from a broader cultural imaginary of the English countryside.

Because senior editors consistently rejected the possibility of an AIDS storyline in *The Archers*, there was less of a 'backlash' than *EastEnders* experienced when their AIDS storylines were broadcast.⁴⁷ Some were curious about the ways in which AIDS might be introduced to *The Archers*. Ronald White noted in the *Today* periodical that 'One problem is exactly *how* the subject could be introduced.'⁴⁸ The remainder of the article served as his 'suggestion', a five-scene satirical script in which characters discuss HIV, its modes of transmission, which villagers might have it, and how they might have contracted it. In examining this script, especially the ways in which

⁴³'Archers may soon face Aids problems', *Daily Telegraph*, 27 May 1987.

⁴⁴Bell, 'Archers facing the scandal of AIDS'.

⁴⁵Contributor 363 response to 'received images' directive, East Sussex Record Office, National Lesbian and Gay Survey papers, SxMOA16/1/3/9/3.

⁴⁶Geraldine Bedell, 'No improper sex please, we're the Archers', *Independent on Sunday*, 19 Dec. 1993.

⁴⁷For more on the reception to the *EastEnders* AIDS storyline centring on Mark Fowler, see 'EastEnders', Bishopsgate Institute Library Archives, Terrence Higgins Trust papers, THT/118.

⁴⁸Ronald White, 'An everyday tale of HIV positive folk', *Today*, 30 May 1987. Original emphasis.

humour and sarcasm were marshalled, it is possible to see the ways in which rurality was positioned in stark opposition to HIV.

The script begins in the village shop. Martha, working behind the counter, greets Nigel Pargetter, owner of the village's stately home Lower Loxley. Having bought a packet of biscuits, Nigel remembers that 'I'd better have half a dozen packets of condoms' which, he explained, 'are to stop me getting Aids'. Martha, already embarrassed by the nature of the purchase, asks 'what's Aids', and Nigel's response begins to position the epidemic as an urban phenomenon. He explained to Martha that

we seem to have quite a lot of it in London, but to tell you the truth I'm not quite clear what it actually is. All I know is that if you buy condoms, you won't get it. Nelson told me and he should know. He's started selling them in the wine bar.

Here, Nigel is explicit in establishing HIV as an urban phenomenon: the virus was understood to be 'in London', which both mirrored the epidemiological reality that most cases of HIV were diagnosed in London, as well as the way in which people (both those at high and low risk of contracting HIV) distanced themselves from the threat of the virus by positioning it as a geographical 'other'.⁴⁹

By seeking to protect himself from AIDS through the purchase of condoms, Nigel appears to acknowledge the risk of the virus entering the countryside (though, of course, the joke hinges on the unlikelihood of this eventuality). When Nigel and Martha (by now joined by Walter Gabriel, a smallholder who was often used in *The Archers* for comedic purposes) begin discussing who might have introduced HIV to their rural idyll, the externality of the virus is further emphasized. Nigel suggests that 'I expect they caught it from one of Shane's quiches', whilst Walter suggests 'them Snells' or 'that dog woman', who Martha agrees has 'always been trouble'. The Snells, Robert and Lynda, were introduced just a year beforehand and despite coming from a suburban part of affluent Surrey (Sunningdale), their storylines had often centred on their status as outsiders in this rural community. When Walter suggests that 'them Snells' may have introduced HIV to Ambridge, it was in part their non-rurality which singled them out as potential vectors. The barrier between rurality and the epidemic appears more porous here – the Snells had moved from suburban Surrey, not urban London, and their heterosexuality allowed them to integrate more quickly into village life – though such a construction maintained the imagined purity of a rural idyll in need of protection from a phantasmatic urban threat from beyond.

The exterior phantasmatic threat of AIDS became more apparent where potential vectors were identified as both non-rural outsiders and morally dubious. These themes were at play where Shane and 'that dog woman' were identified as sources of suspicion. Shane, as we have seen, was the 'nebulous' character who had been coded as gay. He also worked in a wine bar (owned by Walter's son, Nelson) in the nearby fictional town of Borchester. Shane was thus positioned as a viral threat to Ambridge through both his more urban life and, more significantly, his imagined homosexuality. This is further evidenced by reference to Shane's quiche. As the chef in Nelson's

⁴⁹Severs, *Radical acts*, p. 20.

wine bar (which itself stood in sophisticated, urban, and effeminate opposition to the rustic, masculine simplicity of Ambridge's pub, The Bull), Shane's quiches had become something of a reoccurring joke in *The Archers*.⁵⁰ In the context of HIV, proximity to food and drink was increasingly policed for those imagined to be queer. Gay men working in hospitality were often fired following an imagined risk of contamination, whilst some businesses were 'almost ruined' by the phantasmatic fear of AIDS engendered by the presence of someone thought to be queer.⁵¹ AIDS anxieties often centred on the supposed risks involved in sharing drinking vessels, crockery, or cutlery with those imagined to be at heightened risk of HIV, usually their homosexuality.⁵² By suggesting that villagers may have contracted HIV 'from one of Shane's quiches', Ronald White was not only referencing an *Archers* insider joke. This was also a form of dog-whistle homophobia anchored in the cultural anxieties that queer proximity to food and drink exacerbated the risk of contracting HIV. As a semi-urban outsider and, more importantly, as queer, Shane was positioned as an AIDS risk in Ambridge's otherwise safe rural setting.

In a later scene, the same characters who had been suggested as being at risk of having HIV and therefore of transmitting it – the Snells and Shane – are identified by the local doctor, Matthew Thorogood, as disposable. Breaking the third wall, Thorogood refers indirectly to the debate amongst the series's writers which had sparked this flurry of press interest. 'Aids is a condition that affects characters in a radio series when the producers are worried nobody is listening', he explained. This, of course, ignored the record listener figures which *The Archers* had recently achieved, but did reflect fears that the show could 'be sunk' if it failed to engage with topical issues. Thorogood went on to explain that AIDS 'normally affects people that nobody will really miss – like the Snells or Shane – or perhaps somebody that the producers want to get rid of'. As with the subtle homophobia underpinning Nigel Pargetter's joke about Shane's quiche, Thorogood's line speaks to the hierarchy of grief which HIV/AIDS was establishing. The idea that HIV was a form of divine punishment for those living sinful lives (which I turn to in the following section) had contributed to a growing sense that those living with HIV had themselves to blame. This was most visible when those seen as 'deserving sufferers' such as gay men and drug users were compared to what the press described frequently as 'innocent victims', such as haemophiliacs or children living with HIV.⁵³ A hierarchy of disposability was constructed, along axes of morality and age, in which gay men, drug users, and other cultural outsiders received less sympathy. Thorogood's character in the *Today* article implicitly draws on this hierarchy, by identifying Shane and the Snells as dispensable to the series. His joke speaks to the concept of 'grievability' which, Judith Butler suggests, is 'a vast continuum' osculating between 'whose lives ought to be preserved and whose can be expunged or left to die'.⁵⁴ Thorogood's joke

⁵⁰See Deborah Toner, ed., *Alcohol in the age of industry, empire, and war* (London, 2021), esp. Stella Moss's chapter 'Gender and sexuality'; and Stella Moss, "'Continental connotations': European wine consumption in 1970s Britain", *Contemporary European History*, 29 (2020), pp. 431–50.

⁵¹Severs, *Radical acts*, pp. 81–2; Cook, "'Archives of feeling'", 61–2.

⁵²Severs, *Radical acts*, p. 89.

⁵³Hannah J. Elizabeth, 'Recovering mothers' experiences of HIV/AIDS health activism in Edinburgh, 1983–2000', in Weston and Elizabeth, eds., *Histories of HIV/AIDS in Western Europe*.

⁵⁴Judith Butler, *The force of nonviolence: an ethico-political bind* (London, 2021), p. 60.

suggests that Shane's was not a grievable life. He positioned Shane alongside the Snells, whose dispensability to the series was more rooted in their marginality and novelty. Shane exceeded these peculiarities in the scripts, but it was his position at the sexual margins which marked him out as an expendable, ungrievable life. Binding these characters together, though, was their lack of rural credentials. The myth that HIV could not impact the English countryside became more fragile in the face of those with more urban lives.

When the possibility of an AIDS storyline in *The Archers* resurfaced in the mid-1990s, the virus had developed epidemiologically. Despite the fact that numbers of HIV infections and AIDS-related deaths were increasing in the UK, both were eclipsed by rates in many Sub-Saharan African countries, notably Uganda, Zimbabwe, and Kenya.⁵⁵ Across the African continent, radio soap operas were popular means of disseminating didactic information, especially about HIV/AIDS.⁵⁶ In Kenya, *Tembea Na Majira* (Move with the Times) aired weekly on the national radio station KBC.⁵⁷ By 2002, the show had inspired others such as *Ushikwapo Shikamana* (If Assisted, Assist Yourself), which dealt directly with 'HIV/AIDS prevention themes', reaching some 14.5 million listeners.⁵⁸ *Tembea na Majira* was heavily influenced by the United Kingdom. Its initial funding came from the UK Government Department for International Development, and two of its earliest directors had worked on *The Archers*.⁵⁹ This was one aspect of the UK government's wider efforts to contain African cases of HIV/AIDS within the continent and prevent them from entering the UK, an approach which moved from some external screening in the mid-1980s towards surveillance within Britain ten years later, during which time the number of African-born HIV-positive patients in UK hospitals had increased notably.⁶⁰ These patients were mostly concentrated in urban centres, especially London. As such, the urban phantasm of HIV/AIDS during this period grew, with the virus becoming more culturally attached to categories of Blackness and African heritage.⁶¹

⁵⁵Joseph Tumushabe, 'The politics of HIV/AIDS in Uganda', *Social Policy and Development Programme Paper Number 28* (Geneva, 2006), p. 1; Nico J. D. Nagelkerke et al., 'The rise and fall of HIV in high-prevalence countries: a challenge for mathematical modeling', *Computational Biology*, 10 (2014), pp. 1–8; A. E. Brown et al., 'Recent trends in HIV and other STIs in the United Kingdom: data to the end of 2002', *Sexually Transmitted Infections*, 80 (2004), pp. 159–66.

⁵⁶The International Women's Tribune Centre's 'Women Talk Peace' programme, for example, used radio narratives to shape women's potential civic engagement in post-conflict settings across the geopolitical South. I am grateful to Nivedita Joon for sharing insights on this history.

⁵⁷Mary Myers, 'From awareness to action: tackling HIV/AIDS through radio and television drama', *Disaster Studies Working Paper 5: Benfield Greig Hazard Research Centre* (London, 2002), p. 9 n. 28.

⁵⁸W. J. Brow, S. Kiruswa, and B. P. Fraser, 'Promoting HIV/AIDS prevention through soap operas: Tanzania's experience with Maisha', *Communicare*, 22 (2003), pp. 90–111, quote at p. 94.

⁵⁹Paul Mundy and Jacques Sultan, *Information revolutions: how information and communication management is changing the lives of rural people* (Wageningen, 2001), p. 17; E. Cruywagen, 'Luister-leer: die opvoedkundige moontlikhede van die hoorspel in Suid-Afrika' (Ph.D. dissertation, University of Stellenbosch, 1999), p. ix.

⁶⁰Somak Biswas, 'HIV/AIDS and the Naz Project: race, sexuality, and South Asian AIDS activism in Britain, 1990–200', *Journal of the History of Sexuality*, 34 (2025), pp. 189–218, see pp. 199–200 and 213–14; Caroline Rusterholz and George J. Severs, 'Migration memories of sexual and reproductive health in late twentieth-century London', *Modern British History*, 37 (2026), pp. 1–16.

⁶¹See Somak Biswas's discussion of Anne Marie Smith in Biswas, 'HIV/AIDS and the Naz Project', p. 199.

Tembea Na Majira consciously drew on *The Archers*' blend of didactic drama, setting out to provide safer sex messages and agricultural advice. This series was directly compared to *The Archers* in 1995 when it was wrongly reported that 'AIDS is to be introduced into...Britain's longest running soap opera'.⁶² The *Daily Express* newspaper suggested that '[t]he idea to bring the disease to the fictional village of Ambridge came to scriptwriters after they wrote a series based on *The Archers* in Swahili for Kenyan radio...created to educate the largely rural population about the Aids epidemic sweeping Africa'.⁶³ Comparison of HIV/AIDS appearing in *Tembea Na Majira* with the mere suggestion that it could feature in *The Archers* was one site of many in which the virus was racialized as Black. Rurality in Britain reduced the perceived necessity of sexual health messaging around HIV/AIDS; in Kenya, it necessitated it. The *Daily Express*'s positioning of *Tembea Na Majira* in contrast to *The Archers* situated HIV as an import from a Black African 'other', and was used to underscore the comparative lack of HIV/AIDS in rural Britain. In this formula, not only was HIV/AIDS positioned as a Black African issue, the British countryside was consciously constructed as a space of heteronormative whiteness in which queers and people of colour – and, by association, HIV – were incongruous.

II

If *The Archers* was one of the most significant cultural symbols of the British countryside, another was the rural parish church. Alun Howkins notes that religion continued to be 'an active social force in the rural areas' of England and Wales, even as 'the chapel moved further and further away from direct involvement in politics'.⁶⁴ Geoffrey Walker has described the central role of the country church within the construction of a bucolic image of rural English life as 'a spiritual rural idyll'.⁶⁵ The cultural distinction between HIV/AIDS and the English countryside often relied on the religious construction of such an idyll.

Religion in general (rather than rural parishes in particular) was sometimes seen as immune from the threat of HIV/AIDS. The epidemic was frequently spoken of as 'God's wrath', a form of divine retribution for the perceived immorality of permissiveness, particularly homosexuality.⁶⁶ Of course, not all people of faith thought this way. Religious AIDS activists were at pains to emphasize that one's faith did not preclude one from being at risk of HIV, a stance neatly captured in the Jewish AIDS Trust's campaign slogan: 'With AIDS there are no chosen people'.⁶⁷ Some religious AIDS activists, however, reinforced (or, at least, worked within) a dichotomy between rural settings free from HIV/AIDS and urban centres in which the virus was concentrated. Irish gay men had frequently left behind families in 'a small town or farm' in order to live 'out' gay lives in London. Some of those who were diagnosed with

⁶²Jason Solomons, 'Even the Archers are not safe from Aids', *Daily Express*, 26 Dec. 1995, p. 7.

⁶³Ibid.

⁶⁴Howkins, *The death of rural Britain*, p. 21.

⁶⁵Geoffrey Walker, 'Contemporary clerical constructions of a spiritual rural idyll', *Sociologia Ruralis*, 42 (2002), pp. 131–42.

⁶⁶Severs, *Radical acts*, pp. 125–7. See also Anthony M. Petro, *After the wrath of God: AIDS, sexuality and American religion* (New York, NY, 2015).

⁶⁷Severs, *Radical acts*, p. 141.

HIV during this period reunited with their families through meetings facilitated by Catholic activists in London, confining the virus to metropolitan centres or, in the words of one activist, 'a mad city'.⁶⁸

Debates about religiosity and HIV/AIDS were especially live in the village of Dinnington in the mid-1990s. Around fifteen miles to the east of Sheffield, Dinnington's economy and cultural identity had been uncertain since the closure of the colliery in 1991. Coal mining had provided livelihoods for many villagers and sustained the social and political lives of even more.⁶⁹ Villages like Dinnington were, of course, very different from those on which Ambridge was modelled. The latter were defined by their agricultural economies rather than the heavy industry of mining. Agricultural villages, though, had been adapting to their own shifting economies, from the rapid expansion of mechanization and the dwindling reality of 'traditional' farming practices, to the increasing number of rural dwellers who commuted to nearby towns and cities to work in white-collar jobs.⁷⁰ Dinnington was adapting to a more extreme change, one which seemed to threaten the economic and social fabric of places which had relied on coal. In adapting to that shift, many were keen to embrace rurality and reject the urban. With the closure of the colliery in 1991, village life was shifting in uncertain and disorienting ways. Many of its inhabitants drew on a nostalgic view of the past animated by both mining and rurality in order to reject the expansion of housing which threatened to turn Dinnington from a village into a town. It was not just the seismic changes to their economic realities which drew them to this pastoral imaginary. For some, this became a necessary cultural defence against the HIV/AIDS epidemic which had become an unavoidable presence in Dinnington, the first parish in which a priest living with AIDS continued to minister.

The Church of England had been aware of the presence of HIV amongst its clergy since at least the mid-1980s. On 31 January 1985, Father Greg Richards died of an AIDS-related illness aged thirty-seven. An Australian by birth and described by *The Times* as a 'bachelor and a homosexual', Richards had been chaplain of HMP Chelmsford in Essex.⁷¹ The *Church Times* carried an obituary for Richards in February, noting his work as a chaplain in prisons and borstals in southern England since 1980.⁷² The obituary was only thirty-two words long and made no reference to the cause of Richards's death, standing in marked contrast to national coverage.⁷³ Richards was not the first Anglican clergyman to die from the virus in England. Ian Robson, a curate working in north London, had died in June 1984.⁷⁴ Richards's case demonstrates a marked growth in press attention towards priests who had died of

⁶⁸See Laura Kelly, 'Positively Irish action on AIDS (PIAA): HIV and AIDS activism and the Irish diaspora in London, ca. 1989–1996', *Journal of the History of Sexuality*, 34 (2025), pp. 265–88, quotes at p. 281.

⁶⁹Melvyn Jones, *South Yorkshire mining villages: a history of the region's former coal mining communities* (Barnsley, 2017), pp. 102–4; Ken Wain, *The coal mining industry of Barnsley, Rotherham and Worksop* (Stroud, 2014), pp. 114–15, 122.

⁷⁰George Ewart Evans, *Ask the fellows who cut the hay* (London, 1956); Ronald Blythe, *Ackenfield* (London, 1969).

⁷¹Michael Horsnell, 'Prisons chaplain dies of Aids', *Times*, 1 Feb. 1985, p. 3.

⁷²Clerical obituaries, RICHARDS', *Church Times*, 8 Feb. 1985, p. 4.

⁷³Berridge, 'AIDS, the media and health policy', p. 16.

⁷⁴Kim Sengupta, 'AIDS kills Church of England curate', *Daily Mail*, 28 June 1984, p. 9.

AIDS-related illnesses. In part, this was because the very fact of their deaths shattered the illusion that the church was immune to the virus, as well as suggesting that the moralizing of some church leaders was hypocritical.⁷⁵ These early clerical deaths from AIDS-related conditions were urban phenomena. One high-profile example of an HIV-positive priest in a rural parish, however, provides a unique case study into the ways in which HIV/AIDS was negotiated when the virus became apparent in the English countryside.

Simon Bailey was thirty-six when he took up his first appointment as parish priest (or rector) in Dinnington in 1985. He arrived in Dinnington having served as a curate in Norton, 'a parish on the outskirts of Sheffield' which his sister, the writer Rosemary Bailey, described as boasting 'a very beautiful 12th century Norman church, flanked by a wood of bluebells in the spring'.⁷⁶ He was gay, a fact he did not hide from his family and friends, and which he was able to obscure if necessary by describing himself as 'happily single but not celibate'.⁷⁷

Rurality served an important personal, intellectual, and spiritual function for Bailey. He frequently went on retreats to remote country settings (often isolated islands). It was after returning from such a retreat, to Holy Island off the Northumberland coast, that Bailey discovered he had contracted HIV. 'I never unpack my bags until I've been through the post' he wrote, recalling that 'sitting among the luggage, I found a letter from the hospital. The letter simply said I needed to contact the hospital urgently. It was as vague as that, but I knew.'⁷⁸

Bailey was not the first priest to contract HIV or to develop AIDS. His decision to continue working, however, was unique in the early 1990s and attracted press interest. In 1994, Bailey was filmed as part of the BBC's *Everyman* documentary series for a programme titled 'Simon's Cross', documenting his experiences and those of his parishioners.⁷⁹ In his obituary of Bailey for *The Guardian*, Martin Wainwright argued that the *Everyman* documentary had 'finally made him the "Vicar Dying of AIDS"', and it did indeed serve to stimulate national press interest in the story.⁸⁰ Even before the documentary was aired, the national media were highlighting Bailey's status as a priest living with AIDS. When Peter Tatchell 'outed' ten Church of England bishops in 1994 as part of an OutRage! action, *The Times* reported the story in association with the news that Bailey was 'to admit to millions of television viewers that he had Aids', whilst *The Independent* columnist Joan Smith used Bailey's case as evidence

⁷⁵William Whyte, 'OutRage! Hypocrisy, episcopacy and homosexuality in 1990s England', *Studies in Church History*, 60 (2024), pp. 533–56.

⁷⁶Rosemary Bailey, *Scarlet ribbons: a priest with AIDS* (London, 1997), pp. 18 and 20 respectively.

⁷⁷*Ibid.*, p. 51.

⁷⁸*Ibid.*, p. 31.

⁷⁹*Everyman*, 'Simon's Cross', directed by Charles Bruce, BBC (15 Jan. 1995). The BBC archive no longer holds an accessible copy of this programme, and the BFI archive does not have a copy (only information about the documentary). I am extremely grateful to the Revd Hilary Jowett of St Leonard's Church, Dinnington, and the Revd Nick Jowett for putting me in touch with Mr Sam Robinson who generously supplied me with his personal recording of the programme for me to consult.

⁸⁰Martin Wainwright, 'Parable for today – obituary: Simon Bailey', *Guardian*, 29 Nov. 1995, p. 22.

that a more frequent and honest discourse about sex would serve to improve sexual health.⁸¹

'Simon's Cross' drew implicitly on the parish's rural, post-mining setting in its positioning of Bailey, homosexuality, and HIV as 'others'. This was not its major focus. Instead, the programme sought to detail the ways in which Bailey's homosexuality and HIV status had, or had not, been accepted by the congregation at St Leonard's Church. In doing so, however, the country surroundings of the village, and its rural potential in a post-mining world, were subtly mobilized in opposition to the urban 'other' which Bailey's queerness represented.

The precarious rural possibilities of life after coal in Dinnington is established at the start of 'Simon's Cross'. The title slide, preceded by shots of Bailey administering Holy Communion and scenes from his video diary, shows a large open field and wide blue sky, separated only by a single row of miners' cottages. The viewer is then shown a vantage point of the edge of Dinnington, with the camera emphasizing nearby forests and rolling green hills. 'Simon Bailey's parish lies above the coalfields of South Yorkshire' the programme's voiceover explained, before setting up its central theme, the coinciding shocks of the colliery's closure alongside Bailey's sexuality and HIV status: 'it's had to cope with the decline of coal. They never dreamt they'd have to confront AIDS or gay clergy in their parish.'

The idea that the presence of HIV/AIDS in rural settings was an alarming surprise, articulated by the voiceover at the start of 'Simon's Cross', was undergirded by a staunch cultural understanding of the virus as not only a fundamentally urban phenomenon, but a *non-rural* one. This sentiment was neatly captured in a letter I received in January 2017. Writing to explain that he could not participate in the research I was conducting at the time on the Church of England's response to the AIDS crisis, one priest explained that he had been 'a country parish clergyman & the HIV/Aids epidemic happened elsewhere'.⁸² During his time ministering to a rural Dorset parish, he did not remember encountering parishioners with concerns or questions about HIV. More than this, he understood the epidemic as something spatial, confined by urban geographies and which his own bucolic surroundings protected him from.

Even where their rurality appeared to separate them from the virus, worries about HIV/AIDS were present in many rural parishes. Just over twenty miles away from Dinnington, the parish of St Hilda, Thurnscoe, in South Yorkshire appeared to be so anxious about the possibility of contracting HIV from the chalice during Holy Communion that in October 1986, a referendum was held to decide whether their church would adopt the practice of wiping the chalice with a purifying cloth or not. The *Church Times* reported that 'about two to one [were] against wiping the chalice as a safeguard against AIDS'. It had been made clear to the congregants that the position of their vicar, the Revd Allan Hounscome, was against wiping the chalice, due to his reading of scientific evidence that there was 'no possibility of AIDS being passed

⁸¹'Activists name ten bishops as homosexual', *Times*, 1 Dec. 1994, p. 7; Joan Smith, 'When adults fantasise about teenage sex', *Independent*, 3 Dec. 1995, p. 19. On OutRage!'s activism targeting the Church of England, see Whyte, 'OutRage!'.

⁸²Letter to the author, 25 Jan. 2017.

on through a shared chalice' presented to him by local consultant microbiologists.⁸³ Other priests had received specific advice decades earlier against wiping the chalice, due to the risk of the cloth becoming contaminated, and that the wiping of the chalice thereafter would serve to spread the very infection which the act of wiping had sought to prevent.⁸⁴

Like Dinnington, Thurnscoe was also facing existential challenges to its economy. The year of its parish referendum saw the Hickelton Colliery, on which most of Thurnscoe depended, merged with Goldthorpe, which would itself close in 1994.⁸⁵ For most people in Thurnscoe, the HIV/AIDS epidemic was not the largest crisis facing them. Simon Bailey made a similar observation about his own parishioners. Arguing that the sexuality of one's priest 'paled into insignificance' compared to the challenges facing areas such as Dinnington, Bailey neatly summarized the ways in which the village was changing in dramatic and detrimental ways. Dinnington's residents were 'facing huge problems of unemployment, where their livelihood is going to come from, all the problems that poses to their family relationships and so on, what young people in the community are facing in terms of drug culture and all that sort of thing'. As Robert Gildea has shown, these 'problems' became firmly embedded and, decades after pit closures, former mining communities were characterized by unemployment and drug abuse; they were places where 'everything had changed'.⁸⁶ Such problems were also conceived of as urban, at odds with images villagers held of the past in which the colliery provided jobs and maintained social order, including upholding heterosexual norms.⁸⁷

In Dinnington, as elsewhere, the phantasm of AIDS and the economic reality of deindustrialization policies collided to produce a nostalgic desire for an imagined sexually conservative past. Sam Robinson, a 'regular churchgoer' and Dinnington resident, told the BBC's *Everyman* programme that 'personally, I just prefer things as they were'. He constructed a timeline in which Bailey's tenure as rector figured as 'a period now which has been different', one which came after a homogeneous period of stability anchored by heterosexual priesthood. 'I'd like to go back to a period of possibly a man and his wife and possibly kids and take it from there.' Life in Dinnington following the closure of the colliery was uncertain, but heterosexuality – especially within the clergy – was marshalled as a symbol of stability and convention.

The notion of 'things as they were' rested on a nostalgic ideal of uniform heterosexuality, a myth that, before Bailey, homosexuality and HIV had been alien to Dinnington. Some residents believed that he had imported queerness and HIV to the village. For others, his presence illuminated the existence of gay men who had lived in Dinnington for years. Derek Norbury, a lay reader at St Leonard's, had 'been openly gay for twenty years' at the time the BBC filmed their documentary. Filmed

⁸³'Opposition to wiping chalice', *Church Times*, 31 Oct. 1986, p. 3.

⁸⁴Keith R. S. Rintoul, letter to the editor, *Church Times*, 14 Mar. 1986, p. 13.

⁸⁵'Hickelton Colliery', *Northern Mine Research Society*, www.nmrs.org.uk/mines-map/coal-mining-in-the-british-isles/yorkshire-coalfield/doncaster/hickleton/ accessed 16 Apr. 2017.

⁸⁶Robert Gildea, *Backbone of the nation: mining communities and the Great Strike of 1984–85* (London, 2024), p. 379.

⁸⁷For an examination of cultural heterosexual landscapes in early twentieth-century contexts, see Helen Smith, *Masculinity, class and same-sex desire in industrial England, 1895–1957* (Basingstoke, 2015).

in his home, he explained that 'there is a gay community in Dinnington, yes, there's quite a few gay people in Dinnington'. Norbury spoke in front of his garden, and the botanical backdrop of woodland and climbing roses served to reinforce the rurality of village life. Its social conservatism, however, prevented many of Dinnington's gay community from coming out. Norbury 'felt very sorry for them because they're not in a position to come out and to live as gay people'. Writing around the same time (and from the nearby University of Sheffield), geographers David Bell and Gill Valentine identified the 'intense heteronormative pressures of rural life'.⁸⁸ Bailey's AIDS diagnosis and his decision to continue ministering made his queerness (and that of some others in the village) highly visible. In rendering others more visible, the myth that queerness and rurality were incompatible was to some extent exposed.

Bailey was not the first gay man to live in Dinnington. He was not even the first person living with AIDS in the village. In an emotionally charged entry in his video diary, broadcast as part of 'Simon's Cross', Bailey explained that 'a parishioner died today. From AIDS.' His account offered a window onto the emotional and medical topography navigated by people living with AIDS in rural South Yorkshire. The village of Dinnington fell into the orbit of Sheffield, the city to which many of the village's new 'commuters' travelled. Access to a car was deemed essential. As Rosemary Bailey explained: 'The M1 is only three miles away but it's not much use if you don't have a car. There used to be a railway station, introduced after the pit opened, but it has gone again now.'⁸⁹ Yvette Taylor has identified the classed access to private transport and the limited availability of public transport in rural settings as one factor which renders queer people "'stuck" in their (rural) place'.⁹⁰ This isolation necessitated the founding of support groups, telephone helplines, and other organizations in rural areas, in an attempt to make HIV/AIDS information, support, and treatment accessible to those who did not live in the urban centres where such resources were concentrated.⁹¹ Access to a car, one of your own or a friend's, was imperative to access medical care. Most people living with HIV/AIDS in Dinnington in the 1990s, including Bailey and his parishioner who died of an AIDS-related condition, received their care at the Royal Hallamshire Hospital in Sheffield, making HIV/AIDS a less visible presence in Dinnington.

By positioning Bailey as an outsider who had brought not only homosexuality but AIDS into Dinnington, many of the contributors to 'Simon's Cross' constructed a rural narrative in which neither homosexuality nor AIDS ordinarily featured. In doing so, they were drawing on – and actively constructing – a cultural defence from the epidemic based on an idealized, nostalgic rurality. Such a defence overlooked (either purposefully or incidentally) the fact that rural communities were home to queer and HIV-positive people. Moving to large cities may be the most studied form of queer migration within (and to) Britain, but it has never been the sole direction of travel. The countryside had long been a refuge to queer people in Britain. In the 1880s, the pioneering socialist Edward Carpenter settled in rural Derbyshire (just twenty miles from Dinnington) where he lived with his 'companion'

⁸⁸Quoted in Taylor, 'Not all bright lights', p. 235.

⁸⁹Bailey, *Scarlet ribbons*, p. 36.

⁹⁰Taylor, 'Not all bright lights', p. 235.

⁹¹For examples of some such organizations, see Severs, *Radical acts*, pp. 25–6.

George Merrill.⁹² The twentieth century is replete with examples of queer rural lives. Patrick Nelson – more famous for his involvement in the Bloomsbury Group alongside his lover Duncan Grant – initially moved from Jamaica to rural North Wales in 1937 to take up an appointment as valet; the novelist Sylvia Townsend Warner lived in country villages (mostly in Dorset) from 1934 until her death in 1978, alongside her partner Valentine Ackland; and at the end of the century, the filmmaker and artist Derek Jarman spent much of his time on the Kent coast at Dungeness, before dying from AIDS-related complications in 1994, a year before Bailey.⁹³ Of course, these were mostly middle-class intellectuals whose economic and cultural capital provided them with particular ways of being queer in the countryside. It would be a mistake to assume that working-class queers in rural settings had no sexual agency by comparison. Derek Norbury's example reminds us that life as an out gay man had long been possible in a village like Dinnington and, as Yvette Taylor's work has shown, rural communities have often provided cultures of support to working-class queers.⁹⁴ Those who did move to the countryside to live queer lives reveal that constructing a bucolic imaginary was not always reactionary. These constructions could just as easily facilitate queer lives as they could erase them, but such cultural and imagined erasure was not inevitable.

Positioning Bailey as an external importer of HIV also ignored the fact that religious organizations often sought to offer care and respite to people living with HIV/AIDS in rural settings, more actively bringing HIV-positive people into the countryside. The Revd Margaret Morris, Chaplain for People Affected by HIV in the Diocese of Leicester and a leading member of Leicestershire AIDS Support Services, organized weekend retreats 'in the country' for people living with the virus in the mid-1990s. Offering 'relaxation & reflection for people with HIV', the weekend was hosted at Launde Abbey which, as a leaflet advertising the event explained, lay 'in a secluded valley in the heart of the East Leicestershire wolds'. The abbey itself was 'situated on the site of an Augustinian Priory with 13 acres of private grounds and gardens', which organizers emphasized offered 'the ideal setting for a restful and relaxing weekend'.⁹⁵ In Cornwall, Anglican nuns offered respite care for people living with HIV/AIDS from their base on Bodmin Moor from the late 1980s.⁹⁶ Respite centres such as these were founded in urban and rural settings but visitors often remembered the 'country' setting especially fondly.⁹⁷

⁹²Sheila Rowbotham, 'In search of Carpenter', *History Workshop Journal*, 3 (1977), pp. 121–33, see esp. p. 125.

⁹³Gemma Romain, *Race, sexuality and identity in Britain and Jamaica: the biography of Patrick Nelson, 1916–1963* (London, 2017), p. 55; Harriet Baker, *Rural hours: the country lives of Virginia Woolf, Sylvia Townsend Warner and Rosamond Lehmann* (London, 2025), pp. 10, 94–158; Matt Cook, *Queer domesticities: homosexuality and home life in twentieth-century London* (Basingstoke, 2014), pp. 233–49, and for further references to queer rural lives, see pp. 31, 56, 62, 77, 153–6, 168.

⁹⁴Yvette Taylor, *Working-class queers: time, place and politics* (London, 2023), see esp. pp. 70, 123.

⁹⁵'A weekend in the country' leaflet, Record Office for Leicestershire, Leicester, and Rutland, Leicestershire AIDS Support Services papers, DE8600/21.

⁹⁶George J. Severs, 'Reticence and the queer past', *Oral History*, 48 (2020), pp. 45–56, at p. 50.

⁹⁷*Ibid.*

Whether in urban or rural settings, such centres were often fiercely resisted by local residents. Such resistance usually hinged on fears about the impact of undesirable incomers importing the virus into rural settings which were assumed to be free of HIV.⁹⁸ These anxieties echo longer histories of rural unease about the importation of the urban sick to rural settings in order to isolate and recuperate.⁹⁹ Without the presence of such a centre in Dinnington, such attitudes were more muted. However, in the fraught environment of the initial post-coal years when the village was jostling between rural nostalgia and the spectre of encroaching urbanization, homosexuality and HIV/AIDS were 'threats' more comfortably positioned as urban.

III

Across the late twentieth century, the idea that 'AIDS happened elsewhere' was potent and enduring. Many held this view, whilst for others, countryside settings could comfortably be thought of as 'safe' from HIV/AIDS and the forces of urban modernity which were its imagined incubators. More significant than simply confining homosexuality and especially HIV/AIDS to an urban imaginary, rurality functioned for many as a cultural defence against the virus. Jokes told about HIV in rural England hinged on the dubious possibility of the virus being present in rural Britain, whilst also playing on existing anxieties about HIV/AIDS which understood it in exclusively urban terms.

Much of the cultural unease which was so often articulated through issues of HIV/AIDS during the 1980s and 1990s arose not only in opposition to the supposed moral and sexual excesses of urban life, but also in response to anxieties about disruption to rural Britain. The 1980s and 1990s witnessed significant changes to rural communities in England, from a rise in second homeownership and commuter workers, to the decline of long-standing rural labour markets. Such shifts were often understood and articulated as bringing urban life into ever closer proximity to the rural, often resulting in heightened anxieties about the future of 'village life'. This was particularly marked in places like Dinnington, where the decline of coal mining and its subsequent urban expansion prompted many inhabitants to understand their lived environment as having a rural past and an urban future. This distinction was heavily value laden. Rural pasts were imagined to be simple, community-oriented, and desirable whereas urban futures were understood as anonymous, atomistic, and fraught with dangers.

These anxieties coalesced to produce the phantasm of AIDS. AIDS could be understood as an urban phenomenon, one which only posed a threat to rural Britons if imported from (or imposed by) towns and cities. Linked, in this logic, to queerness, drug use, and a more amorphous sexual and cultural degradation, AIDS acted as a

⁹⁸See Brian DeGrazia, 'Drug criminalisation, the Catholic Church, and the 1988 founding of a Rome AIDS care centre', and Daryl Leeworthy, 'A phoney war? Health, education, and popular responses to HIV/AIDS in Wales, 1983–2003', both in Weston and Elizabeth, eds., *Histories of HIV/AIDS in Western Europe*.

⁹⁹Keir Waddington, 'Resistance and prevention: rural local government and the fight against tuberculosis', *Modern British History*, 35 (2024), pp. 180–98; Charlotte A. Roberts and Marie-Catherine Bernard, 'Tuberculosis: a biosocial study of admissions to a children's sanatorium (1936–1954) in Stannington, Northumberland, England', *Tuberculosis*, 95 (2015), pp. S105–S108.

useful catch-all, encompassing mounting unease about urban life and its encroachment into rural Britain. Crucially, though, rurality was positioned as necessarily distinct from 'AIDS'. Not only did 'AIDS happen elsewhere' in the minds of many, but rurality took on qualities which made it paradoxical to AIDS. Rural settings, with their imagined communities and pasts, were supposed to be inherently healthier – both biologically and morally – to their urban counterparts. In these ways, AIDS was positioned as posing a threat to rural communities, despite rurality's supposedly inherent distinction from AIDS and its urban incubators.

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