



Reading the Past Through the Present: Queer Associations Between AIDS and COVID-19 in the United Kingdom

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Abstract

This article uses oral history interviews to show that a sense of queer collective memory and queer time, bolstered by community knowledge, led queer people to read the present COVID-19 pandemic through the past AIDS crisis. I demonstrate that queer people’s observation of queerphobic government policies during the AIDS crisis created an understanding of COVID-19 policies as queerphobic as well, particularly when it came to accessing important spaces of connection and intimacy. However, other queer people who lacked a sense of collective memory and time did not conflate the pandemics in the same way, demonstrating the diversity of the UK queer community. I also argue for the importance of acknowledging the role of queer time in future pandemics.

Introduction

In 1981, the first official report about Acquired Immunodeficiency Syndrome (AIDS) was published, describing unusual cases of pneumonia in Los Angeles. The news traveled throughout queer networks and arrived in the United Kingdom against a complicated social and political backdrop: the Thatcher government's queerphobic policies, increasing queer activism and visibility, and a resulting, intensifying culture war.¹ By the end of the decade, AIDS had risen to epidemic levels, and the queer community shifted its priorities and organized around AIDS with urgency, filling in the gaps of resources, care, and education left by the lack of governmental response.² Queer people also began to "reach back into history" to discover how previous epidemics, like polio and cholera, had been handled to inform their approach.³

In 2020, another pandemic, COVID-19, hereafter referred to as COVID, swept across the UK. At first glance, it seems that the experiences of HIV/AIDS and COVID do not overlap. The two diseases are epidemiologically distinct and the government response to HIV/AIDS represented a distinct lack of interventionism, while COVID involved extensive government intervention. However, as social phenomena in the queer community, there is a distinct overlap. COVID also began as a novel disease about which there was little understanding, and it, too, arrived in the midst of a complex political landscape for queer people. The administration of Boris Johnson, who was often seen as Thatcher's ideological successor, held power;⁴ while queer people were more visible than ever, this sparked a new round of culture wars, particularly over queer and transgender (trans) visibility. Queer people were responding with advocacy and activism,⁵ but had to adjust their social and political activities in response to the new threat that COVID presented. Additionally, as COVID developed, queer people frequently turned to the crisis years of AIDS as blueprints for the current moment.

Despite these similarities, scholarly attention to the overlap of these two health crises is still in its early stages and has mostly focused on the medical impact of COVID infection on patients with HIV/AIDS or policy solutions that link the lessons learned from HIV/AIDS to COVID. This article represents a new intervention in the study of AIDS and COVID, relying on a new archive of queer oral histories collected during the pandemic to demonstrate how queer people relate HIV/AIDS to COVID, and how they relate to the two pandemics in conversation.

In this article, I use oral history interviews to demonstrate that a framework of queer time, based on collective memory of the AIDS era, led to a shared perception of COVID restrictions as queerphobic. Specifically, I will

1 Peter Tatchell, "1980s: A Decade of State-Sanctioned Homophobia"; "1967 and All That: . . ."

2 Jose Catalan, Barbara Hedge, and Damien Ridge, *HIV in the UK: Voices from the Epidemic*, 8.

3 Elizabeth Fee and Daniel M. Fox, "The Contemporary Historiography of AIDS," 303.

4 Richard Hayton, "Conservative Party Statecraft and the Johnson Government," 416.

5 Sally Hines, "Sex Wars and (Trans) Gender Panics: Identity and Body Politics in Contemporary UK Feminism," 699–700.

explore how queer people's reading of the present through the past emerged in their discussions of the role of nightlife and sex in forming queer communities and relationships, and the importance of connection to chosen families, which held heightened importance to queer people in a time of increased isolation. I also demonstrate how a lack of collective memory, illustrated through the examples of a young queer and trans person without intergenerational queer connections and an older disabled queer person who lived through both pandemics, attenuates the presence of this process that I observed in other examples. By drawing on a diverse collection of interviews, I am able to show how queer people's positionalities impact their perception of COVID's relationship to AIDS.

Archival Sources and Queer Time

To demonstrate my argument, I will utilize the oral histories of queer people from the Queer Britain museum's Queer Pandemic collection.⁶ The Queer Pandemic project was launched in March 2020 by an interdisciplinary team of researchers from Goldsmiths, University of London and Kent State University as part of *Virtually Queer*, Queer Britain's collection of video-based oral history interviews. Queer Pandemic interviews are held virtually on Zoom and use an interview guide with questions organized into sections based on theme. In addition to the research team, students at Goldsmiths and Kent State are trained to conduct and transcribe interviews. This methodology, combining pedagogy, video interviews, and an interview guide, is drawn from a variety of sources, including the Twin Cities GLBT Oral History Project,⁷ the documentary project "Invisible Struggles: Stories of Northern Segregation,"⁸ and oral history best practices set by the UK Oral History Society and the US Oral History Association. The first group of interviewees connected to the project through "Open Letters to Queer Britain," an outreach campaign sponsored by Queer Britain, the clothing company Levi's, and the United Kingdom Post Office that invited people to send letters to become part of the museum's collection, and to indicate their interest in the Queer Pandemic project through their letters or by checking a box on the envelope. Moving forward, social networks, social media, and connections developed through in-person events became the main routes of recruitment. The project ended the interview stage in May 2023, when the World Health Organization declared that COVID was no longer a global pandemic.

The Queer Pandemic collection currently consists of fifty interviews. It is a rich archive that demonstrates the diversity of experiences of queer people in the UK during COVID, including individuals from England, Scotland, Wales, and Northern Ireland, many of whom are disabled, chronically ill, or

6 "Queer Pandemic," Virtually Queer Collection, Queer Britain Museum, accessed January 30, 2022, <https://vimeo.com/manage/folders/2837523>.

7 Kevin P. Murphy, Jennifer L. Pierce, and Jason Ruiz, "What Makes Queer Oral History Different," 1–24.

8 Molly Merryman and Kenneth J. Bindas, "Invisible Struggles: A Civil Rights Project Impacts Classroom and Community," 75–91.

immunocompromised.⁹ Oral history interviews such as these center the voices of narrators who would be silenced through traditional archives, and are particularly useful tools for understanding memory, including questions about “how people make sense of their past, how they connect individual experience and its social context, how the past becomes part of the present, and how people use it to interpret their lives and the world around them.”¹⁰ For these reasons, *Queer Pandemic* is a source well-suited to exploring how a diverse range of queer people understand the present through the past in relation to HIV/AIDS and COVID.

The research team has analyzed *Queer Pandemic* interviews using grounded theory and content analysis. Throughout this process, HIV/AIDS comparisons have emerged as a major theme, and the narrators’ interviews demonstrate that the narrators read the present through the past, an approach that they have used to understand and interpret the COVID pandemic by comparing it to HIV/AIDS. This pattern of community engagement represents an original, uniquely queer way of relating to time and to history, in which individual experiences and historical continuity are less important than the community’s collective memory. For example, Conal, a 41-year-old queer and nonbinary person living in London, described that their knowledge of AIDS, absorbed from “artistic, curatorial, cultural, activist” contact with the queer community, helped them to cast off the individualism encouraged by the government and society during pandemics.¹¹ They state, “I think to people who understand or have lived through AIDS, and especially LGBTQ people, or people in geopolitical regions where they were more impacted, that when it comes down to it these individual narratives, hyper individualized narratives, often won’t get you very far.”¹² They had not lived through AIDS themselves, but the AIDS stories that they encountered through their work led them to an understanding of the queer response to AIDS that prioritized collective care rather than individualism. As a result, they internalized the idea of collective care as a queer value and applied it during the COVID pandemic. They did not elaborate on whether their own individual experiences in the queer community reflected this value, or provide any specific examples grounded in history to support this conclusion; however, they identify and assert collective care as a shared queer value based on internalized queer collective memory.

Additionally, queer people foreground community lore, historical knowledge, and other sources, rather than personal memory, in their understanding of the past that informs their interpretation of the present. Many

9 One limitation is that most interviewees were white; it would be significant to study the intersectional effects of queerphobia in communities of color, who are often disproportionately targeted.

10 Alistair Thomson, “Memory and Remembering in Oral History,” in *The Oxford Handbook of Oral History*, 79–80.

11 Conal McStravick, interview by Sarah Wayman, June 23, 2021, recording, *Queer Britain Museum Virtually Queer Collection*, *Queer Pandemic Project*. Accessed September 2, 2022. <https://vimeo.com/manage/videos/574066794>

12 McStravick.

narrators acknowledged that they had not known much about AIDS prior to COVID, but the new pandemic encouraged them to seek out information. James, a 26-year-old queer and trans man living in Manchester, acknowledged that his age and privilege meant that he was distanced from the AIDS crisis, but was inspired to learn more while sick with COVID. He says, “I started reading the ACT UP Oral History Archives, just interviews, because I didn’t feel I knew enough about it, about both the crisis and the response, and I was curious. And it was like reading modern interviews and that nothing had changed in terms of community dynamics and people’s responses, and when those responses were ingenious and when they are incredibly incompetent, and in-fighting and that kind of thing, it read exactly like an interview you’d read today.”¹³ Though James still feels that he does not know enough about AIDS, he found a great deal of meaning in this exploration of ACT UP’s work and finding parallels between the past and the present. During his interview, he described many of the same parallels as those who had lived through AIDS, such as inequality, isolation, and misinformation, demonstrating how that community’s lore and history serve to align the perspectives of the queer community with their queer predecessors.

Queer collective memory is derived from a variety of sources, from the oral histories explored by James to the personal memory invoked by older narrators later in this paper. As a result, the formation of this collective memory, while emphasizing the importance of the AIDS crisis, does not result in one clear, cohesive understanding of the events and meaning of the AIDS crisis. Queer people’s understandings of AIDS, and their connections between AIDS and COVID, are influenced by many factors, including the sources from which they gain knowledge about the past, their historical distance from the events of AIDS, and the intersections of their queer identities with others’. However, the common thread among the diverse interpretations of COVID among queer people is the tendency to use AIDS as a lens through which to understand COVID and the shared concept of queer time that this represents, even though this led to different conclusions.

Reading the present through the past in this way is not unique to the queer community. However, these examples are unique in that they demonstrate a strong connection to specifically queer theoretical interpretations of history and time. Queer time, a concept that emerged largely from the AIDS epidemic, is defined as “rethinking the conventional emphasis on longevity and futurity, and by making community in relation to risk, disease, infection, and death.”¹⁴ Narrators tended to focus on the past, as shown by their discussions of AIDS in relation to COVID, rather than dwelling on the future, which many narrators admitted induced fear and uncertainty. Instead, AIDS helped them connect to activist figures whom they viewed as heroes, advocacy that often succeeded, and a tradition of supportive and sustaining communities that mirrored theirs. Queer

13 James Bates, interview by Lotte Couldrick, February 25, 2022, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed September 2, 2022. <https://vimeo.com/manage/videos/681935680>.

14 J. Jack Halberstam, *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*, 2.

time also tends to eschew traditional markers of life, such as birth, marriage, and reproduction; in a time in which the government doubled down on its efforts to promote traditional life trajectories, looking back to a time in which those were enthusiastically cast aside could validate the nontraditional ways that queer people formed networks of care during the pandemic. Similarly, in “Theorizing Queer Temporalities: A Roundtable Discussion,” Carolyn Dinshaw describes the “queer desire for history”; she suggests “that with...queer historical touches we could form communities across time.”¹⁵ In a time in which queer people are increasingly isolated from their communities,¹⁶ the desire to reconnect has been a strong emotion for many, summarized best by Dawson, who said in her interview, “I’m just desperate to sort of get back to queer spaces.”¹⁷ AIDS history can be a conduit for those desires, connecting queer people to intergenerational imagined communities that provide a sense of belonging despite the distance across time. Archives such as the ACT UP oral history collection serve as the “historical touches” that facilitate these feelings.

The obvious parallels between HIV/AIDS and COVID, such as the catastrophic and medical nature of both, ignited this process of reading the present through the past. However, a shared sense of isolation also contributes. For example, Leon, a 35-year-old gay trans man living in Surrey, described himself as “just beyond AIDS crisis age” but saw the parallels between AIDS and COVID very early on. He reflected that he saw survivors of the original AIDS epidemic as “gallows heroes” and appreciated their levity in facing COVID: “... Almost laughing through the—the sort of, ‘Ah! First time the government doesn’t think you’re that important, huh? Welcome.’”¹⁸ Leon found significance, resonance, and resilience in the experiences of older queer people who survived the AIDS crisis, and these links to the past helped him cope with what he called “a very, very strange historical moment that I just—I find very hard to get my head around.” Despite the strangeness of the present, he was comforted by the fact that queer people faced the same thing in the past, and connected strongly to stories from AIDS history. He reflected, “It’s very important to me. . . . I didn’t lose three-quarters of my address book, I didn’t lose my lovers, I didn’t lose my family, but I can still feel that. I can still—it—it—it’s present with me.”¹⁹ COVID was a profoundly isolating, difficult experience for many narrators, as the rest of this article demonstrates. Reading the present through the past helped to alleviate this experience, providing queer people with inspiration for perseverance through their difficult circumstances.

15 Carolyn Dinshaw et al., “Theorizing Queer Temporalities: A Roundtable Discussion,” 178.

16 Austin R. Anderson and Eric Knee, “Queer Isolation or Queering Isolation? Reflecting Upon the Ramifications of COVID-19 on the Future of Queer Leisure Spaces,” 118–24.

17 Rachel Dawson, interview by Marianella Lopez, October 25, 2021, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed March 26, 2022. <https://vimeo.com/manage/videos/638720203>.

18 Leon Killin, interview by Connor Byrne, August 2, 2021, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed September 2, 2022. <https://vimeo.com/manage/videos/582636303>.

19 Killin.

Queer history is a history of ruptures, repressions, and losses. As a result, reading the present through the past allows queer people to feel a sense of not only community, but also stability, which is frequently lacking for queer people. However, in doing so, there is a tendency to isolate queer experiences and histories from broader experiences and histories. This is partially due to the disciplinary nature of historical study; queer history has become a subdiscipline within history as a whole, isolating it from other histories. This relationship of distance contributes to the shared tendency to emphasize or exaggerate the shared effects of COVID lockdowns on the queer community.

In addition to the emergence of queer time as a theme, the grounded theory analysis process also brought the three themes that I address in this article—nightlife and sex, chosen family, and healthcare access—to the forefront. These three themes were raised and connected to the AIDs crisis by a large number of narrators, thus serving as the strongest examples of how queer people understand the present through the past. They are also connected to the motivators behind the queer time framework. Nightlife, sex, and chosen family serve as primary ways that queer people form community, and isolation from those forces led to the increased isolation that prompted queer people to search for a different connection to queerness, this one facilitated by historical touchstones. Meanwhile, healthcare access demonstrates the focus on risk, disease, infection, and death that prompts formation of queer time. The prevalence of these themes, along with their connections to the queer time framework, prompted my choice to focus on these three.

Nightlife and Sex

Sex and nightlife are central to queer socialization, a concept that emerges in an oral history with Geoff, a 70-year-old gay man who lived in Southeast London in the 80s and was heavily involved in the city's queer culture of sex and nightlife.²⁰ Though he admits that "I've never been any good at the gay scene," he would seek out public spaces to meet other queer people: "We would . . . go to pubs, go to restaurants, or go to the social group . . . or go to saunas if I'm feeling horny."²¹ Though he did not feel as though he had success with the gay scene, he nonetheless described the scene as a crucial part of his socialization with existing queer circles and connected with new people.²² Geoff also viewed one type of space, saunas, as places to find sexual partners, and later described that sex provided a way for him to form relationships. Hardy states that, in his experience, "for men, the sexual thing is often what does bring people together, . . . and if there's other things in common they go on to build

20 Peter Roscoe, interview by Meredith Norman, July 27, 2021, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed February 17, 2022. <https://vimeo.com/manage/videos/582638168>.

21 Geoff Hardy, interview by Meredith Norman, June 22, 2021, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed February 27, 2022. <https://vimeo.com/manage/videos/558172486>.

22 Gill Valentine and Tracey Skelton, "Finding Oneself, Losing Oneself: The Lesbian and Gay 'Scene' as a Paradoxical Space," 850.

something, or we go on to build something.”²³ Geoff does not specify whether he means romance or friendship—in the rest of his interview, he describes that he has had both types of relationship develop from initial casual sex—but he does demonstrate that he believes casual sex encounters are the first step towards deeper connections.

However, the UK government demonstrated indifference to these cultural elements throughout the AIDS crisis. For example, the Department of Health and Social Security issued the brochure “AIDS: Don’t Die of Ignorance” in 1987, which was distributed to every household in the UK.²⁴ The pamphlet expresses that recipients should fear AIDS and avenues of transmission, including the culture of casual sex in the queer scene. It answers the question “How can you protect yourself from AIDS?” with “The more sexual partners you have, especially male partners, the more chance you have of having sex with someone who is infected. It is safest to stick to one faithful partner”; and clarifies, “Those most at risk now are men who have anal sex with other men.”²⁵ Through this pamphlet, the responsibility for AIDS prevention was placed on queer people’s actions regarding sex—namely, asking queer people to refrain from casual sex with multiple partners, though it had been established as a part of queer nightlife. Governmental attempts to control queer sex such as this were related to Thatcherite morality; Thatcher’s beliefs included a strong focus on national moral rejuvenation, and sexual immorality, especially queer sex, was outside the boundaries of that morality.²⁶ The government saw their responsibility as communicating the unacceptability of queerness, rather than informing queer people of how to protect themselves.²⁷

Adam, a 36-year-old gay queer man living in London, England, observed in his Queer Pandemic interview that he observed a connection between the way sex was treated during the AIDS crisis and the way it was treated during COVID. He described:

[Sex] was sort of seen in—in the public imagination as like—it was—on the one hand, it was a “nice-to-have” that you could easily live without and on the other hand it was something that a lot of people just didn’t even think about. Like, government guidance on, like, what you could and couldn’t do wasn’t that explicit about sex and it was almost because—and it certainly wasn’t covered in—in media, in the mainstream media...it just felt like it sort of smelled the same, you know?²⁸

23 Hardy.

24 Department of Health and Social Security, *AIDS: Don’t Die of Ignorance*

25 Department of Health and Social Security (1986).

26 Florence Sutcliffe-Braithwaite, “Neo-Liberalism and Morality in the Making of Thatcherite Social Policy,” 517.

27 Philip A. Thomas, “The Nuclear Family, Ideology and AIDS in the Thatcher Years,” 24.

28 Adam Zmith, interview by Carlie Pendleton, June 6, 2021, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed August 30, 2022. <https://vimeo.com/manage/videos/564242904>.

Though he did not live through the AIDS crisis himself, Adam believed that sex was perceived as a luxury rather than a necessity during both the AIDS crisis and COVID, and felt that these restrictions around sex during COVID significantly impacted his life. He considers sex an essential need and had been seeking sex through apps in the absence of nightlife.²⁹ However, at the time of his interview, he stated that he had not actually found sexual partners yet, which contributed to the isolation from the queer community and from his own queer identity that he felt throughout the pandemic.

Adam's perception of historical continuity between AIDS and COVID was not necessarily accurate. The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, which were the first COVID-related regulations passed in the UK, included a list of "businesses subject to restrictions or closure," including bars, nightclubs, and spas³⁰—all spaces that have historically been part of the queer scene where queer people have sought out sexual relationships.³¹ They also banned "anyone leaving the place where they live without reasonable excuse," which did not list leaving one's living space in order to pursue sex as a reasonable excuse.³² This legislation did place the responsibility for disease prevention on individuals' restriction of their sex lives based on very little information about an emerging disease, and often mirrored moralism around sex, though these restrictions did not target queer people specifically. These restrictions extended beyond the queer community, shutting down social life and casual sexual encounters as a whole.

Adam's association between these two phenomena resulted from his method of reading the present through the past. He understood both AIDS and COVID as events that shared a similar isolating impact on queer people and as a result, he connected the government policies instituted during COVID, which led to isolation from spaces of relationship and community building through nightlife and sex, with government policies during AIDS that had the same effect. He then associated the queerphobia of the AIDS policies with the COVID policies, even though the COVID policies did not explicitly have queerphobic roots or content like the AIDS policies did. These associations also drew on his historical knowledge of the AIDS pandemic, rather than personal knowledge from living through the pandemic himself.

Geoff, who did live through the crisis, also noted these similarities from the perspective of community responses and care. Many queer people understood that AIDS spread through sexual activity and took their own precautions, such as increased use of condoms. He described, "During the HIV/AIDS epidemic, I suddenly couldn't just go cruising and have—have sex without thinking about what I was doing—you've got to look after other people's health," and

29 Zmith.

30 "Health Protection (Coronavirus, Restrictions) (England) Regulations 2020," National Archives, Government of the United Kingdom. Accessed March 26, 2022. <https://www.legislation.gov.uk/ukxi/2020/350/made>.

31 Johan Andersson, "Vauxhall's Post-Industrial Pleasure Gardens: 'Death Wish' and Hedonism in 21st-Century London," 89.

32 "Health Protection (Coronavirus, Restrictions) (England) Regulations 2020."

continued, saying that he viewed the adoption of pandemic precautions as similar: “It’s exactly the same with mask wearing and social distancing. You can be creative, but you’ve got to bear in mind what you are doing and whether it’s safe for other people and yourself and your partner and the people that you care about.”³³ Geoff’s personal experience of both the AIDS and COVID pandemics helped him develop a more nuanced view of the connections between the pandemics. He describes a direct parallel: both pandemics posed risk to the community, leading the communities at both points in time to establish practices of community care. In his case, his way of reading the present through the past is grounded in direct experience of both crises and demonstrates a reading with more historical continuity.

Chosen Family

Queer people often form models of kinship that are not based on traditional biological and legal ties, but instead emphasize the individual’s active participation and agency in their creation.³⁴ For example, Ted, an 84-year-old gay man living in London, England, formed a queer kinship network as an adult. He grew up in South Africa in a nuclear family in which “the issue of gayness was never mentioned at all,”³⁵ and their attitudes affected him throughout his life. He kept his professional life as a doctor separate from his queer life, and “made no real connections with people.”³⁶ However, after he retired, he had an eye-opening experience as a volunteer in a theater: “I worked in an office run by an out and out gay man who was quite over the top about his—his status, and much more than that, the whole—there were people coming and going and working there, actors and backroom people and staff from all backgrounds.”³⁷ The theater became a “kind of cocoon—my family” for Ted, providing a supportive and enjoyable environment that his nuclear family had not.³⁸ This experience was transformative; he went on to join an organization for queer elders and a queer retirement living space. Additionally, he expressed his regret at distancing himself from queerness in the past, and joy at the queer networks to which he now belongs.

During the AIDS epidemic, queer kinship networks became extremely important in providing support, caregiving, and financial assistance to those who were alienated from their nuclear families.³⁹ However, non-nuclear family members frequently lacked the right to fully provide the support required or requested by an AIDS patient, and even when there were legal avenues to attaining such rights, they often fell short. For example, power of attorney, which

33 Hardy.

34 Kath Weston, *Families We Choose: Lesbians, Gays, Kinship*, 109.

35 Ted Jacobs, interview by Molly Merryman, October 28, 2020, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed March 7, 2022. <https://vimeo.com/manage/videos/473131290>.

36 Jacobs.

37 Jacobs.

38 Jacobs.

39 Weston, 186.

was cited by some legal scholars as a solution to disputes between chosen and nuclear families,⁴⁰ was established by the Enduring Powers of Attorney Act 1985 in England and Wales. However, this legislation included several loopholes that damaged its efficacy for AIDS patients. For example, those seeking to transfer power of attorney were required to notify relatives, who could object to the move.⁴¹ Additionally, the patient's death or bankruptcy would end the power of attorney and return it to their next of kin from their nuclear family.⁴² Legislation such as this provided primacy to the nuclear family, which exemplifies the larger emphasis on the nuclear family that was central to Thatcherite politics. The term "nuclear family" in Thatcher's rhetoric invoked an image of a specific heteronormative familial unit and qualities of health, safety, and normalcy.⁴³ Queer communities were constructed as the opposite: sick, abnormal, dangerous, and less deserving of protection from threats like AIDS.

Rachel, a 32-year-old lesbian living in Cardiff, Wales, noted in her interview that she saw the devaluation of chosen family as a parallel between the COVID and HIV/AIDS pandemics. She described that during the pandemic, "the way that we've talked about, you know, people going out to pubs and clubs has been like, 'oh, you know, that's so decadent and it's unnecessary and you should just be, like, staying at home with your, like, nuclear family' . . . not everyone has, like, a nuclear family that they would want to be sat at home with."⁴⁴ She added that these attitudes were "quite a strong parallel" to AIDS, describing that many people expressed that queer people should limit their contact, including sexual contact, with strangers to stop the spread of AIDS "without thinking about why you might want to do that. Well, because it's fun and because it's a right, you've got every right to, but also, like, it's an important way of forming community and connection, accessing, like, love and comfort and a sense of companionship."⁴⁵ She also mentioned the disproportionate impact of these restrictions on certain members of the community, such as "if you were maybe a trans person who wasn't out, living with your family. That would be just so hard."⁴⁶ Though Rachel had not lived through the AIDS crisis, she associated the discourse around COVID socialization, which ignored the unique needs of queer people, with the discourse around AIDS.

Rachel's understanding of historical continuity between AIDS and COVID in terms of socialization was also flawed. The COVID-19 Health Protection Regulations placed the greatest value on households, outlining that during the emergency period, "no person may leave the place where they are living without reasonable excuse," and the list of reasonable excuses was primarily

40 Carol Levine, "AIDS and Changing Concepts of Family," 46; Mark E. Wojcik, "AIDS and Funeral Homes: Common Legal Issues Facing Funeral Directors," 423.

41 "Enduring Power of Attorney Act 1985," National Archives, Government of the United Kingdom. Accessed March 15, 2022. <https://www.legislation.gov.uk/ukpga/1985/29/contents/enacted>.

42 "Enduring Power of Attorney Act 1985."

43 Thomas, 32.

44 Dawson.

45 Dawson.

46 Dawson.

focused on the individual's household.⁴⁷ Gatherings were also outlawed, except "where all the persons in the gathering are members of the same household."⁴⁸ This legislation did provide primacy to the nuclear family, implying that this unit was a location of health and safety and that surpassing its boundaries would create risk.⁴⁹ However, unlike during the AIDS crisis, only interacting with one's household or another small, set group of people would actually prevent the spread of disease. Additionally, these restrictions also did not only affect queer people; they were oppressive to single people more generally, a population that has been steadily increasing in the UK and includes both queer and non-queer people.⁵⁰

Rachel's association between these two discourses also resulted from her way of reading the past through the present. She saw that both AIDS and COVID isolated queer people from their chosen families and methods of building new chosen family connections. As a result, she linked the discourse from the AIDS era with the discourse during the COVID pandemic and connected the queerphobia in the AIDS discourse with the COVID discourse, despite the lack of explicit queerphobic rhetoric during COVID. These assumptions resulted from Rachel's reliance on community lore about AIDS, rather than her own experiences during COVID, particularly related to the experiences of isolation during both.

Healthcare Access

The AIDS crisis centered around a medical condition, and the medical establishment displayed significant queerphobia to the influx of queer people with the novel illness during the crisis years, viewing queerness as a mental illness and refusing to treat queer patients equally.⁵¹ Ted was a doctor before retirement and his interview demonstrated this type of queerphobia; while he took precautions because he understood AIDS from a medical perspective, "I didn't want to engage in any way with this calamity because somehow it didn't concern me. It was the others, the ones who—who lived as gay people."⁵² He believed he did not need to worry about AIDS because in his view, he did not live as a queer person. He stayed closeted in his professional life, only engaged with queerness when seeking casual sex, and avoided the queer liberation movement. For these reasons, he believed that AIDS was not his problem. Ted did slowly change his mind about AIDS when it affected people he knew, and after that process, he "felt rather sorry about my, you know, attitude, that I had been so callous."⁵³ However, his original attitudes toward AIDS imply a potential negative judgment toward

47 "Health Protection (Coronavirus, Restrictions) (England) Regulations 2020."

48 "Health Protection (Coronavirus, Restrictions) (England) Regulations 2020."

49 Thomas, 32.

50 "Increase in Single Population Over the Last Decade," Office of National Statistics, Government of the United Kingdom. Accessed April 12, 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/increaseinsinglepopulationoverthelastdecade/2015-07-24>.

51 L. Rose, "Homophobia among doctors."

52 Jacobs.

53 Jacobs.

those who were openly queer or did not take the same precautions as he did, which may have been expressed through his medical practice as a reflection of his cultural upbringing.

In addition to queerphobic providers, AIDS patients faced another barrier: being disabled or chronically ill during an era in the UK in which the government marginalized these populations financially. The majority of disabled and chronically ill people in the UK lived in poverty in the 1980s, and legislation that tried to rectify this problem, such as the Chronically Sick and Disabled Persons Act 1970, was motivated by “wider economic concerns” rather than disabled people’s welfare, and failed to systematically create change.⁵⁴ Additionally, while the 1970s also saw the introduction of several allowances for disabled and chronically ill people, they were very exclusive and did not cover many AIDS patients.⁵⁵ Additionally, the Conservative government balked at even these allowances, since they viewed disability as “a costly calamity for which [the disabled person’s] community should shoulder significant financial responsibility” rather than a circumstance through which the government should assist.⁵⁶ Explications of inequalities in healthcare, such as the 1980 Black Report, were ignored.⁵⁷ The ignorance of the queerphobia in medicine faced by queer people, and the poverty faced by disabled and chronically ill people, exemplify both aspects of Thatcherite politics already covered in this paper: morality and the criminalization of sex, and individual responsibility for AIDS. These principles, along with strict adherence to privatization, increased health inequality.⁵⁸

Robyn, a 21-year-old nonbinary, queer, and aromantic person living in Biggar, Scotland, expressed that they have experienced both aspects of this situation during the pandemic. They stated:

I think things like the waiting list for gender clinics is not something that people have considered at all. They keep talking about the NHS waiting lists, like, for cancer and things like this, but they never, ever bring up the gender clinics at all. I’ve never seen, like, on the news, at least, like, they don’t talk about it that often.⁵⁹

They noticed that waiting lists for gender-affirming healthcare, which were already long before the pandemic, became much longer during the pandemic.⁶⁰

54 Peter Robson and Nicola Loughran, “Disability and Poverty in the United Kingdom,” 74–79.

55 Peter Robson and Nicola Loughran, 82–83.

56 Peter Robson and Nicola Loughran, 83.

57 “The Black Report 1980,” Socialist Health Association. Accessed March 20, 2022. <https://www.sochealth.co.uk/national-health-service/public-health-and-wellbeing/poverty-and-inequality/the-black-report-1980/>.

58 Alex Scott-Samuel et al., “The Impact of Thatcherism on Health and Well-Being in Britain,” 60.

59 Robyn Stewart, interview by Marianella Lopez, February 25, 2022, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed March 28, 2022. <https://vimeo.com/manage/videos/681935821/2fffb7aaa4>.

60 Talen Wright et al., “Accessing and Utilizing Gender-Affirming Healthcare in England and Wales: Trans and Non-Binary People’s Accounts of Navigating Gender Identity Clinics,” 6.

This occurred across many health conditions, but while it was discussed in the media for other conditions, gender-affirming care was not mentioned. Robyn interpreted that this was because the situation was “a really unique thing” that “nobody really wants to talk about ... because it doesn’t affect them.”⁶¹ Robyn observed that people who were not concerned about their own access to gender-affirming healthcare did not consider that trans people needed that access.

This example represents the most direct parallel between HIV/AIDS and COVID. During COVID, as during the AIDS crisis, queer people technically could access healthcare, because hospitals, doctor’s offices, and other medical settings were permitted to stay open out of necessity under the Health Protection Regulations.⁶² However, the COVID pandemic placed significant stress on the NHS. All patients who needed routine healthcare struggled to access it, and access was even more difficult for marginalized groups like trans people. Trans people’s search for healthcare is precarious in the best of times because many of them “struggle to afford care and to find compassionate providers who will support their transition,” but during COVID, the “precarity is heightened.”⁶³ As a result, many trans people supplemented the inadequate healthcare with community-based support. The lack of institutional support had significant consequences for trans mental health. Trans people who struggled to access gender-affirming care had higher rates of stress, dysphoria, and suicidality during the early stages of COVID.⁶⁴ However, the crisis of precarity and mental health was not addressed, either through legislation or any communications from the NHS or the government. This refusal to treat queer care as a priority mirrors the situation during the AIDS crisis.

Robyn noted the parallels between the way that these two pandemics led to a decrease in access to nondiscriminatory healthcare. However, they also noticed many differences between COVID and HIV/AIDS. They noted, “I think that it’s totally acceptable to make parallels between HIV and AIDS and COVID-19, but we have to talk about it—in HIV and AIDS, it didn’t just affect everybody. It really significantly has gay history and communities of color’s history baked into it, whereas COVID-19 was kind of more widespread and anybody could get it.”⁶⁵ The greater involvement of marginalized communities in HIV/AIDS led to government inaction and stigma for patients during HIV/AIDS, while the wider impact of COVID led to greater government action and meant that stigma against contracting COVID did not develop. Robyn’s reading of the present through the past represented a much more nuanced opinion of the connections between HIV/AIDS and COVID than many other narrators’. Their interview indicates that this is connected to their age and their disconnect from

61 Stewart.

62 “Health Protection (Coronavirus, Restrictions) (England) Regulations 2020.”

63 Avery C. Edenfield, “Managing Gender Care in Precarity: Trans Communities Respond to COVID-19,” 16.

64 Anna I.R. van der Miesen, Daphne Raaijmakers, and Tim C. van de Grift, “‘You have to wait a little longer’: Transgender (Mental) Health at Risk as a Consequence of Deferring Gender-Affirming Treatments During COVID-19,” 1396.

65 Stewart.

community lore and historical knowledge about the AIDS crisis. The narrators quoted previously in this article described having some kind of contact with AIDS history, whether through personal experience, historical research, cultural consumption, artistic work, or activism, and those who did not have personal experience did not acknowledge the role of their personal distance from the epidemic as a reason that their understanding might be affected by that distance. Instead, Robyn noted that their main connection to the queer community was their queer affinity group at university, which consisted of other queer people their age and did not give them a chance to absorb intergenerational memory about the pandemic, and did not describe any historical, cultural, artistic, or activist experiences that connected them to the crisis. Additionally, when they started discussing the nuances of similarities and differences between the pandemics, they gave the caveat that as a 21-year-old at the time of their interview, “I didn’t get to see the HIV/AIDS crisis.”⁶⁶ They understood that their understanding of the AIDS crisis needed to be filtered through the fact that they did not live through the crisis themselves, which contrasted significantly with most narrators’ perception of their own understandings of the crisis.

This kind of nuance is particularly important in considering healthcare, because the struggle to access nondiscriminatory healthcare during the pandemic was not a queer-exclusive issue. Disabled people also struggled to access medical care during the COVID pandemic. Ju, a 60-year-old disabled queer gender-nonconforming lesbian living in London, and their partner have both frequently been unable to access medical and other services throughout the pandemic despite their high-risk status, and the government has not stepped in to provide assistance. She describes, “All of these services, you know, from social care to health services . . . just completely collapsed as soon as the pandemic started. And if we hadn’t been able to shield in the way that we have done and manage without that help indoors, we’d be dead by now, probably.”⁶⁷ They observed a pattern similar to the one Robyn noticed with trans care that is supported by research: people outside of their community did not realize that accessing treatment was an issue, but for members of the community, it was a defining factor for their pandemic experience.⁶⁸ Similarly to how access to chosen family was limited for both queer and single people during the pandemic, access to nondiscriminatory healthcare was limited for both queer, particularly trans, and disabled people.

Ju also did not see COVID and AIDS as parallels. She was an activist during the HIV/AIDS era and observed that while her AIDS activism brought her into greater contact with government officials and community members who had never thought about queerness before but were now incorporating queer concerns

66 Stewart.

67 Ju Gosling, interview by Moira Armstrong, June 21, 2022, recording, Queer Britain Museum Virtually Queer Collection, Queer Pandemic Project. Accessed September 1, 2022. <https://vimeo.com/manage/videos/722702078>.

68 Tom Shakespeare, Florence Ndagire, and Queen E. Seketi, “Triple Jeopardy: Disabled People and the COVID-19 Pandemic,” 1331–33.

into policy, programming, and other efforts, COVID and its impacts on disabled people have been continually ignored. She reflected, “I don’t think COVID has forced people to have [conversations]. Certainly there’s conversations we should have had about people’s living conditions and ventilation and how much we care for each other and all sorts of things, but those conversations of course aren’t taking place.”⁶⁹ Based on lived experiences as part of a minoritized group during both pandemics, Ju strongly believed that there were no parallels between the two.

As Robyn’s and Ju’s stories show, the queer community in the UK is not homogeneous. Robyn, as a trans, young queer person, and Ju, as a disabled, older queer person, hold different positionalities related to the COVID pandemic, and those positionalities impacted the way they viewed the connections between COVID and AIDS. Their specific lived experiences also played a part, leading Robyn and Ju to come to different conclusions even than other young and trans or older and disabled narrators. There are differences in age, ability, gender, and sexuality, as well as race, ethnicity, class, and more, among the narrators represented by the Queer Pandemic collection, which naturally lead to differences in opinion. However, all narrators raised the point that the two pandemics have been connected in community discourse, and used reading the present through the past as a method to draw conclusions about whether those connections were accurate. Reading the present through the past is the common denominator, despite the range of outcomes from that method.

Conclusion

Understanding the way queer people relate to the present via the collective past has significant impacts. For example, research has demonstrated significant hesitancy toward the COVID vaccine in the queer community, stemming from a variety of factors including mistrust of the government and healthcare systems due to mistreatment in the past.⁷⁰ This reflects the same trend as the examples in this article show: past experiences influence present experiences. This study extends the connection, showing that past experiences influence present action. As a result, policymakers, healthcare professionals, and other individuals with power in pandemic scenarios must be aware of queer history and the significant impact it has on queer life today.

Scholars have also written extensively about the long-reaching impacts of Thatcherite queerphobia. By platforming queerphobia as a central tenet of right-wing ideology, Thatcher enabled a “complex right-wing alliance between old-style Conservatism and new right-wing generations” centered on queerphobia, even after she left office.⁷¹ These alliances successfully advocated against abolition of Section 28’s bar on the “promotion of homosexuality” by

69 Gosling.

70 Ishan Garg et al., “COVID-19 Vaccine Hesitancy in the LGBTQ+ Population: A Systematic Review,” 872–87.

71 Matthew Waites, “Homosexuality and the New Right: The Legacy of the 1980s for New Delineations of Homophobia,” 130.

local authorities and the equalization of the age of consent, as well as against the continued implicit governmental support of ignorance of HIV/AIDS, which affected queer people's lives for decades after Thatcher's tenure as prime minister ended.⁷² This includes into the present, when debates about the inclusion of queer topics in schools are still going strong.⁷³ Like vaccine hesitancy among queer people, this demonstrates that the queerphobic events of the past still impact the present, and those with power need to respond to modern-day challenges with this in mind.

Additionally, as queer activists are working toward ending queerphobia, oral histories can be an important tool. Manissa M. Maharawal and Erin McElroy, who work on the narrative cartographic project *Narratives of Displacement and Resistance (NDR)* in the San Francisco Bay (United States) Area, describe that oral history "as a coproduced archival practice" can be an important part of collective resistance to eviction.⁷⁴ Maharawal and McElroy approached their work with political organizing and social movement building in mind, building an archive that is available to communities to use in their activist work and forming a network of narrators that could be leveraged for activism. Similarly, Anne Balay's work on an oral history project with queer steelworkers led those workers to argue for "contract amendments that protect queers, thus turning their moment of personal liberation into a political shift for all steelworkers."⁷⁵ The emotional impact of telling their stories, the ability to discover the most salient issues within their community through the oral history collection, and the chance to network with other queer steelworkers through the project enabled them to do this. The Queer Pandemic oral histories could serve a similar role, as they indicate the issues that impacted queer people the most during the pandemic and can be used in activist storytelling. Queer Pandemic has also hosted events that would allow narrators to build connections.

In this article, I have argued that the oral histories from the Queer Pandemic collection demonstrate that a queer collective memory of AIDS led queer people to read the present COVID pandemic through the past HIV/AIDS pandemic. This tendency was activated by the nature of both AIDS and COVID as health crises, but also the acute isolation felt by queer people during COVID that both mirrored the isolation felt during the AIDS pandemic and led queer people to seek communities of queer folks across history. In particular, this method of reading caused narrators to associate restrictions on nightlife and sex, and access to chosen family, with queerphobia, though these restrictions impacted broader populations. However, this type of reading did not always exist; two narrators who did not develop a feeling of closeness to the AIDS crisis

72 Sue Wise, "'New Right' or 'Backlash'?" Section 28, Moral Panic and 'Promoting Homosexuality,'" 148–57.

73 "LGBT school lessons protests spread nationwide," *BBC*, May 16, 2019, <https://www.bbc.com/news/uk-england-48294017>.

74 Manissa M. Maharawal and Erin McElroy, "The Anti-Eviction Mapping Project: Counter Mapping and Oral History toward Bay Area Housing Justice," 384.

75 Anne Balay, "Surprised by Activism: The Effects of One Oral History on Its Queer Steel-Working Narrators," 73.

through queer collective memory read COVID as a unique historical scenario, demonstrating the diversity of the UK queer community and responses to the method of reading the present through the past. Finally, I have demonstrated the relevance of understanding these connections to public health and activism moving forward. If the lessons from HIV/AIDS and COVID are taken onboard by stakeholders, the next pandemic may not leave queer people feeling as though they belong to a lineage of queer people abandoned by their governments.

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