7 How to survive *another* plague

Autoethnographic reflections on antiviral medication, cultural memory and dystopian metaphor

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Introduction

All of us have memories of defining moments during the early days of the COVID-19 pandemic. Sometimes these 'scenes' flash across my mind like the opening credits of a dystopian film. 'Multiple countries close their borders', a newsreader announced as I turned to my boyfriend and said, 'This looks like a clichéd apocalypse movie' (Notes, 26 February 2020). A few days later, the World Health Organization (WHO) officially declared that COVID-19 was a 'pandemic', and I wrote, 'The similarities with past events are familiar and frightening' (Notes, 11 March 2020). As the number of global deaths surpassed 250,000, I celebrated my 29th birthday during the first 'official lockdown' in the UK, having already been wary of leaving my London flat 'due to underlying health conditions – asthma, diabetes, and HIV' (Notes, 19 May 2020). Another vivid memory I have is of staring at the bathroom ceiling and saying to myself, 'If you survived *that*, then you can survive *this*' (Notes, 17 July 2020), reflecting on personal experiences of being marginalised and stigmatised after my HIV diagnosis (see Morris 2021 for a further discussion of this).

The title of this chapter draws inspiration from the documentary *How to Survive a Plague*, alongside a non-fiction book of the same title by David France (2016), which provided a first-hand account of how activists and scientists responded to 'a cataclysmic plague' in the 1980s and 1990s (p. 84). As a book of 640 pages (including photographs) and a documentary of 110 minutes, I do not have space here to comment on every metaphor or theme which these important works drew upon. Therefore, I focus my attention on how the term 'plague' situates this real-world narrative within a dystopian frame of modern anxieties and existential fears (Leavy 1992). For example, although it was not included in the book, a defining scene from the documentary (which perhaps inspired its title) was when Larry Kramer, a founder of ACT UP (the AIDS Coalition To Unleash Power), interrupted the group's factional divisions by shouting: 'Plague! We are in the middle of a fucking plague. And you behave like this. Plague! Forty million infected people is a fucking plague. And nobody acts as [if] it is … Nothing is working'. A decade after the first AIDS cases were reported in the USA, the

metaphor of plague was used here to emphasise the scale, duration and devastation of the virus. It would take another five years before highly effective antiretroviral medications became available, meaning 'that those who test positive for HIV can expect long and healthy lives' (Ashford et al. 2020, p. 600). By comparison, as we enter the fourth year of COVID-19, the number of daily deaths has been reduced dramatically by much earlier medical interventions.

Bringing together memories of AIDS from France (2016), experiences of COVID-19 from my own notes, and cultural texts which have relevance to the themes of 'plague' and 'dystopia', this chapter builds on an article (Morris 2021) I wrote for a special issue of the journal *Culture, Health and Sexuality* on 'Viral Times: Rethinking COVID-19 and HIV'. The editors of that issue suggested that throughout 'the entirety of the COVID-19 pandemic, there has always been a personal sense of memory' (García-Iglesias et al. 2021, p. 1466). My contribution adopted the method of autoethnography – an approach to storytelling which includes 'artistic and analytic demonstrations of how we come to know, name, and interpret personal and cultural experience' (Adams et al. 2015, p. 1) – to consider how the ideas of (queer) anthropologists in the 1980s (e.g. Rubin 1984) could be applied to the 2020s. In this sense, my research responded to Kagan's (2018) question about the role of (mis)remembering the past to (re)interpret current events:

> If we consider it axiomatic that cultural memory functions as a means of producing and negotiating a contemporary cultural presence, then what do the ways in which AIDS history is being told indicate about queer politics and culture in the present?
>
> (Kagan 2018, p. 208)

Alongside the cultural texts I draw on in the chapter, as an autoethnographer, my approach can be juxtaposed with modernist methods that have 'constructed metanarratives, in the form of big stories about the medical, social, technological "progress" of society' (Morris 2021, p. 1489). In short, I use autoethnography as a *postmodern* or *queer* method which aligns with the politics of activists who were a part of ACT UP.

Having previously examined the role of horror metaphors for making sense of viral pandemics (see Sontag 1988), one reason for writing this new chapter became clear when I was reading back over my digital diary – a 'patchwork of sources' (Morris 2021, p. 1491) including 'scattered conversations, posts on social media, and other reflections' (p. 1497) collected over recent years – when I noticed that while I had used the word *horror* only 15 times, the word *dystopia* appeared 45 times. For comparison, the words (post)*modern*, *modernist* and *modernity* appeared 50 times, the words *bureaucracy*, *bureaucrat* and *bureaucratic* appeared 58 times, and the words *vulnerable* and *vulnerability* appeared 75 times. As such, these terms form the major themes around which this chapter is structured, following a brief discussion of how the genres of horror and

dystopia may help us to analyse AIDS and COVID-19 as 'plagues', whatever this much used metaphor may mean for the present moment.

The horror of plague(s)

The bubonic plague – which numerous metaphorical uses of the term tend to refer to – was significant for Foucault's (1978) theorisation of biopower. He suggested that the emerging methods of modernism, including population measurement and panoptic surveillance, could be seen in the seventeenth century when describing 'the measures to be taken when the plague appeared', including 'a prohibition to leave the town' which was 'under surveillance' and where 'everyone is ordered to stay indoors', adding that: 'Each individual is fixed in his place. And, if he moves, he does so at the risk of his life, contagion or punishment' (Foucault 1978, p. 195). I have noted elsewhere that there was a 'parallel' between this characterisation of the plague and lockdown measures introduced during COVID-19 which 'confined most of us to home' (Morris 2021, p. 1498). Although the punishment for leaving one's home was not necessarily death (for most people), the fear of contagion was felt more acutely amongst those of us who were instructed to 'stay at home' in the UK because we were designated as 'clinically extremely vulnerable patient[s]' by the Department of Health and Social Care (Email, 18 March 2021). Around this time, I wrote, 'This fills me with horror' (Notes, 16 April 2021) and 'I have been waking up every day this week with a sense of existential dread, precipitated by the pandemic, and confronted by my own mortality' (Notes, 23 April 2021).

In *How to Survive a Plague*, France's (2016) description of AIDS had a similar sense of foreboding horror, especially where the language of *plague* took precedence: 'the shadow of plague' (p. 80), 'the bloom of plague' (p. 90) and 'the world of the plague' (p. 150). Being based in New York City, 'the epicentre of the plague' (p. 61) or 'the heart of the epidemic' (France 2016, p. 316), it is perhaps unsurprising that France drew on the imagery of himself orbiting an ominous entity, 'the core of the plague' (p. 87), 'the middle of the gay plague was unfathomable and disastrous' (p. 136), something which he was glad to remain distant from: 'I stood on the sidewalks of the plague, grateful to not enter its tower' (p. 149). This metaphor made me think of Kafka's (1926) *The Castle*, whose protagonist circles around a village, unable to access or hold accountable the authority figures represented by the castle, providing a parable for the horror of modern faceless bureaucracies. As the epidemic expanded, France moved closer and closer to this sense of impending doom as friends and lovers began to die, eventually finding himself trapped within it: 'Life inside the plague's bubble left little time or inclination for mourning' (France 2016, p. 433). Although I do not have space to discuss military imagery in sufficient depth – something which Sontag (1988) critiqued for stigmatising those who tested positive – war was another metaphor repeatedly used by France (2016): 'On the battlefield, one

cannot step over so many bodies without imagining one's own lifeless cheek on the ground' (p. 434). Focusing on my own experiences with HIV and COVID-19, three or four decades after the events documented by France, I nonetheless related to his senses of fear and fate.

Previously, I have drawn on a 'mix of horror metaphors … alien, vampire, werewolf, zombie' (Morris 2021, p. 1493) to examine how viruses are often constructed as dystopian in the cultural imaginary (see Hart 2018). For example, both the former and latter monsters could easily be characterised as existing within worlds which have been distorted by a natural disaster or unnatural cataclysm. A related theme I mentioned here was 'body horror' which, alongside paranoia, provided part of the chilling effect found in films such as *Invasion of the Body Snatchers* (1978), *Dawn of the Dead* (1978), and *They Live* (1988), where aliens or zombies represent an existential threat to – or perhaps liberation from – the conventional social order (see Dendle 2007). Alongside the real-world body horrors of AIDS mentioned by France (2016) – including the 'misshapen purple blobs, some with deeply colored centers, sprouting against freckled white flesh' (p. 70) of Kaposi's sarcoma – he also mentioned feelings of paranoia early in the epidemic:

> I withdrew my hand and saw that it was red with blood, my heart pounded. I lurched for the kitchen sink and repeatedly splashed myself with antibacterial soap, wringing my hands like Macbeth's widow and scrutinizing my flesh for cuts and abrasions, weaknesses the virus might exploit.
>
> (France 2016, p. 285)

In the context of COVID-19, alongside government instructions to wash our hands and wear face masks, many of us took additional steps to ensure hygiene which, looking back, may seem delusional, including 'scrubbing supermarket deliveries with soap and water, which had next to no preventative purpose for a respiratory virus, but became a habit for the better part of two years' (Notes, 1 November 2022). Like France, I became fixated on changes in my own body and developed a form of paranoia around breathing the same air as other people. For example, I had to leave a pub lunch with my boyfriend 'because a small child was coughing nearby', adding, 'I think I will carry a form of post-traumatic stress about breathing the same air as people who are coughing for a long time. It makes me jump and search for the nearest exit' (Notes, 8 October 2022). Moving beyond individual expressions of disgust, fear and paranoia *about the virus*, however, France also highlights the wider cultural, economic and political effects *of the virus*.

As a genre closely related to horror and science-fiction, dystopia has several distinctive features which make it useful for making sense of global events such as pandemics. One of these features is the scale of the horror. While an individual alien or zombie can be scary, they take on a different form of menace as a collective horde, becoming a threat to civilisation itself. As I wrote, 'I'm reminded of the crushing horror of the pandemic' (Notes, 26 June 2021) in part

due to its density and weight, something massive, global in scale and impact for our species. Another feature of dystopia is that the fear is not immediate (as with a jump scare) but builds gradually, growing exponentially, towards doom of a greater order of magnitude. It is for these reasons that I have chosen to focus on dystopia as a unique form of horror to elaborate on how recent viral epidemics and pandemics may help us to make sense of modernity and neoliberalism as dominant ideologies.

Dystopia and bureaucratic modernity

Another feature of dystopian fiction is its critique of the defining aspects of late modernity from corporate plate glass skyscrapers to pervasive surveillance systems to burgeoning state bureaucracies. These themes provide a different kind of chilling effect, as found in novels such as *The Trial* (1925), *Brave New World* (1932), and *1984* (1948), among the most famous dystopian worlds in which inescapable systems of modern bureaucracy, medicalisation, and surveillance (i.e. 'Big Brother is watching you') provide the context, alongside their screen adaptations and in other films such as *Brazil* (1985), whose protagonist tries to escape 'from a mindless state-sponsored bureaucracy that threatens creativity, innovation and original thought' (Melton and Sterling 2013, p. 66). As Kafka, Huxley, Orwell and Gilliam did with these cultural texts, I turn next to the role of modernity in responding to pandemics by viewing people's lives and deaths as 'data points', akin to Foucault's (1978) characterisation of biopower emerging in response to a new discursive construction of human beings: 'One of the great innovations in the techniques of power in the 18th century was the emergence of "population" as an economic and political problem … birth and death rates, life expectancy, fertility, state of health, frequency of illness' (p. 25). To measure populations the state required vast bureaux to collect, manage and interpret information, becoming one of the main mechanisms by which biopower replaced sovereign power.

This modernist power provided another distinctively dystopian form of horror: the all-pervasive, genocidal and totalitarian state. The connection between modernism and such forms of governmentality (in the real world) was something Bauman (1988) captured well in his critique of the conventional view that 'the Holocaust was a *failure*, not a *product*, of modernity' (p. 473, original emphasis). It is also worth mentioning here that the Holocaust was another metaphor adopted by ACT UP activists. For example, France (2016) described the first 'SILENCE=DEATH' posters in which the pink triangle was 'inverted – no longer pointing downward like a yield sign' (p. 244), alongside Michael Callen who declared 'AIDS is our Holocaust' (p. 314) during New York City's gay pride rally in 1988, with the AIDS Memorial Quilt on display in Central Park.

Many activists and scientists loom large in France's (2016) account, either as heroes or anti-heroes (Larry Kramer, Joseph Sonnabend, Mark Harrington and Peter Staley among them), but one figure represented the

flaws of the modernist state more than any other: Anthony Fauci. Described as 'the most powerful man in the epidemic' (France 2016, p. 181) who 'proved exceptionally adept at … seizing all the ceremonial trappings of authority' (p. 462), Fauci's demeanour and mannerisms characterised him as the personification of the scientific method: cold, rational and utilitarian. For example, he had 'the patronizing smile of a bureaucrat' (France 2016, p. 262) and replied to the demands of activists 'in a tone that was both officious and condescending' (p. 426) or 'with diplomatic obfuscation' (p. 472). Contrasted with the countercultural appearance and performative strategies of queer activists, Fauci was also described as 'ACT UP's chief nemesis' (France 2016, p. 302). Many dystopian texts have been concerned with such figureheads of scientific respectability and state authority as menacing or, perhaps more chillingly, indifferent symbols of modernist power.

The consequences of this bureaucratic approach to 'managing' AIDS were starkly illustrated by the way in which activists were ignored or sidelined by the scientific establishment. Given that one of ACT UP's main mantras was 'drugs into bodies', much of the direct action was aimed at scientists, whether working for governments or pharmaceutical companies. There was an urgency to get as many people onto study trials as possible, anger at the exclusion criteria of some – including 'the near-total exclusion of women, people of color, drug users, and children from the federal trials' (France 2016, p. 327) – and above all dismay at how slow the conventional scientific method was. In 1989, with lukewarm support from Fauci and outright hostility from other members, some activists gained access to a meeting of the AIDS Clinical Trials Group. However, as Mark Harrington reported to an ACT UP meeting (8 January 1990): 'They're not going to be able to start any new trials. They're not doing any opportunistic infection studies. They're at a standstill, *because they're changing their data center!*' France (2016) added, '*Who will be held accountable for these unnecessary deaths*, Harrington wondered, *this slaughter by unaccountable bureaucracy?*' (p. 389, original emphasis). As I have noted elsewhere, in the context of COVID-19 we became familiar with politicians being 'flanked by medical experts' (Morris 2021, p. 1486) and the sense of urgency surrounding behavioural change, national lockdowns and developing antiviral treatments to 'combat' the virus was in stark contrast to how AIDS had been ignored by political and scientific leaders for many years.

Even where Fauci was not singled out, the bureaucracy of the drug administration system and scientific research community were characterised as antithetical to the humanity of those experiencing AIDS by France (2016). For example, in one protest, ACT UP surrounded the Presidential AIDS Commission's meeting hall 'with bullhorns and leaflets while tying themselves together with miles of red tape to protest the bureaucratic morass that mired the epidemic' (France 2016, p. 316), and the government was characterised as a system of 'endless rules, regulations and red tape that

are killing thousands … an unresponsive and destructive bureaucracy' (p. 332). Although I do not have space here to recount all of my own fraught experiences with modernist bureaucracy during COVID-19, it was something which I similarly described as 'systems upon systems upon systems of *structural stupidity*' (Notes, 22 April 2021, emphasis added) within the neoliberal economic model of privatised healthcare and welfare. This phrase was borrowed from Graeber's (2015) argument that bureaucratic systems make everyone involved act unintelligently, irrationally and often cruelly. For example, when I had an occupational health assessment to determine whether it was safe for me to return to in-person teaching after 18 months of shielding from COVID-19:

> The assessor said, 'You can't avoid going into work forever, people on the front line have to,' and I replied, 'You mean people working in hospitals, where I spend a lot of time given my health conditions? They're nothing like my workplace! Mask wearing is mandatory, for example.' At another point, the assessor said, 'There's nothing I can do, the government has ended shielding,' so I asked, 'Then what was the point of this assessment?' There was no answer.
>
> (Notes, 10 November 2021)

The 'cost' of this structural stupidity is often 'counted' in human lives, but the unquantifiable misery of it could be considered an emergent property of bureaucratic modernity.

These examples contribute further to my own critique of the 'religion of modernism, which held that science and reason are superior' (Morris 2021, p. 1490), by highlighting their thoughtlessness in response to life and death decision making. Finally, however, it is worth noting that as the bureaucrat-in-chief, Fauci had something of a redemption arc once he began to acknowledge limitations to the scientific method, particularly when it excluded HIV activists (or, as many of them later became, trial subjects). Indeed, in the context of COVID-19, Fauci became something of a hero for confronting President Trump's conspiratorial tendencies surrounding viral transmission and prevention, and he was a prominent voice, positively portrayed in two of France's documentaries, *How to Survive a Plague* (2012) and *How to Survive a Pandemic* (2021). The latter (like this edited collection) explored some of the key similarities and differences between HIV and COVID-19. Despite Fauci being heavily criticised by activist and community groups for his inaction, early on, his interventions in response to COVID-19 have been applauded by many on the political left, while being vilified by many on the political right who were deafeningly silent or virulently homophobic throughout the early years of the HIV epidemic in the USA. Ultimately, for all my critiques of bureaucracy, modernism and utilitarianism, it was scientific advisors and researchers who developed highly effective antiviral treatments in both cases.

Age, vulnerability and neoliberalism

The disaster genre also frequently contains elements of political dystopia and, when some form of global catastrophe provides the justification for an authoritarian regime, vice versa. Both set in eerily familiar near-futures, in *The Handmaid's Tale* (1985) and *Children of Men* (1992), it is the collapse of the world's birth rate which provides context for the cruelty and violence humans inflict on one another, in addition to extremist beliefs and strictly enforced policies around gender and migration. As noted above, this focus on the concept of *population*, including how to measure and control it, is what Foucault (1978) characterised as a distinctively modernist, biopolitical concern. Set in a more distant future, the film version of *Logan's Run* (1976) also centred around the problem of population control, where citizens of a seemingly utopian city encased within a geodesic dome are ritualistically killed ('renewed') when they reach the age of 30 (21 in the novel). The justification for this violent regime, however, is to maintain an equilibrium of resources in response to overpopulation rather than underpopulation. Part of the chilling effect such stories have is related to the social construction of life as a 'natural' and 'normal' process – birth, infancy, childhood, adolescence, adulthood, elderliness and death – where the state's intervention in this stage model is seen as 'unnatural' and 'abnormal'. This can be contrasted with attitudes expressed during COVID-19, where people's vulnerability to the virus due to age or disability was often viewed as a normal feature of risk assessment (Outka 2020).

Throughout *How to Survive a Plague* France (2016) draws attention to the youthfulness of those who died as a result of AIDS: 'He was twenty-eight when he died' (p. 277), 'He died at age thirty-one' (p. 87) and 'On one of the coldest days of the frigid winter, a fungus swept into [his] lungs and claimed his life at age thirty-three' (p. 335). As a queer person around the same age, it is difficult not to connect with the heartache France felt at the 'untimely death' of these men (France 2016, p. 519). There is, however, also a troubling if implicit logic at work in the discursive construction of young people as 'innocents'. As I have argued elsewhere, associations between HIV and 'lost youth' continue to shape stigmatising tropes that construct those of us living with the virus: 'the journalist adopted a melancholic tone when saying, "At the age of just twenty-four, Max's world came crashing down" – invoking a sense of lost innocence' (Morris, 2021, p. 1488). The problem with such a construction, in the context of COVID-19, is that it has made the loss of older people's lives seem less worthy of being grieved. As Butler (2016) has argued, in certain contexts (i.e. war), some human lives come to be normatively constructed in an instrumental and utilitarian manner as non-grievable; 'specific lives cannot be apprehended as injured or lost if they are not first apprehended as living' (p. 22). Others have drawn on Butler's concept of grievability to characterise how members of the public, alongside governments, made 'calculations' to reassure themselves that they did not belong to

an 'at risk' category during COVID-19, adding that this 'fear may morph into victim blaming, into assumptions that health and even age are somehow a matter of personal responsibility' (Outka 2020). As with HIV, the tendency to blame individuals for characteristics such as age, disability and sexuality can be seen to closely align with neoliberal politics.

The body horror of AIDS (mentioned above) also seemed to 'age' those who France (2016) interacted with – 'in his twenties, but his hair had thinned, his skin had shrunk around his eyes, his chalky knuckle trembled atop the cane' (p. 188) – alongside the city in which he lived, 'where AIDS was now the leading cause of death for all men aged twenty-five to forty-four' (p. 316). It may be useful to draw attention to the dystopian realities of AIDS for certain groups, especially younger gay, bisexual and queer men in urban settings during this period. In addition to the physical markers, there was a change in the geographic landscape which also gave France's (2016) account a dystopian feel: 'There was now a permanent line of wheelchairs outside the Village Nursing Home, where bony young men napped in the sun. The gay bars, which had been the teeming hub of gay society … were now lifeless and ghostly places' (France 2016, p. 286). Images of deserted spaces, often juxtaposed with bustling cosmopolitan cities, are a common motif in dystopian films such as *Escape from New York* (1981) and *Blade Runner* (1982), alongside almost every natural or supernatural disaster film.

Classified as 'clinically extremely vulnerable' by the government, I often found myself surrounded by people four, five or six decades older than me, among the first to be offered vaccines for COVID-19. Occasionally, I encountered forms of resistance on the basis of my youth. For example, at my most recent booster vaccination (offered mainly to people over 50), I was treated with scepticism and 'interrogated' by a queue marshal who 'asked all kinds of questions about whether I was eligible or not … which would not be good for anyone who was less open about their health conditions' (Notes, 6 October 2022). Returning to the theme of age and responsibilisation, it is worth noting that young people were often blamed for the 'spread' of COVID-19 and contrasted with the 'innocence' of elderly people, such as those in care homes. There was significantly less sympathy for the younger people impacted by AIDS during the 1980s and 1990s as detailed by France (2016).

Despite these wider issues of being recognised as 'vulnerable', and therefore 'worthy' of protection, there has also been a difference in timescale for the availability of antiviral treatments for HIV and COVID-19. It took 15 years for highly effective combination therapies to become available for the former, compared with just one year for highly effective mRNA vaccines for the latter, something which was only possible due to ongoing HIV vaccination research. This lag had profound cultural impacts on sexual behaviour and ideology. As France (2016) recounted, people had 'sworn off sex' (p. 44) and the condom code became entrenched as a safe sex message. Adopting a similar level of caution to COVID-19 due to my vulnerability, I have often found myself 'the only person still wearing a mask' in public spaces

(Notes, 29 January 2023). In both cases, however, it has been antiviral medications which provided the 'freedom' to 'return to normal', whether that meant bareback sex or maskless social mixing (Ashford et al. 2020).

These observations led me to reflect on some of my frustrations with the way in which COVID-19 lockdowns were constructed by the government, media, members of the public and even some sexualities scholars who seemed to embrace a more neoliberal ('freedom loving' or 'libertarian') attitude. As I posted: 'I'm really fucking angry. No one needed a haircut. No one needed a pint [of beer]. I needed to see my dying grandmother … I'm not blaming any individual for what's happening, but fuck your economy and fuck your government' (Twitter, 5 July 2020). The following day, I drew attention to queer and feminist scholarship that had problematised the framing of gay men as 'reckless' or 'irresponsible' (e.g. Rubin 1984), when they were the ones who had invented and implemented safe(r) sex in the absence of government interventions, adding:

> Re-reading literature on misplaced fears about another pandemic which 'destroyed' parts of the 1980s queer culture and economy (e.g. sex clubs where transmission was unlikely). Adds to bitterness of normative venues reopening now, when fear is well-placed and transmission likely.
>
> (Twitter, 6 July 2020)

Often it seemed as if cultural memories of this period have tended to focus on government inaction, rather than community action (i.e. changing behaviours to avoid transmission). A key difference between the first few years of AIDS and COVID-19, however, has been which groups were constructed as 'blameworthy' or 'responsible' and 'at risk' or 'vulnerable', but each of these designations has a neoliberal, normative and dystopian dimension to it.

Conclusion

Another book I read in conjunction with France's (2016) *How to Survive a Plague* was Camus's *The Plague* (1947). There are many similarities between the two narratives, including scepticism towards religious authorities who (like neoliberal politicians) sought to blame individuals for their moral 'failures' or 'sins', alongside people's struggle to survive in the midst of a catastrophe. As I wrote, 'In both of these works, the tensions between religious superstition and scientific modernity plays a central role. The very term "plague" conjures up biblical imagery and ideas of divine retribution' (Notes, 5 July 2022). Relatedly, Leavy (1992) has noted that 'it is the word *plague* that, again, has raised specters of a world of sin and damnation, so that the word itself may seem inappropriate today' (p. 4, original emphasis), adding that:

> What constitutes the self and how much importance is given to the individual person (as opposed to the 'idea' of 'man' rejected in Camus's

The Plague) varies from age to age, writer to writer, but consistent in plague literature is the 'I' who strives to survive a deadly danger.

(Leavy 1992, p. 7)

This chapter has drawn on autoethnographic reflections to centre an 'I' who strove to survive COVID-19, placed into conversation with those who strove to survive AIDS. Some of the similarities in these stories include the neoliberal politics of blame, the construction of certain identities as vulnerable or risky and the transformative role of antiviral medications.

Illustrating this last point, while working on revisions to this chapter, the thing I had feared all along happened: I tested positive for COVID-19. Yet, as with access to antiretroviral treatments for HIV, my status as a clinically extremely vulnerable person meant that I had access to antiviral treatments for COVID-19. For the former, a combination of two drugs taken daily (Dovato) means that I can live a long and healthy life and cannot pass HIV on. For the latter, a combination of two drugs taken for five days (Paxlovid) meant that I fully recovered from what was a potentially fatal virus in less than a week. It is important to highlight the significance of *access* in both cases. As I have noted elsewhere, a 'form of chauvinism has emerged around the UK (and other wealthy nations) hoarding COVID-19 vaccinations', and regarding acute antivirals, 'the distribution of medicines is uneven, meaning that people (less privileged than … I) continue to die' (Morris 2021, p. 1495). Our location in time and space is therefore central to our ability to survive.

Another aspect of neoliberalism which warrants further discussion is that we live in a time of unprecedented environmental destruction due to the economic and technological innovations of modernity. Humans have increasingly altered, exploited and encroached on the habitats of other species, something that will make viral outbreaks ever more likely to occur (Ranger et al. 2021). As I said when presenting a preliminary version of this chapter online to the International Symposium on Autoethnography and Narrative:

I think it is worth nothing that all of this is happening within a context which might be considered dystopian in a broader sense. You know, we are living with the reality of climate change, we are living with global pandemics, alongside other existential fears. And that's the kind of lens through which many of us are trying to interpret our own experiences.

(Morris 2022)

I concluded by suggesting that 'although dystopia is a form of fiction, much of its appeal to audiences lies in identifying real-world injustices, developing empathy with characters as they attempt to "escape" or "survive" inhuman circumstances', adding that, 'such narratives may be used to exist in, but also make sense of, a world where disabled people are treated as lesser beings' within systems of bureaucratic dystopia (Morris 2022).

Finally, it is important to highlight a critique of the dystopia genre itself: namely, that it tends to centre the narratives of characters who belong to socially privileged groups, who are often placed into fictional circumstances which may be more aligned with the real-world experiences of marginalised groups. As I and others have noted, 'these forms of media usually have privileged protagonists, experiencing things which are not uncommon for disabled people, trans and non-binary people, queer people, people of colour, and women to experience daily' (Notes, 17 October 2022). This may be reflective of authorship inequalities and power imbalances in the media industries, given that almost all of the twentieth-century dystopian texts I have drawn on in this chapter were written or directed by abled, cisgender, straight, white men. It is my hope, however, that the dystopia genre has begun to diversify in the twenty-first century, incorporating a wider range of experiences, alongside existential threats which neoliberal bureaucracy poses. Some examples of this include Joon-ho's *Snowpiercer* (2013) and *Parasite* (2019) or Peele's *Get Out* (2017) and *Us* (2019), capturing the classed and racialised dimensions of modernity through dystopian science-fiction horrors, or McKay's *Don't Look Up* (2021), in which an apocalyptic comet serves as a metaphor for politicians and journalists ignoring the threats of climate change. Given that human impacts on the environment are likely to lead to further 'plagues', we may find the narratives of those deemed 'vulnerable', yet who somehow manage to 'survive' useful and uplifting at times, or a sombre warning at others. Although France's book and documentaries used the word *survive*, it is worth remembering that these narratives were not told and could not be heard by those who died. Therefore, as clichéd dystopias sometimes do, I will end on a weary but hopeful thought: 'At the very least we survived it, and if you're reading this, so did you' (Notes, 14 July 2021).

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