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# Damaged Bodies: Sex Work, HIV, and Grassroots Organizing in Italy (1982-1987)

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## Abstract

This article explores the intersection of mutual aid, community care, and public health during the HIV/AIDS crisis in Italy, focusing on how trans and non-trans sex workers adapted grassroots organizing strategies from the 1970s to confront the pressures of emerging neoliberal governance. Drawing on recent scholarship, I situate the HIV crisis within a broader context of political and labor struggles, influenced by U.S. theories and practices, during a period of reduced state investment and a shift toward privatized welfare under Craxi's Socialist Party. By examining the role of sex workers in responding to the epidemic, this article challenges traditional associations of HIV and sex work with marginality and stigmatization. Instead, I argue that these groups were at the forefront of resistance, caregiving, and collective organizing. Through an analysis of oral history interviews conducted in 2020 in Italy, this article shows how sex workers, in collaboration with grassroots movements, navigated the tensions between state neglect and institutional co-optation to promote public health and labor rights. The first section demonstrates how sex worker-led efforts in Italy paralleled international HIV mobilizations, while the second section traces the gradual incorporation of grassroots activism into the third sector and the challenges posed by neoliberal governance. Ultimately, this article reconsiders the HIV/AIDS crisis as a pivotal moment in labor and social justice history, central to understanding the political transformations of the 1980s.

**Keywords:** sex work, mutual aid, HIV, neoliberalism, 1980s.

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## 1. Introduction and historical context

In this article, I investigate issues of political organizing and community care as they relate to public health, transnational organizing, collective mourning, and community caregiving during the HIV/AIDS crisis. Furthermore, I provide new insights into the history of 1980s Italy by reading how trans and non-trans sex workers negotiated the many afterlives of the 1970s into a new ecology of grassroots organizing, constrained by the emergence of international neoliberal governance.

The purpose here is to read new facts into the study of HIV history. Despite being latecomers to the study of Italy, scholarly work in English and Italian on the HIV/AIDS crisis and its many social and cultural implications has recently emerged, showing new routes to follow in telling its history. Supported by the reading of the scholarly work of Brian DeGrazia (2018) and Fiammetta Balestracci (2022) who, in their thought-provoking readings, both draw upon that of Vittorio Agnoletto's historical compendium on HIV (2002), in this article I take two of these routes<sup>1</sup>. First, I situate the reading of the HIV crisis within a context of grassroots political organizing influenced by practices and theories originating from the United States. These ideas found fertile ground in Italy during a period marked by significant reductions in state investment in the public sector and constraints on collective organizing. This trend, driven by the rise of neoliberal governance led by the U.S. and the U.K., profoundly influenced both the political economy of Western countries and the dynamics of social movements during that decade. Therefore, I argue, the state subsidized the expansion of the third sector to alleviate pressure on welfare distribution and to endorse familistic morality as a sign of renewed political equilibrium, signaled by a new majority led by Craxi's Socialist Party (Ginsborg, 1998; Crainz, 2012). This shift marked a turning point after about thirty years of Christian Democracy dominance, inaugurating the era of the Pentapartito, characterized by increasing deregulation of state intervention on labor and welfare, a move away from unionism, and a push towards private initiative. Second, I read the scope of 1980s grassroots

<sup>1</sup> DeGrazia, B. (2018) *Antibodies: HIV/AIDS and Biopolitics in Italy, 1988-1995*, of which a chapter has recently been published as "Drug criminalization, the Catholic Church and the 1988 founding of a Rome AIDS care center", in Weston J. (2022), *Histories of HIV/AIDS in Western Europe. New and regional perspectives*, Manchester, Manchester University Press, pp. 36-56. A new edited volume appeared in late 2022 on the socio-economic history of HIV in Italia, Fiammetta Balestracci's chapter on sex education in Italy and the HIV prevention media campaign has been of use in the writing of the last section of this chapter: Balestracci, F. (2022), "Aids, sessualità e corpi nelle campagne informative del ministero della sanità (1982-1992/1996)", in Fiammetta Balestracci, Fabio Gualdi, Enrico Landoni, Pisa, Pacini (eds. by), *L'AIDS in Italia (1982-1996). Istituzioni, società, media*, Pisa, Pacini, pp. 157-222. Finally, Vittorio Agnoletto wrote the first omnicomprehensive study on HIV in Italy: Agnoletto V. (2002), *La società dell'AIDS, la verità su politici, medici, volontari e multinazionali durante l'emergenza*, Milan, Baldini e Castaldi. Finally, Craazi (2020), "Voci dell'attivismo contro l'Hiv in Italia (atto primo, secondo e terzo), *Zapruder: Storie in Movimento*, (<https://storieinmovimento.org/2020/04/18/interviste-hiv-craazi-organizzazione/>).

political organizing of care as twofold: first, to provide support to communities facing sexophobic and criminalizing narratives from the state political apparatus; second, to form a coalition of opposition that resisted these narratives by coopting state resources to organize prevention, promote public awareness, and support affected groups. This resistance was not limited to local or national contexts but was part of a broader, transnational movement. For example, the moral panic surrounding HIV/AIDS was not an isolated phenomenon, but rather an indicator of the state's inadequate response and a facet of the wider conservative turn that accompanied the resurgence of American hegemony in the post-Vietnam era. As neoliberal policies sought further to liberalize private profit at the expense of public welfare, this economic agenda was mirrored by a socio-cultural shift towards political and religious conservatism. This shift, gaining momentum after the easing of Cold War tensions (1969-1974) and the defeat in Vietnam (1973-1975), reinforced conservative repression, particularly targeting the radical movements of the 1960s and 1970s that had challenged postwar familistic and heteronormative values. In reaction to this socio-political landscape, transnational alliances of sex workers, formed in the 1970s primarily in France, the UK, Italy, the USA, the Netherlands, and West Germany, became a leading force in resisting both the virus and the socio-political oppression it triggered. With the widening of the HIV crisis in the second half of the 1980s, sex worker movements actively mobilized against the state's exploitation of fear surrounding virus transmission, which was used to criminalize women working in the streets. Yet, these movements also engaged in prevention efforts, disseminating vital information and resources to international groups while demanding state reforms. Italian sex workers, particularly those involved in the Committee for Civil Rights of Prostitutes (CDCP), played a pivotal role in this network, amplifying their public and political impact during the HIV crisis. Their struggle, situated at the intersection of labor rights and health justice, was further complicated by Italy's conservative realignment as I illustrate in this article. The interplay between conservative hegemony within the U.S.-led bloc and the new wave of sex work mobilizations highlights the intercrossing of micro and macro dynamics (Werner and Zimmerman, 2003) –both local and transnational–that underpin this comparative investigation.

Methodologically, this interconnection is mirrored in the interplay between archival research and oral history. Archival sources such as press clippings, parliamentary records, and historical documents, have been instrumental in contextualizing the studied period, particularly focusing on 1985. The archival collection of the U.S. sex worker collective C.O.Y.O.T.E., preserved at the Radcliffe Archive at Harvard in Cambridge, and the printed materials (i.e. *Lucciola* magazine, leaflets, reports) produced by the CDPC, shed light on the transnational nature of political

demands and mobilizations across differing political landscapes. Instead, oral history provides a deeper understanding of how political strategies influenced individual actions and shaped personal narratives within the movement against a backdrop of growing political conservatism. Furthermore, oral history assesses the dovetailed cultural legacy of the political construction of the virus threat and its disabling impact on the bodies of those affected, particularly the workers.

Therefore, the aim of this article is first and foremost to present the history of HIV as inextricably tied to the history of labor, and subsequently to read the social and cultural tenets of this history within sex labor history. The final objective is to disentangle both (sex work and HIV history) from facile associations with marginality. On the contrary, these political formations are central to understanding the time's politics. Put differently, HIV and sex work have often been associated with one another as a sign of displeasure. I instead return to histories of caregiving and practices of accountability among communities of sex workers to illuminate how these activities intersect with broader socio-political shifts towards a more privatized and less welfare-oriented society. In doing so, I want to connect the production of stigmatization and disabling narratives to sex work as a site of mutuality, care, and resistance during the HIV crisis. To delve deeper into these themes, the article is organized into two sections; the first demonstrates how sex worker-led responses to the HIV/AIDS crisis in Italy paralleled international mobilizations, while the second section explores the gradual institutionalization of grassroots movements and the tensions this created within the context of public health with the rise of neoliberal governance.

### ***1.1. Oral history talks back: Some considerations about the methodology***

Oral history confronts the inherent challenge of manufacturing its sources, a fundamental aspect of its existence as a discipline (Passerini, 1998). The interview, a key source for oral historians, is a unique unrepeatable exchange between subjectivities (Portelli, 1990). Rooted in the feminist practices that emerged in the late 1960s, this methodology uses personal narratives to shape historical subjectivities, providing oral historians with analytical tools to explore the interplay between the collective and the individual upon subjects. It is common sense to consider the oral history encounter as the space where untold stories can be listened to. I, instead, envisioned it as a place of radical openness. "Radical" signifies the transformative potential of this approach, while "openness" refers to the emotional and intellectual commitment to discover new

perspectives on reality as it was experienced. This space is both an invention and a necessity; it materializes when the interviewer and interviewee engage, facilitating memory work essential for revising, transforming, and repairing historical narratives. Thus, for a story to be untold, as is often said by practitioners of oral history, means to persistently resist oblivion and challenge conventional narratives, thereby offering new avenues for narrating and reconceptualizing the world (Thompson, 1978).

History has with prostitution<sup>2</sup> a fractured almost ephemeral relationship; once the act of transaction on the street expires in its materiality, its historical trace tends to vanish unless actively preserved by the communities involved, who reconstitute these experiences through remembrance and narration. Oral history contributes to an act of resurrection that situates an “archive”, a space for mourning, recognition, validation of historical experiences, and emplacement. The oral history encounter has the potential to develop a continuity between what has been denied in historical accounts and what is left in the present through the bodies and voices of those who acted within that historical space. Moreover, the body’s memories, particularly important in discussions on sexual consciousness and gender roles, challenge the structures of power that determine what is placed in and left out of the archive. The three interviews presented in this article are part of a larger corpus I collected while completing my doctoral project. These interviews exemplify three distinct voices and protagonists of that time, representing varied class and gender positionalities within the sex workers’ political organizing of the 1980s. All three interviewees, who are public figures and authors, have agreed to be identified by their full names. That being: Porpora Marasciano, trans activist and former president of the MiT, Pia Covre, co-founder and spokesperson for the Comitato dei Diritti Civili delle Prostitute (CDCP), and Franchina, sex worker and community organizer from Catania<sup>3</sup>.

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<sup>2</sup> I use “prostitution” in referring to the apparatus of state laws and “sex workers” as the shorthand for the collectively demanded end of policing and criminalizing of sex workers’ behavior, the end of exploitative extraction of care labor from sex workers’ bodies, the end of criminal persecution of their affective networks, the restoration of residence rights and the freedom of movement.

<sup>3</sup> Literal translations from Italian have been provided to facilitate the reading of the article without altering the tone and manner of speaking of my interviewees.

## 2. From care to collective action: Organizing through community and solidarity

HIV/AIDS impaired bodies, communities, and narratives, dressing the memory of those years in a mournful garb.

*Franchina: AIDS turned our world upside down, especially for transvestites<sup>4</sup>. Many got sick and there was a lot of fear because we didn't use condoms...we only used them upon request. When we saw the first cases, everyone started using condoms; we were so scared.*

*Giulia: Why transvestites?*

*Franchina: Anal intercourse is riskier than vaginal. (Franchina, 2020).*

*At the outbreak of HIV, the networks were non-existent. That was a problem for trans people. I've seen many who, to survive, denied their identity and went back home. They cut their hair, changed their clothes, and you looked at them not understanding what had happened" (Marcasciano, 2020).*

Grief is by its nature unspeakable. After total dismay and confusion, grief is met with unpreparedness (the support network was non-existent), collectives and individuals tried to cope with grief by resorting to regressive forces (changing their look, to renounce to their identity) or to the relieving functional power of collective mourning and collective organizing. Hence Franchina adds:

*When we went to get tested, we were afraid to look at the results, yet we always continued [to work]. This is where we stayed, even as we were dying, our whole life has been here. The only possibility was to help each other" (Franchina, 2020).*

For those who were not fleeing, the only healing resource left was to rely on the community's forces, sharing the same economy of feelings to form solidary intimacies and networks of caregiving. Reading grief and mourning into the forming of collective memories and historical narratives on HIV/AIDS within communities of trans and non-trans sex workers, it is worth asking: how was stigmatization affecting the way communities organized grief and their responses to loss? Socially, no one is expected to be morally or culturally responsible for their loss or its consequences except those who are marked with criminalization and exclusion. The proximity of

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<sup>4</sup> Often used negatively, the word *travestito* has been reappropriated to designate people who are assigned male at birth and embody female gender identity. Franchina, for example, uses her name and the one assigned at birth, Franco, interchangeably. Commonly used in South America to identify gender identity, in Italian the word *travestito* is still commonly understood as an outdated term for transgender.

trans and non-trans sex workers to death confirmed their socially discreditable attributes and justified the denial of care to them by the state. Social responsibility was hence attributed to individual behaviors and not to social conditions.

In the 1980s, the failure on the part of the state to provide adequate support to people with HIV concealed through stigmatization a system of state deregulation that stemmed from a neoliberal approach to welfare - I will return to this in the following section<sup>5</sup>. On this, I take up Mark Fink's call to frame HIV historically as a point of connection for all bodies marked as falling outside of medical norms. Fink considers HIV as a social and physical disability, experienced either as a source of suffering, lack of care and work, pain, and death OR as an opportunity to think of care, access to the community, and kinship differently (Fink, 2021, 3). Experiencing disability, Fink argues, does not always result in care. On the contrary, disabled people are often made accountable for the barriers created by society, which enunciates a sense of dispossession that aggravates their exclusion from social spaces.

For trans and non-trans women sex workers (henceforth sex workers only)<sup>6</sup>, contagion and unclaimed grief thus became collective disabling factors, which deprived communities of the ability to imagine and create labor and familial relations. The exclusion and marginalization faced by these communities were not merely consequences of individual behavior or isolated policy failures. Yet, they were embedded within a broader political and economic framework shaped by the administration of the time. Under the leadership of Craxi, from 1983 to 1987, Italy witnessed a promotion of entrepreneurial initiatives that often came at the expense of state intervention in social welfare (Ginsborg, 1998, p. 280). Craxi's tenure saw minimal state investment in welfare reforms despite a relatively positive economic phase. Additionally, the state apparatus grappled with inefficiency and corruption, further undermining efforts to promote public support. State deregulation was particularly detrimental to sex workers, who were already marginalized by existing legal frameworks. According to the regulations on prostitution established in 1958, prostitutes were not entitled to social protections or provisions,

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<sup>5</sup> David Harvey explains how privatization and state deregulation are at play in forming neoliberal governance (Harvey, 2007). On Italy see: Muehlebach, A. (2012), *The Moral Neoliberal: Welfare and Citizenship in Italy*, Chicago, University of Chicago Press.

<sup>6</sup> For the sake of showing how this community operated, I joined the voice of trans women sex workers to those of non-trans women sex workers. I am not saying trans voices became marginal. I am suggesting that HIV/AIDS, although with its inevitable disagreements, offers the opportunity to discuss solidarity and community action instead of focusing on the emergence of one subjectivity, as happened when trans came into sex work and when, later, towards the end of the 1980s, migrant sex workers started to outnumber local communities. Their voice became hegemonic and therefore is acquired as metonymic from now on.

nor could they work together from their homes<sup>7</sup>. These legal restrictions, combined with a broader governmental stance that eschewed substantive welfare support, meant that once sex workers contracted HIV, they were denied access to healthcare, retirement and labor benefits, disability rights, and the care of family networks. In other words, they were materially and socially condemned to death. However, this grim reality also catalyzed a transformative response: sex workers began to organize collectively. Networks of mutual aid and kinship emerged, centered on reclaiming and adapting organizational strategies that had been already employed by sexually and gender-marginalized communities. These efforts, which included both lobbying and autonomous organizing, worked in tandem to challenge the exclusionary structures and advocate for recognition and civil rights<sup>8</sup>.

In 1982, the first case of HIV in Italy was recorded in Rome. Unaware of the causes and concerned by the neglect on the part of institutions, communities started to organize. First, they leaned on the practices and systems of care previously activated; they provided food and shelter for people in need, spread the news around clients and colleagues, and relied on international networks:

*However, the information did not reach us where and how it should have. We are in contact with the international movement, and I must tell you that abroad they have done some incredible things; we have thousands of papers at home, documentation on thorough information campaigns. Nothing has been done here. It is the prostitutes, then, who must equip themselves to safeguard their health. For us it is also a matter of labor since it concerns the body. The prostitute works with her body; it is primarily in her interest to stay as healthy as possible. That said, the only to be criticized is the political system. Not even the essential preliminary measures, like information, have been taken. The only campaign they [i.e. the state] did well is the one about abstinence. (Corso, Landi, 2001, 241).*

In this interview, Carla Corso is referring to the international groups, collectives, and internationalist gatherings that since 1982 had been fighting to campaign for the

<sup>7</sup> Law February 20, 1958, n. 75, “Abolizione della regolamentazione della prostituzione e lotta contro lo sfruttamento della prostituzione altrui.” The law, named after the Socialist senator Lina Merlin, who championed it, establishes the closure of the brothels introduced in Italy with the Statuto Albertino and the prohibition of any exercise of prostitution inside any other closed place. Thus, prostitution became a private fact albeit with the risk of being policed for other offenses related to civic spaces; however, governments preserved the right to persecute all public and private behaviors (cohabitation, cooperation, and financial provisions) acted in proximity or conjunction with prostitution.

<sup>8</sup> The proposal for the later approved *Rules Concerning the Rectification of Sex-Attribution*, which introduced the regulations on changing name and sex attribution in a person’s identity documents, is a good example of the convergence between organizing and lobbying pursued by transgender activists in the early 1980s. On this: Voli, S. (2018), (Trans)gender citizenship in Italy: a contradiction in terms? From parliamentary debate about Law 162/1982 to the present, *Modern Italy* Vol. 23, no. 2, pp. 201-214.



decriminalization of sex work and to claim sex workers' civil rights<sup>9</sup>. In 1985, the first international gathering on HIV was held by these groups in Amsterdam. The collectives that had spearheaded transnational organizing in the early 1980s, now including several countries from the Third World bloc (such as Thailand, India, and Trinidad and Tobago), came together to exchange information on the virus, establish prevention guidelines, and explore new avenues for legislative reform. The conference in Amsterdam reflected and reinforced local efforts globally, where grassroots organizing was already laying the groundwork for coordinated transnational action. One such example can be found in California, where C.O.Y.O.T.E. (Call Off Your Old Tired Ethics) - the San Francisco sex workers-led organization founded by internationalist Margo St. James - had already started an education/prevention project named CAL-HIV in 1983. The project was sex worker-led and aimed at educating clients, sex workers, and the general population on HIV (CAL-PEP, 1983). While exchanging information with doctors and pharmaceutical companies on the etiology of the virus, the program organized the distribution of condoms in the streets and informative workshops on how to prevent contagion. The educational campaigns aimed not only at providing security to the most exposed populations (sex workers, incarcerated people, and financially marginalized communities), but also at destigmatizing HIV (C.O.Y.O.T.E, 1984).

CAL-PEP vehemently denounced the racist and misogynist use of mandatory testing on sex workers' bodies to persecute workers as HIV carriers<sup>10</sup>. But they also denounced the recrudescence in police violence, with officers going around neighborhoods destroying or confiscating condoms to convict women and also to deprive them of the only reliable protection against infection. It became suddenly clear in the narrative produced by the sex workers-led collective, that HIV was being used to persecute and to generate control. In response to that, C.O.Y.O.T.E. started to extend its organization: exchange and communication were established with prison complexes and detained populations to count the number of cases registered. Groups and workshops led by sex workers as primary educators were organized in marginalized communities, and alliances between sex workers and queer communities were nurtured by the commitment to contrast false narratives on HIV and pressure administrations to take concrete

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<sup>9</sup> Between 1975 and 1982, street prostitutes from within the Western block started to organize. From Lyon to London, the civil rights struggle and the demands for individual freedoms landed in Italy in 1982. The newly formed *Comitato dei Diritti Civili delle Prostitute* adhered to the international call for legislation reform and kept its transnational commitment going through the HIV crisis fostering connections and exchanging informative materials. On this: Sbaffi, G. (2023), "Abbracci spezzati: La politicizzazione del lavoro sessuale in Italia (1982-1986)", in Stelliferi P. and Voli, S. (eds by), *Anni di Rivolta: Nuovi Sguardi sui Femminismi degli anni 70 e 80*, Rome, Viella, pp. 197-218; Lilian, M. (2001), *An Unlikely Mobilization: The Occupation of Saint-Nizier Church by Prostitutes of Lyon*, in *Revue française de sociologie*, no. 42, pp. 107-131.

<sup>10</sup> Testing was enforced by the police who often new sex workers' spaces. C.O.Y.O.T.E. protested mandatory HIV testing for prostitutes and increased charges for those who tested positive.

measures - this was the case of the long-lasting alliance between C.O.Y.O.T.E and the GAY National Taskforce. Lobbying, therefore, became a strategic tool used by sex workers and their allies to demand protection and accurate information from civic and national administrations. This effort was formalized when CAL-HIV was registered as a non-profit organization, a crucial step that provided a legal and organizational framework to support the people left in the throes of abandonment. Being recognized as a non-profit served to counteract the effects of sex work criminalization and the absence of labor recognition. Meanwhile, it enabled them to raise funds and establish sustainable paths of care, taking responsibility for their communities through structured fundraising and the allocation of resources to where they were most needed. One of the demands of these campaigns was thus that for disability and retirement benefits for seropositive workers proposed by C.O.Y.O.T.E. Around HIV, sex workers stated their claim for labor rights and demanded access to care, and health justice as the core of labor justice. This political turn revived internationalist work and fostered solidarity with other populations equally exposed to the virus, namely incarcerated, drug users, lesbian, trans, and gay populations.

The centrality of the United States in the narrative of HIV internationalist mobilization is both historical and political. Since the very beginning of the HIV/AIDS crisis, media outlets in Italy referred to the epidemic as gay or American disease (*La malattia dei gay arriva a Pavia*,<sup>1983</sup>) because of the higher number of cases of HIV contagion registered in the United States and the greater media coverage there<sup>11</sup>. Grassroots responses and mutual aid networks, although not exclusive to the North American case, were undoubtedly of great influence in bringing into being united fronts. One globally known example is the formation in 1987 of ACT UP at the Lesbian and Gay Community Services Center in New York. The grassroots political coalition to end the AIDS pandemic rapidly expanded to the UK and France, aggregating most of the lobbying, civil disobedience, and consciousness-raising activated by a whole array of queer subjects - lesbian cis and trans women, gay men, queens, trans - around the spread of HIV<sup>12</sup>. The other great influence on the reading of horizontal mutuality is the birth of what Ruth Gilmore calls “grassroots organizations that labor in the shadow of the shadow state” (Gilmore, 2017, 213). With the term “shadow state” she refers to forms of power that emerged from the neoliberal dismantling of large-scale public infrastructures, whereby responsibility was shifted to the third sector (neither state nor business) to deliver services and social goods to those in need. With this expansion, the

<sup>11</sup> For more on the belated response in Italy see Moss, 1990.

<sup>12</sup> Published in 2021, Sarah Schulman's *Let the record show* is one of the first book to center the narration of ACTUP and HIV on oral history interviews of its protagonists (Schulman, 2021). Of different genre, but equally important: Gould D. (2009), *Moving Politics: emotion and ACT UP's fight against AIDS*, Chicago, University of Chicago Press.

purpose of grassroots political work became 1) budgeting, 2) gaining full incorporation into body politics, and 3) state reformation rather than the creation of a powerful front that could build the capacity to change the landscape. Nonetheless, non-profits channeled the energies of individuals who were committed to organizing for the betterment of material conditions and who had to negotiate the possibility to exist in the face of structural prohibitions. Developing into a non-profit grassroots organization, C.O.Y.O.T.E. participated in city council meetings, organized fundraising, and bailed members out of jail. Yet, they had to face the consequences of structural exclusion and the violent impoverishment of organizations' human and financial resources. Therefore, this analysis underscores the exemplary nature of the U.S. experience, which not only anticipated the impacts of neoliberal governance on welfare deregulation and social marginalization but also served as a model for integrating community-based care and internationalist organizing with broader public efforts for prevention and protection within the organized third sector.

Now, if we look at Italy through sex worker-led organizing there are at least two elements that resonate with what has been said so far, both in terms of chronology and modes of operation.

*We started working on this issue because we immediately understood that it was about women's health. The professionals were already using condoms, but for the drug addicts, it was different. The clients blackmailed them. When this issue came up, we immediately started building connections. We were fortunate to have an important oncological research center in Pordenone. At this center, we had doctors who went to the United States and worked with those who were among the first to identify HIV. So, we got very fresh and competent information. We began to work with the doctors. We asked them to help us conduct workshops with our girls so that we could help them and others on the market. We also conducted a small study, a survey on the use of condoms - always commissioned by this research center - and then Italy finally started moving with campaigns, etc. We asked for funding for these campaigns [she pauses]. We made a flyer supervised by the oncological center and gave it to our colleagues and clients. We did word-of-mouth. We had a camper... at one point, I had bought a camper to go on vacation in Norway, and when I came back, I used it as a mobile unit. We went around to Parma, Reggio Emilia, giving flyers to the girls. Everywhere we go, a girl was joining. Many other cities called us. The drug-addicts quickly approached us asking for flyers to give to clients and to use condoms themselves (Covre, 2020).*

In this long passage, Pia traces the first few actions taken by the CDCP to protect women from contagion. Similarly to what happened in California, they started by establishing contacts with

doctors and specialists in the area, who coincidentally had their contacts with the United States. Building upon the knowledge gathered, they formed groups and prepared information leaflets to circulate among clients and workers.

Unsurprisingly, the passage quoted opens and closes on drug addiction. At the beginning of the 1980s, needle-sharing was indeed among the first causes of HIV contagion. Drug consumption abruptly increased the number of people induced into sex work to gain the money needed to buy doses. Although drug addiction is often considered as eliciting risky behaviors, Pia's analysis points to the different forms of vulnerability that inhabited sex work at the time when the HIV/AIDS crisis intersected with an increase in the number of people using intravenous drugs. Hence, what matters in Pia's passage is her gesturing toward how mutuality was organized. There were different levels of education and autonomy, which spontaneously differentiated participation. Solidarity, however, kept spreading horizontally as sex worker activists sought to extend knowledge beyond the most educated. And this was true also of the modes of organizing to which sex workers resorted in Catania:

*Many at the hospital knew we were prostitutes and would come and help us. Individual support is felt much more than institutional support (Franchina, 2020).*

And on the networks of care established within the community, similarly to Pia, Franchina adds:

*Women have died here, many times with us taking care of them. We assisted them; there was a lady who worked across from me. She worked in this house for fifty years, and when she started, there was no use of condoms. One day, she calls me and says, 'Can you get me an HIV test?' And I said, 'Are you sure you want to do it? You never asked me.' We went. Three days later, she took the test: negative. I walked her here [in the neighborhood], she took everything and never came back.*

The economy of information and knowledge was scarce, and the combination of isolation with fear and ignorance deprived workers of access to self-determination and agency. Then, the community reacted by trying to overcome divisions and inequalities by providing care to their members. The routine of sharing emotional and physical tasks and playing roles that were negated outside of the space of sex work (i.e., living together, taking care of each other), generated new forms of kinship and a newfound commitment to collective care labor -- to

provide for the material, emotional, and political needs of individual and collective subjects. Cooking together, confronting violence, crossing spaces together, sharing intimacies, and inheriting knowledge, stories, and belongings were all actions that participated in the creation of these new forms of sociability.

After a first moment when groups organized singularly, around 1985 when the consciousness on HIV began to form in public opinion, different groups began to gather in coalition to start relating to the institutions. In the passage quoted above, Pia delineates that trajectory very clearly: after the sex workers reached out to doctors to obtain the information needed to prepare their own campaign, doctors and institutions branched out to sex workers to help them distribute condoms to stop the spread of the virus. At the same time, gay men, lesbians, and feminists were raising their voices to denounce the discrimination, misinformation, and segregation in access to care experienced by their communities<sup>13</sup>. United in one line of struggle promoting the pedagogy of prevention and information started by sex workers, the convergence of these forces socialized the idea that the only carrier of the diseases was misinformation and stigmatization.

Then came a second phase; sex workers' organizing set another political objective. While remaining deeply committed to the initial goal of providing care and material relief to their communities, the second objective shifted towards a broader pedagogical and institutional mandate: to raise public awareness and foster accountability from the state. At the same time, they also worked to bridge community care with inter-community solidarity, extending support to other groups—queer, detained, and racialized communities—actively engaged in the struggle.

An example of this tripartite mode of strategizing action comes again from CDCP. In 1984, on the pages of the third issue of the sex workers-led magazine, *Lucciola*, Pia Covre published a long interview with Umberto Tirelli, a member of the medical team working with the hospital in Aviano on HIV etiology and prevention. The interview was the first public outcome of the collaboration between the institution and the CDCP (Lucciola, 1984, p. 36). In the text, Tirelli described the symptoms and explained how the virus was transmitted from one body to another. Exhorted by a targeted question from Covre, Tirelli drew attention to the behaviors of

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<sup>13</sup> Massimo Prearo in *La fabbrica dell'orgoglio* (2015), pp. 89-126, dovetails this difficult transition by outlining the revolutionary push and reformist pushback that crossed the sexual liberation movements. In February 2022, two researchers (respectively from Utrecht and Bologna) and the author organized a focus group with a cluster of activists chosen among community-based organizations in Bologna. Together they investigated the political implications of queer mutualism and its genealogy. When the HIV/AIDS crisis struck, the gay community immediately organized to provide care for people in need. Stefano from PLUS, an HIV seropositive-led organization in Bologna, talked about how big a leap into political consciousness HIV/AIDS was: from the politicization of health and care, communities started to invest in practices of community-based care work and horizontal subsidiarity. They provided HIV patients with spaces not only to get treatment and tests, but also to protect confidentiality in the face of stigmatization and exclusion enfranchised by the public mainstream discourse on the spread of HIV. From gay mutuality, little by little it separated into queer mutuality (counting lesbian, gay, and transgender) and neoliberalisation of care with the birth of Arcigay.

heterosexual, often married, men, who were the most adamant consumers of unsafe sex either with men, women, transgenders, and drug users and yet the only ones exonerated from the rhetoric of chastity and abstention imposed by the state. He affirmed that the only safe way out of contagion was by using a condom.

Aiming at raising public awareness and disarming stereotypes, Pia Covre finally asked the doctor whether military personnel at the US base in Aviano were required to undergo mandatory HIV tests, a policy already enforced in the United States. The answer was negative, but the question was not merely contextual or pretextual. Lucciola, the CDCP's magazine, primarily served communities of sex workers and political allies<sup>14</sup>, and was notably vocal in its opposition to the U.S. military presence, reflecting an anti-NATO stance common at that time. By posing her question within this framework, Pia Covre aimed to shift the narrative concerning the origins of HIV, challenging the prevailing label of gay disease and appealing to a broader audience. She drew parallels between the historically documented role of military personnel as vectors of disease and the stigmatization of gay sex. By leveraging this stigmatizing rhetoric against military authority, she shifted the focus away from individual behaviors. This nuanced approach encouraged readers to dismantle stereotypes and highlighted the importance of using condoms as a critical preventive measure.

Returning to the idea of a tripartite approach to HIV prevention, it is important to emphasize that behind Covre's question regarding army behaviors lay an immediate concern: protecting herself and her companions, as they shared the same streets at night with soldiers seeking casual sex.

### **3. HIV as 1980s history: Neoliberal laissez-faire and the birth of the Third Sector**

HIV/AIDS was a watershed in the global understanding of how civil society transitioned into neoliberal governance. In the passage above, I situated my reading of the crisis in a North American interpretative context. There, I showed the analogies, shared commitments, and practices that can be found between the tripartite approach taken by CAL-HIV and the

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<sup>14</sup> This fleeting definition refers to several subjects (feminist journalists like Roberta Tatafiore, doctors, politicians, and authors) whose supporting contributions or interventions on sex work were hosted in the magazine.

community in Pordenone, as these efforts were the result of the circulation of ideas and shared organizational strategies between groups. I now go back to the second part of my argument. Examples of social movement-born nonprofits were not as wide-ranging in Italy as they were in the United States - they would be eventually, but not until the late 1990s and early 2000s. However, the second half of the 1980s represents, I argue, the starting point of a slow incorporation of grassroots movements into the birth of the “third sector”. To lobby toward the achievement of tangible legislative goals, the CDCP capitalized on resource incentives coming from membership dues and donations. It did so to continue its work, but also to provide services. The government knew that the stigmatized communities would have trusted peers and, in the attempt to deregulate and defund the public sector, left the primary response to HIV to communities. Activists concerned with the spread of the virus saw this form of semi-institutionalization of grassroots organizations as a political opportunity. In this arena, they thought they could provide services and draw attention to the epidemic, as the state was too slow or reluctant to respond<sup>15</sup>. However, rather than providing institutional incentives, this turn squeezed grassroots organizations between increasing responsibilities (budgeting, service provision, organizational tasks) and the lack of institutional support - the first national campaign on HIV prevention was in 1991. However, the 1980s were still entangled in a net of loosened political relations and militant practices that facilitated grassroots organizations in navigating this transition, delaying the push towards no-profit and subsumption into neoliberalism.

At the crossroads of faded old practices coming from the 1970s many afterlives and emerging new ones, the experience of HIV organizing generated demands and actions to resist the rise of neoliberal governance in the Italian social equilibrium. This also led to emerging social needs and political subjectivities demanding recognition. Thus, in May 1985, the Justice Commission of the Parliament received requests to discuss three proposals for revising the Merlin law: one proposed by the Communist Party (PC) in 1983, one by the Italian Socialist Party (PSI) in 1984, and one by Proletarian Democracy in 1985. According to the commission’s transcripts 390/1985, all proposals originated from a widely discussed and publicly supported need for reform. The Merlin law was seen as inadequate in fully realizing the principles of abolishing any criminal sanctions and restrictions on individuals who autonomously decide to engage in prostitution and too harshly criminalized the experiences of those in this profession. The legislative proposals aimed to decriminalize prostitution, reaffirming full freedom and self-determination for the individual by

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<sup>15</sup> On this is worth reading Massimo Prearo’s chapter on the birth of ArciGay and the shift of the gay liberation movement towards non-profit and the service provision (Prearo, 2015, pp. 105-126).

precluding any registration or control over those who choose to engage in prostitution activities. The definition of prostitution was also broadened to include genders other than female. However, the discussion did not result in any reform action and was stalled by the parliamentary debate. Consequently, demands for reform pushed by the CDCP to obtain greater protection of the rights and health of workers during that crisis phase ultimately led to a lackluster response to the HIV crisis, focusing merely on cost-effective measures like condom use instead of implementing comprehensive preventative care, or legislative reform. Thus when Pia Covre explains in her interviews how the state reacted to the spreading of HIV, the first institutional campaigns (1987), the letter sent by the Ministry of Health and signed by Donat Cattin (1988), the publishing of the Lupo Alberto educational booklet (1991), and the first migration crisis (1995) happen almost simultaneously, condensing years of large scale and small-scale conflicts into one: the enforcement of condom prohibition as a sign of state deregulation and political backlash<sup>16</sup>. In collating these events, Pia Covre suggests how civil forces were pushed to negotiate downward to become dependent on institutional compromise. They aimed at institutional reform for collective liberation but were left with the institutional endorsement of condom use.

*The moralism existed... and the homophobia. On one hand, campaigns had to be conducted because of the World Health Organization recommendations. HIV was spreading and thus the state had to commit to conducting campaigns. But on the other hand, there was all this moral reluctance to talk about sexual relations, sexual relations between males, and paid sexual relations. Every campaign had to go through the ministry, and they rejected them. They failed the more useful ones, the most explicit ones. They rejected the work of Lupo Alberto, which was made for school kids.*

*We participated in projects, and we were not considered...when we said we wanted to distribute the flyers - also in various languages because that was the time, between the late '80s and early '90s, of the arrival of migrants - and the condoms, oh no. They said no to that. [...] We always bought condoms by ourselves, and we gave them to the girls. Occasionally, a man would say I'll use my own...and we would say: no, take mine. In our flyers, we explained how to put it on and how to store it [the condom]. I remember this campaign, funded by the ministry: the designers had made this round box, where two condoms could fit (it was known that they would get damaged if kept in a pocket) and instead, the ministry said "No, sorry don't put anything in it", so they put in a roll-out map that unfurled completely (Covre, 2020).*

<sup>16</sup> On the national campaigns: Balestracci, 2022, pp. 175-179. On the backlash: Tatafiore talks about it especially in relation to feminism in the notes of an article that later appeared in print: see Tatafiore R., *Noi Donne* (October 1985), *Prostituzione*, II, Archivia, Rome.



At first, the use of condoms was consciously discouraged by institutions; the word was removed from the socialization of sex in the public discourse, impoverishing and threatening communities. The public discussion of the HIV/AIDS crisis was influenced by the persistence of a clericonservative model of family, marriage, and reproductive heteronormativity which associated condoms with birth control and less than with disease prevention. Furthermore, the international context of the Catholic Church, with the strong anti-condom position of the Wojtyła pontificate throughout the AIDS pandemic, contributed to the massive rate of infections and deaths but also had a strong influence in the USA through the episcopal network<sup>17</sup>.

Hence, the word condom is obsessively present in the oral interviews presented in this article. The condom, after all, is the most practical and economic tool to protect people from sexually transmitted diseases. But in the context of the late 1980s, it was of political use in contrasting the narrative of individual responsibility and precarity that with the pretext of ending the epidemic, was enforced on many aspects of people's lives. HIV, with its rhetoric of risk supported by an imaginary of sex as unsafe, had severely restrained and bent the vital euphoria of 1970s general consciousness- without, though, destroying it. The political responsiveness of that resistance, hence, compelled the state to negotiate.

In examining the specific historical qualities of the state's responses to the crisis, the following hypothesis is pursued: the course of the HIV/AIDS pandemic gave rise, in Italy, to the development of a neoliberal governmentality centered on the notion of responsibility as a tool of an individualizing tendency that aimed at breaking collectivizing processes and organization of collective power. Individual responsibility, however, did not immediately equal, state *laissez-faire*. On the contrary, it encouraged targeted intervention. That intervention was negotiated with grassroots organizations resisting that change of paradigm (Hache, 2017). Control and coercion began to be enforced on civil society not by establishing relations of obedience or dependence on the welfare state. On the contrary, the individual was urged to act and to be responsible for their social condition. Stigmatization, in this context, was used as one of the assistive moral technologies of neoliberal governmentality. To make a behavior undesirable helped justify the complete detachment from any kind of redistribution of wealth and assistance by the state and made individuals responsible for their assistance. This way, rather than being

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<sup>17</sup> Wojtyła spoke of the epidemic as an abuse of sex and drugs and never acknowledged the use of condoms as a legitimate preventive measure. An example of Pope's anti-condom rhetoric is present in a later document addressing social and healthcare workers: Pope John Paul II. (1989). *Discorso ai partecipanti alla conferenza internazionale promossa dal pontificio consiglio per la pastorale degli operatori sanitari*. [Speech]. Retrieved from [https://www.vatican.va/content/john-paul-ii/it/speeches/1989/november/documents/hf\\_jp-ii\\_spe\\_19891115\\_pastorale-operatori-sanitari.html](https://www.vatican.va/content/john-paul-ii/it/speeches/1989/november/documents/hf_jp-ii_spe_19891115_pastorale-operatori-sanitari.html).

collectivized, modes of social change were also fragmented and dispersed. Only the so-called professionals, those who had the financial and social means to mobilize, got invested in grassroots organizing and tried to advocate for others. But how and when did this change come to be desirable for the state?

In 1985 the world had proven the HIV crisis to be real and daunting<sup>18</sup>. Sex workers and gay trans, and lesbian communities denounced the negligence of the state and began to resist it in modes and ways as shown in the previous section. So the state intervened. Coalescing the edification of responsibility with the rampage of community-built resources and emotional capital, the state-recognized community intervention and campaigns by funding them. The effort to prevent community death and pain was rewarded with the acknowledgment that HIV prevention was essential to the well-being of the whole society, albeit on state-defined premises and regulations: rhetorical evasion on condom usage, and exclusion of the affected categories from decision-making. The objectives were 1) to contain the spread of the disease, responding to an international and humanitarian mandate; 2) to make no concessions on decriminalizing prostitution or accepting queer sex. To read neoliberal governmentality on 1985's unfolding of the events does not aim at simplifying its historical interpretation of the events, but rather to show from which positionality the state responded to the call for intervention.

On the other hand, civil society did not act as the passive recipient of neoliberal governance giving up on the political and collective effort made to get to that point. In a time when street demonstrations and occupations had fallen out of the mainstream socialization of politics, grassroots movements continued to be centered on alternating downsized participation to institutional campaigns and community-based organizing. In 1987 the first national task force on preventing HIV was formed and started organizing media campaigns. Public narratives centered on abstaining from having unsafe sex with transsexuals, prostitutes, drug users, and casual partners. At the same time, the third sector's infrastructures continued to extend the reach of their service provision. The two spheres were kept separated, and none of the national public campaigns were formally or informally directed to marginalized communities. Little space was given to assert the importance of condom usage. As a result, the CDCP, Arcigay, and a group of other volunteers gathered to form LILA - Lega Italiana Lotta AIDS - the same year the national task force was formed. LILA had similar aspirations to ACTUP in New York: they promoted media campaigns, published leaflets and informative materials, organized workshops, and denounced in

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<sup>18</sup> On September 3<sup>rd</sup>, 1985, the WHO issued a press release asking states to activate measures to prevent the spread of HIV.

various forms the hypocrisy of state preventive heteronormative and sexophobic propaganda. In 1987, the CDCP adhered to participating in a school assembly to talk with students in Genoa about HIV<sup>19</sup>. The event was banned, and sex workers were not allowed to spread sex-positive propaganda among younger generations. As a matter of fact, the CDCP was committed not only to HIV prevention but also to a pedagogy of care and emotional labor promoting consent, self-determination, and sexual liberation. In the summer of that same eventful year, a group of trans and non-trans women sex workers organized a strike in Trieste, after one of the community members had been escorted out of the bar after being served a drink in a plastic cup to avoid contamination (“E le lucciole di Treviso minacciano lo sciopero”, 1986). Contrary to what it seemed at first, the call for the national intervention of 1985 was instrumental by 1988 in the repression of sex workers and trans sex workers’ voices in the public debate. The nonsensically extended and contradictory production of information, from the state, the international community, and grassroots movements, ended up shrinking more and more the space that these subjectivities gained in the previous year, extinguishing with it the afterlives of 1970s militant organizing and showing activists the roads towards new forms of organization.

The repositories of experience gained during the first years of the HIV crisis laid the foundations for the regulation and organization of the actions that followed. LILA became the first grassroots movement-born nonprofit to collate over 15 local chapters into one organizing body. Little was left of the horizontality the CDCP had started with or the use of energies of budgetary professionals to support of the rest of the community. With the emergence of the so-called migration crisis of the early 1990s, as a new pressing challenge exposed communities of sex workers, organizations such as LILA helped in imagining new strategies of negotiation and compromise with the state. At the same time, profiting from the practices and languages used for the prevention of HIV, the state played once again the double game of making no concessions on power organization but promoting low or medium financial intervention to contain, manage, and control the crisis by means of funding third sector’s infrastructures.

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<sup>19</sup> Pia Covre mentioned in our interview, but the event is also quoted in “Scuola: niente assemblea se gli esperti di AIDS sono prostitute e gay” (1987, April 1), L’Unità, pp. 7-9.

## 4. Conclusion

From the late seventies onwards, sex work was not only a site of ideological struggle over class, gender, and sexuality but also a space where grassroots resistance emerged against the encroaching forces of neoliberalism, as sex workers pushed back against state neglect and stigmatization through collective organizing.

Amid this exposure, sex workers strengthened their desires and willingness for collective organizing, which fused uneasily with the resistance to the spread of HIV/AIDS. Thrust back into the shadows, to be consumed by whorephobia, racism, transphobia, and HIV, sex workers pioneered, I argue, conflict against the rise of neoliberal governmentality. The outbreak of the epidemic determined new social modes of fostering and nurturing life. In the face of the shame associated with illness, queerness, or sex, the act of organizing resistance disrupts social hierarchy and the order of political authority. Picking up on forms of labor organizing used before (strikes, congresses, press conferences), in 1985, sex workers from all over the world (including Italy and the United States) gathered in Congress in Amsterdam to claim that health justice was a matter of labor justice. Resisting the push to conform to the new social order, sex workers established new forms of kinship and organizing (swinging between grassroots activism and institutional lobbying) to awaken consciousness of struggle around HIV/AIDS as a labor struggle. I selected 1985 as a focal point in reading into the Italian historical context because I think that the corresponding sex workers' new wave of organizing to raise public awareness about the epidemic is essential in investigating how the contradictions, tensions, and reactions of the last decade of the Cold War clashed with the encroachment of neoliberal governance in Italy's social equilibrium. Sex workers' mobilization, I argue, then pinpoints how and when social justice pivots out of the macro-narrative of total revolution and deflects into the fight for individual liberation. The gradual weaponizing of migration and the end of new Cold War geopolitical equilibrium shows how 1985 forecast the transformations epitomized by the fall of the Berlin Wall in 1989. The rise of globalism and grassroots movements against neoliberalism produced new political subjectivities and premises of internationalist struggle that escape the limits of this research.

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