Universidade Federal de Santa Catarina
Centro de Comunicação e Expressão
Pós-graduação em Inglês: Estudos Linguísticos e Literários
Doutorado em Inglês: Estudos da Linguagem

José Augusto Simões de Miranda

From metaphors to (new) identities:
a critical discourse analysis of hiv campaigns in Brazil

Florianópolis

2023

José Augusto Simões de Miranda

From metaphors to (new) identities:
a critical discourse analysis of hiv campaigns in Brazil

Tese submetida ao Programa de Pós-Graduação em Inglês: Estudos Linguísticos e Literários da Universidade Federal de Santa Catarina para a obtenção do Grau de Doutor em Inglês: Estudos da Linguagem.

Orientadora: Profa. Dra. Débora de Carvalho Figueiredo

Florianópolis

2023

Simões de Miranda, José Augusto
From metaphors to (new) identities : a critical discourse analysis of hiv campaigns in Brazil / José Augusto Simões de Miranda ; orientadora, Débora de Carvalho Figueiredo, 2023.
134 p.

Tese (doutorado) - Universidade Federal de Santa Catarina, Centro de Comunicação e Expressão, Programa de Pós-Graduação em Inglês: Estudos Linguísticos e Literários, Florianópolis, 2023.

Inclui referências.

1. Inglês. 2. Análise Crítica do Discurso. 3. Hiv. 4. Biopolítica. 5. Neoliberalismo. I. de Carvalho Figueiredo, Débora. II. Universidade Federal de Santa Catarina. Programa de Pós-Graduação em Inglês: Estudos Linguísticos e Literários. III. Título.

José Augusto Simões de Miranda

From metaphors to (new) identities:
a critical discourse analysis of hiv campaigns in Brazil

O presente trabalho em nível de Doutorado foi avaliado e aprovado, em 19/10/2023, pela banca examinadora composta pelos seguintes membros:

Dra. Débora de Carvalho Figueiredo
(Orientadora e Presidente — Universidade Federal de Santa Catarina)

Dra. Viviane Maria Heberle
(Examinadora — Universidade Federal de Santa Catarina)

Dra. Sandra Noemi Cucurullo de Caponi
(Examinadora — Universidade Federal de Santa Catarina)

Dra. Renata Kabke Pinheiro
(Examinadora — Universidade Federal de Pelotas)

Dra. Yasmim Pereira Yonekura
(Suplente— Universidade Federal do Pará)

Certificamos que esta é a versão original e final do trabalho de conclusão que foi julgado adequado para obtenção do título de "Doutor em Inglês: Estudos Linguísticos e Literários, Área de Concentração: Estudos da Linguagem".

ICP-Edu
Documento assinado digitalmente
Lincoln Paulo Fernandes
Data: 26/10/2023 09:35:37-0300
CPF: ***.832.529-**
Verifique as assinaturas em https://v.ufsc.br

Coordenação do Programa de Pós-Graduação

ICP-Edu
Documento assinado digitalmente
Debora de Carvalho Figueiredo
Data: 25/10/2023 19:48:57-0300
CPF: ***.522.039-**
Verifique as assinaturas em https://v.ufsc.br

Profa. Dra. Débora de Carvalho Figueiredo
(Orientadora)

Florianópolis, 2023.

To people who live with hiv.

ACKNOWLEDGMENTS

In this part, I only mention those who took part in my doctoral process in a more direct and/or intense way. Firstly, I would like to thanks CAPES for granting me the scholarship, which allowed me to carry out my dissertation. I am immensely grateful to my advisor, Professor Débora, for having accepted my research and for giving me her unconditional support — in the theme, the object, my choices. I thank Professor Litiane, who participated in the qualifying exam committee and contributed to my research in the middle of this journey. I am also thankful to Professors Viviane, Sandra, Renata, and Yasmim for having accepted my invitation to participate in the final doctoral process — the defense — and contributing with my research. I am grateful to Inácio, my boyfriend, who is also a researcher, for his affection, love, and support in so many important moments, as well as the exchanges and reflections along this path. I would also like to thank my dear friends — for their friendship, encouragement, and support along this path. And last (but not least), I am thankful to Clarice and Virginia, my faithful and charming feline companions.

Rima discordante

dizem que plantou-se em mim uma invasão
no núcleo macio do meu circo
fui hostess de um gentil adversário
um match-lembrete sobre não perdurar
num ato desprotegido
agonias acrobatas giraram no ar
por baixo: imaginadas covas

cheio de vontade
me vi morte
mas o que se fez em mim
na real era ocupação
essa sim, repleta de natureza

que morrer também é lei de vida
e de repente em mim
detectei a possibilidade de uma sorte
uma felicidade febril
um tremor de terra
uma firme instabilidade
ao entender que não sou território de uma guerra

sem batalhas, sem exércitos, sem inimigos
me curo de medos, bombas e fantasmas
posso dançar na trincheira, na rua, na cama
posso até fazer poesia
com uma rima discordante
e, latejando juntos,
vamos brilhar saúde bem diante dos seus olhos
(Kako Arancibia, 2018, p. 56 e 57)

ABSTRACT

Different images and metaphors were created for the hiv/aids epidemic, with a focus on transmission, associated with pollution, threats, and invaders (such as soldiers in a war) that come to destroy people, when 'the plague' was a form of punishment (Sontag, 2001). Since then, from a biological perspective, there has been an enormous advance in the epidemic. While in biological terms science has worked hard to keep people who live with hiv alive, from a social and discourse perspective, these people are still associated with guilt and impurity, silence is required, and only a few advances have been seen. Due to the neglect of this perspective in the epidemic, I carried out a critical discourse analysis of official campaigns about hiv produced by *Ministério da Saúde*. The corpus comprises four campaigns from the years 2006 to 2018. The criteria to select the campaigns were the ones that focus on people who already live with hiv. The study was carried out following a qualitative research methodology and the data were discussed in the light of the theoretical-methodological perspective of Critical Discourse Analysis (Chouliaraki, Fairclough, 1990; Fairclough, 1989, 1992, 2003, van Dijk, 2020) and of the concept of biopolitics (Foucault, 1990, 2003, 2007). In order to guide this study, I developed the following objectives: 1) Investigate discourses in four campaigns about hiv produced by *Ministério da Saúde*, from the years 2006 to 2018; 2) Understand the use of the analytical categories of intertextuality and assumptions in the textual analyses, as well as their functioning in the social analyses; 3) Discuss whether there are relationships between the discourses selected for the analysis and the biopolitical technology. Based on these objectives, I created the following research questions: 1) Do the campaigns maintain the sense of naturalization of people who live with hiv — determined by hegemonic discourses — or contribute to transform and change the stigma that triggers prejudice and discrimination? 2) How are intertextuality and assumptions seen in the textual analysis and how do they work in the social analysis? 3) Is there a relationship between the biopolitical technology and the discourses identified in the campaigns? The results show that overall the campaigns contribute to maintain the sense of naturalization of people who live with hiv, determined by hegemonic discourses; intertextuality was seen in the textual analysis, since the participants compose the official campaigns produced by *Ministério da Saúde*; and, there is a close relationship between the campaign producers and the participants, which were seen in the regularity of discourses. Regarding the assumptions, they were also seen in the textual analysis and allowed me to interpret what was implicit — the hidden discourses. In terms of the relationship between biopolitics and the discourses analyzed in the campaigns, regularity was found in these discourses, such as the biological and the neoliberal ones, which are commonly seen in the biopolitical technology.

Keywords: Critical Discourse Analysis; hiv; aids; biopolitics; neoliberalism.

RESUMO

Diferentes imagens e metáforas foram criadas para a epidemia do/da hiv/aids, com foco na transmissão, associada com poluição, ameaças e invasores (como soldados em uma guerra) que vêm para destruir as pessoas, quando ‘a peste’ era uma forma de castigo (Sontag, 2001). Desde então, houve um enorme avanço do ponto de vista biológico na epidemia. Apesar de em termos biológicos a ciência ter trabalhado arduamente para manter as pessoas que vivem com hiv vivas, de uma perspectiva social e discursiva, essas pessoas ainda estão associadas à culpa e à impureza, o silêncio é exigido, e apenas poucos avanços foram observados. Devido à negligência com essa perspectiva na epidemia, eu realizei uma análise crítica do discurso de campanhas oficiais sobre o hiv produzidas pelo Ministério da Saúde. O corpus é composto por quatro campanhas entre os anos de 2006 e 2018. Os critérios de seleção das campanhas foram aqueles que focam nas pessoas que já vivem com hiv. O estudo foi realizado seguindo uma metodologia de pesquisa qualitativa e os dados foram discutidos à luz da perspectiva teórico-metodológica da Análise Crítica do Discurso (Chouliaraki, Fairclough, 1990; Fairclough, 1989, 1992, 2003, van Dijk, 2020) e do conceito de biopolítica (Foucault, 1990, 2003, 2007). Para orientar este estudo, desenvolvi os seguintes objetivos: 1) Investigar discursos em quatro campanhas sobre hiv produzidas pelo Ministério da Saúde, dos anos de 2006 a 2018; 2) Compreender a utilização das categorias analíticas de intertextualidade e pressuposições nas análises textuais, bem como o seu funcionamento nas análises sociais; 3) Discutir se existem relações entre os discursos selecionados para a análise e a tecnologia biopolítica. A partir desses objetivos, eu criei as seguintes questões de pesquisa: 1) As campanhas mantêm o sentido de naturalização de pessoas que vivem com hiv — determinado por discursos hegemônicos — ou contribuem para transformar e alterar o estigma que desencadeia o preconceito e a discriminação? 2) Como a intertextualidade e as pressuposições são vistas na análise textual e como funcionam na análise social? 3) Existe relação entre a tecnologia biopolítica e os discursos identificados nas campanhas? Os resultados mostram que no geral as campanhas contribuem para manter o senso de naturalização de pessoas que vivem com hiv, determinado por discursos hegemônicos; a intertextualidade foi percebida na análise textual, uma vez que os participantes compõem as campanhas oficiais produzidas pelo Ministério da Saúde e, há uma estreita relação entre os produtores das campanhas e os participantes, o que foi percebido na regularidade dos discursos.

Quanto às pressuposições, elas também foram vistas na análise textual e me permitiram interpretar o que estava implícito — os discursos velados. Sobre a relação da biopolítica com os discursos analisados nas campanhas, regularidades foram encontradas nesses discursos, como o biológico e o neoliberal, que são comumente vistos na tecnologia biopolítica.

Palavras-chave: Análise Crítica do Discurso; hiv; aids; biopolitica; neoliberalismo.

LIST OF ABBREVIATIONS

AIDS — Acquired immunodeficiency syndrome
ARV — Antiretroviral
CDA — Critical Discourse Analysis
CL — Critical Linguistics
COVID-19 — Coronavirus Disease of 2019
CTA — Centro de Testagem e Aconselhamento
HIV — Human immunodeficiency virus
ICD — International Classification of Disease
IDU — Injected drug users
LGBTQIA — Lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual
MS — Ministério da Saúde
MSM — Men who have sex with men
NGO — Non-governmental organization
PLHIV — People who live with hiv
PEP — Profilaxia Pós-Exposição
PrEP — Profilaxia Pré-Exposição
PSOL — Partido Socialismo e Liberdade
SFL — Systemic Functional Linguistics
STI — Sexually transmitted infection
SUS — Sistema Único de Saúde
WHO — World Health Organization
UFSC — Universidade Federal de Santa Catarina
U=U — Undetectable = Untransmittable

LIST OF EXAMPLES

TABLE OF CONTENTS

1. First words

Although some diseases, such as tuberculosis or heart failure, may offer a romantic or sentimental view, according to Sontag (2001), other diseases, like cancer or aids, do not allow this perspective due to their close association to death. Regarding aids itself, the author states that different images and metaphors are associated with this disease, with a focus on transmission — images related to pollution, threats, and invaders (such as soldiers in a war) that come to destroy people — which does not allow a careful understanding and reflection about people who live with hiv[1] (henceforth PLHIV).

In the 1980s, when aids first appeared and spread all over the world with no effective medications or treatments, 'the plague' was the main metaphor for the disease due to its association with punishment (Sontag, 2001). Nowadays, however, aids is under control in many countries, and the situation is quite different. In Brazil, for instance, SUS (*Sistema Único de Saúde*) offers to all Brazilians effective antiretroviral medications (ARVs), which allow PLHIV to have the same life expectancy as people who do not live with the virus. Also, PLHIV who regularly take ARVs and have had an undetectable viral load for at least six months cannot infect others (Brasil, 2019).

The emergence of aids in the 1980s also meant the creation of specific risk groups, known as the '5H' — homosexuals, hemophiliacs, Haitians, heroin users, and hookers (Brasil, 1982). In this way, specific identities were constructed for people who lived with hiv or aids, as well as the (tacit) requirement of keeping quiet about aids and hiv when interacting in most social groups — such as with family members, friends, co-workers, and neighbors (Sontag, 2001). For example, in our contemporary society, whenever people meet at an informal social setting, they can raise certain topics considered allowed and appropriate, and one of these topics are illnesses which group members might be facing — such as stress, different body aches, diabetes, and even cancer. People do not need to be close to one another to talk about these diseases — at least *en passant* —, which may even occur at an end-of-year celebration of coworkers, for example. However, hiv and aids-related topics do not belong to the hegemonic orders of discourse in these social settings, due to the silence expected from PLHIV, which Sontag (2001) ascribes to a

---

[1] Along the dissertation, I use the acronyms hiv (human immunodeficiency virus) and aids (acquired immunodeficiency syndrome) in small letters in order to restructure a hegemonic discourse associated with the stigma they convey, as well as support activism that fights against serophobia.

mixture of shame and guilt: “the unsafe behavior that produces aids is judged to be more than just weakness. It is indulgence, delinquency — addictions to chemicals that are illegal and to sex regarded as deviant” (p.113).

When it comes to orders of discourse, Foucault (2014a) argues that they are characterized by the (im)possibility of talking resulting from power relations and from the desire for ‘truth’ (through violent means if necessary) — the possibility of talking about anything in any circumstance. Although orders of discourse may be identified in texts, they are not merely composed by elements of linguistic structures, such as nouns or sentences, but rather by broader elements, such as discourse, genres, and identities, which allow, control and exclude the possibilities (of saying) in particular areas of social life (Fairclough, 2003).

Based on the aforementioned, it is possible to understand some of the reasons that lead PLHIV to feel ashamed and guilty — as well as why they are considered impure by an oppressive system — which connects hiv and aids to a choice and to lack of responsibility. These perceptions may also be associated with the way social groups respond to the stigmatized ‘hiv/aids identity’ — polluters, invaders, destroyers —, which reflects in orders of discourse, whether or not PLHIV are allowed to talk about the fact they live with hiv in informal social settings, for instance. According to Goffman (1963), a stigma is an attribute that makes a person ‘negatively’ different from others, who is reduced from a whole and usual person to a dangerous, bad, and weak one — associated with dishonesty — and the ‘normal’ ones will no longer see and respect this person without the ‘uncontaminated’ aspect of his/her social identity.

While constructing new identities, social actors might accept, negotiate, or resist imposed identity models. When it comes to negotiating identities, Bauman (2005) raises a question which invites us to reflect about the complex process of identity construction: how can social subjects preserve their identities and at the same time maintain a potential connection with others who are in favor of the suppression of certain identities? I do not have the answer for the second part of this question, but since (new) identities emerge over a lifetime, as social and political subjects it is crucial to be able to construct identities which are connected with our beliefs, values, and ideologies, rather than simply allowing dominant groups to choose for us.

1.1 Research findings on the stigma, prejudice, and discrimination against PLHIV

In this subchapter, previous research findings on the stigma, prejudice, and discrimination against PLHIV are discussed. Anjos, Fonseca and Silva (2018) analyzed how young students living with hiv deal with the stigma and discrimination in the educational context. The participants of the study were 12 students, ages from 15 to 24, in Cuiabá – MT. The study investigated discourse practices associated with power relations, stigma, discrimination and how these issues affected the learning process. The theoretical-methodological framework used was Social Constructivism. In terms of results, all the participants of the study claimed they were victims of stigma and discrimination and felt they would probably be isolated if people knew they lived with hiv. They also talked about the extreme fear of revealing they lived with hiv to classmates and teachers. They reported that the theme hiv and aids was almost never raised at school, except in the biology classes, restricted to a historical approach about the epidemic. The results also reveal that the school system is vulnerable in terms of teacher training — since it does not raise 'taboo' topics properly in order to deal with the students´ reality, which encompasses their sexuality.

Brito and Rosa (2018) investigated how PLHIV and people living with aids were seen by society, which includes common-sense ideas about the condition — 'the leprosy of the 1980s', 'gay cancer', 'god's punishment'. Departing from Foucault´s concept of the apparatus of sexuality, the research analyzed discourses about homosexuality and aids produced by mass news media vehicles, such as *Veja*, *Jornal do Brasil*, and *Última Hora*, as well as chronicles written by Caio Fernando Abreu in his book *Morangos mofados*. The analysis revealed a sense of naturalization in discourse, which triggered the stigma and discrimination against homosexuals and people who lived with aids seen in various generations. Also, the findings showed the presence of a sexual reprimand realized by discourse practices used to discipline subjectivities considered deviant, wrong, and thus objects of punishment. In relation to *Morangos Mofados*, Caio Fernando Abreu exposed the concealed homosexuality and hidden subjectivities in the society of his time (1980s). Caio was a writer and an activist who 'came out of the closet' as a gay man living first with hiv and afterwards with aids. Also, he contributed a lot to changing conservative discourses that aimed at controlling and oppressing these marginalized groups —

homosexuals and PLHIV (as well as people living with aids, since at the beginning of the hiv/aids epidemic[2] the disease was much more common due to the lack of medications).

Lopes (2021) investigated the relationship between homosexuality and aids in a theoretical study which used a narrative review method. When analyzing social representations, the author presents two components: common sense, realized by individual opinions based on values, beliefs, and ideologies; and science, in which a scientific discourse plays an important role in social representation. When it comes to homosexuality, the author also states that there is a stigma which connects gay people and their sexuality with aids and other sexually transmitted infections (henceforth STIs). According to the author, this stigma is related to the stereotypical promiscuous gay lifestyle, therefore, it is also related to blame. In Lopes's discussion, the association of sin and blame was observed in journalistic discourse, such as in news reports from *O Globo*, which contributed to increase stereotypes related to risk groups and, therefore, increase discrimination against homosexuals living with hiv.

Araújo, Carvalho, Oliveira and Cordeiro (2017) carried out a study that analyzed psychosocial conceptions related to what PLHIV know and do not know about the virus. The participants were 44 PLHIV, ages between 23 and 67. The research instruments were sociodemographic questionnaires and semi-structured interviews with the participants. The results reveal a significant lack of knowledge from the participants about hiv and aids. As the authors argue, discrimination may also result from lack of scientific knowledge about the virus, which comprises a whole system, including health professionals, who sometimes omit relevant information for their patients and produce prejudiced discourses. The results also demonstrate that the participants consider aids a contagious disease that triggers various difficulties, such as discrimination. Due to the stigma, fear of social exclusion and loneliness, they frequently resort to silence when it comes to raising the topics hiv and aids.

Based on the aforementioned, I find it important to share a real situation that illustrates the general lack of knowledge about PLHIV. Recently, in 2021, a friend told me she had been living with hiv since 2000. We started talking about the stigma, my research, among other related issues — such as the fact that PLHIV who have had an undetectable viral load for at least 6 months do not transmit the virus. When I said this, she got really surprised, she told me she did not know

---

[2] Along the dissertation I used the term hiv/aids epidemic, since, according to UNAIDS (2017), both terms — hiv epidemic and aids epidemic — are accepted, also, nowadays it has been called epidemic (rather than pandemic), since there are distinct (hiv/aids) epidemics in different areas around the world.

that and her doctor had never told her about it. She also told me that she had not had any relationships since the year 2000 because she was afraid of transmitting the virus. She was afraid to look for information on Google and 'be discovered', as well.

Oliveira (2017) is the author of a doctoral dissertation which developed a qualitative study based on a Discourse Analysis approach. In the study, 11 participants (PLHIV) took part of semi-structured interviews. The research aimed at analyzing the sense of normalization in discourse, such as when the participants associated the cause of contagion with their behavior. It was also observed that the sense of normalization that associates the cause of contagion with specific behaviors triggers the stigma, prejudice, and discrimination. In conclusion, the author states that the proper care of PLHIV, which implies a friendly and close relationship with health professionals, is essential to overcome the aforementioned social problems that cause human suffering.

Atanázio (2017) also developed a doctoral dissertation which discussed two main issues that affect PLHIV: the first is the disease itself and its consequences from a biological perspective and the second is discrimination, which socially marginalize PLHIV. According to the author, prejudice and discrimination are connected to ideologies and power relations. The main objective of the study was to analyze if there was prejudice coming from health professionals. There were 31 health professionals who participated in the study, ages from 25 to 64. The results reveal that these health professionals showed paternalist and stigmatized attitudes towards PLHIV, treating them as helpless, dependent, and limited people, which, according to the author, apparently may be considered positive, since there is a 'special' treatment. However, they trigger more prejudice. The author also argues about the need for proper training in the health community, with an emphasis on psychosocial aspects.

A recent and significant study (Pelton *et al.*, 2021) analyzed 185 thousand PLHIV in 14 countries (including Brazil) in a systematic review and meta-analysis. According to the authors, PLHIV have 100 times more chance of dying than people who do not live with hiv and the first year after the diagnosis is alarming due to the high number of suicides. The study shows that it is not only medication that will solve the problems that affect PLHIV, but also comprehensive psychosocial programs, since PLHIV may not even make use of ARVs due to psychosocial factors. Therefore, the combination of psychosocial programs with prevention and treatment is essential.

The aforementioned studies are associated with my research since they demonstrate the existing stigma, prejudice, and discrimination against PLHIV and present analyses related to my research questions, which encompass the reproduction of violent and hegemonic discourses. Having described these studies, in the following subchapter I explain the reasons why I decided to carry out this research, as well as the significance of the study.

1.2 Why I have chosen to write this dissertation and the significance of the study

As a political subject, I found it relevant to situate my ontological position in relation to the topic hiv and aids. In the following paragraphs, I present a testimonial of my first motivation to carry out this research, as well as their relevance not only to the academic community, but also to society as a whole.

I was born and raised in a conservative small city named Brusque, in the 1980s. Although my parents were open-minded in comparison to most of my friends' parents, there were other significant social influences, which have always, somehow, suppressed natural human conditions — such as homosexuality, for instance. In 1998, I moved to Curitiba and, a year later, I felt comfortable enough to tell my family I was gay. They supported me, but they were not the only ones I used to interact with. Time went by…

In 2005, my dad suddenly passed away. It seemed the family was about to die as well, but life went on. In June of 2012, my mom was diagnosed with cancer, which was one of the most devastating news I have ever received, since we were very close. Sadly, she passed away three years later, in March of 2015.

Two months after my mom's diagnosis, in August of 2012, I had some routine examinations and found out I was living with hiv.

Due to the stigma, I thought I would die soon. Due to the stigma, I didn't tell any family member because 'it was not fair', since my mom had just been diagnosed with cancer. Due to the stigma, I didn't tell anyone (except health care professionals and, two years later, my mom, who somehow noticed something was wrong with me) because 'it was my fault', because I was gay, because I was embarrassed. Due to the stigma, I felt dirty and impure. Due to the stigma, I thought I should face 'aids' alone. Due to my ignorance, I didn´t know that by making use of ARVs I would have an undetectable viral load and, by having an undetectable viral load for at least 6 months, I would not infect others. Due to my ignorance, I didn´t know that according to law 12.984, discrimination against PLHIV, as well as telling others about the fact they live with hiv (with the intent of offending their dignity), is a crime with penalty from 1 to 4 years of prison. Due to my ignorance, I didn´t know that PLHIV can have the same life expectancy as people who don´t live with hiv. Due to the stigma, I remained in silence for almost 10 years.

In 2016, I started my Master's at UFSC, which was a watershed in my life — as a student, a researcher, a human being. Values, beliefs, ideologies, concepts of (in)justice started to change, which definitely played an important role in encouraging me to carry out this study and, in 2019, I started my Ph.D at the same university.

In 2020, the COVID-19 pandemic started and it was another watershed in my life. It made me (re)think my beliefs, values, among other issues. Also, since I belong to a risk group, I was one of the first guys my age to take the COVID vaccine, in May of 2021. As soon as I was vaccinated, I felt so happy and just wanted to share it. However, questions and more questions would come up, as they actually did: How did you manage to get vaccinated first? In the beginning, I lied: high blood pressure. These lies made me feel so bad that I told myself: enough! Soon after that, I started being honest and opened up to some people about living with hiv.

Alongside that, in August of 2021 my academic life had a significant change — all of a sudden, I had a new advisor, new (theoretical/methodological) perspectives, new research. Then, with the support of some friends and my advisor, I decided to 'come out of the closet' (for the second time) and carry out this research. On December 1st, 2021, I had my PhD qualifying and chose that date in honor of a symbolic date — World Aids Day.

I hope to help other PLHIV. I hope to make other people aware that there are many others like them. I hope to encourage other people to talk about hiv at the cafeteria, at a bar, in class, at work, if they wish. I hope other PLHIV really don´t care if someone gets away from them because of prejudice. I hope other people living with hiv realize that they are not losing absolutely anything parting with someone like this. I hope to reduce the stigma, silence, exclusion, pain. I hope to contribute with the literature that encompasses the fight against serophobia[3].

---

[3] According to Lopes (2021), serophobia is the name given to discrimination against PLHIV, which is associated with the fear that comes from the beginning of the epidemic.

The significance of this study, therefore, is intrinsically related to serophobia against PLHIV. As previously stated and also in Pelton *et al*. (2021)´s study, which is related to suicide attempts and risks, PLHIV face many difficulties after they discover they have been living with the virus. These difficulties can trigger symbolic and real deaths, as shown in the studies. Therefore, it is time to expand agendas and this is what I intended to do in this study.

1.3 My research and the organization of the dissertation

I carried out a critical discourse analysis of official campaigns about hiv produced by *Ministério da Saúde* (henceforth MS). The corpus comprises four campaigns from the years 2006 to 2018. The criteria to select the campaigns were the ones that focus on people who already live with hiv. The discourses of these campaigns are materialized in texts taken from the official website of MS (*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*) (found for the first three campaigns) and in 19 videos (totalizing the four campaigns) on YouTube of real participants (PLHIV) who gave their testimonials. The videos are available on the official Youtube channel named *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*, also delivered by MS.

The first campaign analyzed was developed for the World Aids Day (*Dia Mundial de Luta contra a Aids*) in 2006, there is an introductory text on the website and has 2 videos/participants; the second campaign was also developed for the World Aids Day, but in 2012, there is also a text contextualizing the campaign and has 1 video/participant; the third campaign was developed for a specific theme, in 2018, and it is named "Undetectable Campaign" (*Campanha Indetectável*), there is also a text explaining what the campaign is about and has 13 videos/participants; and the fourth campaign was developed for the World Aids Day in 2018 and has 3 videos/participants (the text on the website was not available).

The study was carried out following a qualitative research methodology and the data were discussed in the light of the theoretical-methodological perspective of Critical Discourse Analysis (Chouliaraki, Fairclough, 1990; Fairclough, 1989, 1992, 2003, van Dijk, 2020) and of the concept of biopolitics (Foucault, 1990, 2003, 2007). For the textual and social analysis, I selected the analytical categories of intertextuality and assumptions (Fairclough, 2003), since I found them most appropriate for my corpus. These analytical categories allowed me to interpret the discourses seen in the campaigns and connect to the concept of the biopolitical technology, when I discussed (and explained) the social elements of the research. In this way, the analytical method of text, discourse practices and social practices — as firstly proposed by Fairclough (1992) and then revisited by Chouliaraki and Fairclough (1999) — was taken as basis for my analysis as a whole.

In order to guide this research, I developed the following objectives:

1) Investigate discourses in four campaigns about hiv produced by *Ministério da Saúde*, from the years 2006 to 2018;

2) Understand the use of the analytical categories of intertextuality and assumptions in the textual analyses, as well as their functioning in the social analyses;

3) Discuss whether there are relationships between the discourses selected for the analysis and the biopolitical technology.

Based on these objectives, I created the following research questions:

RQ1: Do the campaigns maintain the sense of naturalization of PLHIV — determined by hegemonic discourses — or contribute to transform and change the stigma that triggers prejudice and discrimination?

RQ2: How are intertextuality and assumptions seen in the textual analysis and how do they work in the social analysis?

RQ3: Is there a relationship between the biopolitical technology and the discourses identified in the campaigns?

This study is divided into five chapters: the first chapter introduces the research and in it I make generalizations about the topic, present previous research, talk about the reason for carrying out this study, as well as its relevance, and then explain what this study is about. In the second chapter, which is the review of the literature, I start contextualizing anti-aids programs, then I present a timeline of activism and campaigns, followed by a discussion on LGBT (sexuality), hiv and aids, I also discuss the concept of biopolitics, as well as the neoliberal logic, and last, but not least, I present and explain the theoretical-methodological approach this research is anchored on — Critical Discourse Analysis — focusing on the analytical categories of intertextuality and assumptions that have grounded the textual and social analysis of the dissertation. In the third chapter, I present the methodology and explain the procedures for data selection and data analysis. In the fourth chapter, I present and discuss the analysis, the results, and some proposals. In the fifth chapter, I present the final remarks about my dissertation. Having introduced the general view of the research, I move to the second chapter, the review of the literature.

2. Some theoretical discussions — review of the literature

In this chapter, I present the theoretical framework that has anchored this study. I start contextualizing anti-aids programs, then I present a timeline of activism and campaigns and also discuss how LGBT people were affected by the hiv/aids epidemic. Afterwards I move to the concept of biopolitics, as well as the neoliberal logic, and last but not least, I explain the theoretical-methodological approach this research is anchored on — Critical Discourse Analysis — and the analytical categories intertextuality and assumptions that ground the textual and social analysis of my research.

2.1 Contextualizing anti-aids programs

Brazil has developed a much-praised anti-aids program starting in the 1990s and was the first country to guarantee ARVs to all citizens living with hiv. Along these past 30 years, there were negotiations with transnational pharmaceutical companies for reduced prices and Brazil was one of the first countries to provide needle-exchange programs and become a leader in Global Health (Cueto; Lopes, 2021). In addition to that, the authors highlight there were other relevant Brazilian programs which contributed to the fight against aids, such as the emphasis on human rights by offering free hiv tests, generic medications, and producing effective anti-homophobic campaigns, for instance. In the process of achieving all these social and health goals, the comprehensive national health care system — SUS, created by the 1988 Brazilian Constitution — played an essential role. SUS offers free health care to all Brazilian citizens, which includes physician´s appointments, examinations, medications, and other health procedures. In many countries, such as the United States of America, people have to pay high prices for health care, from very simple to very complex health procedures and services.

When it comes to the hiv/aids epidemic, which started more than four decades ago, Cueto and Lopes (2021) point out that Brazil was the most affected Latin American country and has had more than one million cases since then — with 39 thousand new cases per year in the last five years. According to the authors, Brazil's anti-aids program has become a reference all over the world and has inspired the World Health Organization (WHO) and UNAIDS to mobilize initiatives to provide ARVs to several disadvantaged nations:

> The [Brazilian] AIDS policy was secured by a series of loans from the World Bank during the turn of the twenty-first century (the first one for USD 250 million was received in 1994) and benefited by the continuity of a democratic system of government inaugurated in 1985 after over twenty years of military rule (1964–1985). During the center-right governments of Fernando Henrique Cardoso and the center-left governments of Luiz Inácio Lula da Silva, namely during the years 1995–2011 (each one was president for two consecutive terms), the AIDS programme enjoyed continuity and integrity (p.2).

Although Brazil was considered a model for a long time in anti-aids programs, Cueto and Lopes (2021) argue that there was a significant decline due to the financial crisis of 2008, accompanied by a reduction in loans from the World Bank since the early 2000s, a decline in donations to aids programs, and funding problems faced by Brazilian Non-governmental organizations (NGOs). Also, as Brazil was considered a middle-income country in 2008, the international view was that it should care for its population and not depend on loans and donations. In 2010, at the 18th International aids conference in Vienna, participants and activists complained about the lack of funds seen in Austria, the UK, Canada, Germany, France, and the USA, such as USD 50 billion for global aids programs expected by the US government (Cueto; Lopes, 2021). As the authors stated, the lack of funds seen all over the world affected dramatically anti-aids programs in Brazil.

In order to contribute to the decline of the anti-aids programs in Brazil, conservative, political, and religious forces played important roles in these contexts constituted by neoliberalism. As Cueto and Lopes (2021) argue, in 2019, the election of Jair Bolsonaro led to the decline of important social and health programs connected to the anti-aids programs. The most important political leader in Brazil at that time clearly demonstrated his opposition to abortion, same-sex marriage, among other human rights, with a supportive group — the number of seats in the lower house of Congress occupied by Christian evangelicals rose from 195 to 513 in Bolsonaro´s mandate — that shares the same ideological bias (Cueto; Lopes, 2021).

> Bolsonaro also suspended contracts with public laboratories to produce generics, ended the National Council to Combat Discrimination Against LGBT People and cancelled the HIV harm reduction policy (free syringe exchange for injectable-drug users). In March 2019, Brazilian diplomats opposed the notion of ‘sexual rights’ which had underpinned previous anti-AIDS campaigns (p.8).

When it comes to the essential role that NGOs play in the anti-aids programs, the former president Bolsonaro neglected and offended activists who are often discriminated and, in May of 2019, he excluded the term aids in the *Departamento de Vigilância, Prevenção e Controle das*

Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais by creating a new Department of Chronic Conditions and STIs (which includes aids) (Cueto; Lopes, 2021) called *Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis*. The authors point out that some scholars also criticized relevant actions realized by NGOs, activists, and other members of civil society and started questioning and accusing these people of putting a greater emphasis on aids — since other diseases have higher mortality rates — and ignoring other health problems. It is important to bear in mind, however, that unlike other diseases that are not stigmatized or even if discrimination also occurs, such as other STIs — e.g.: syphilis and gonorrhea —, which can still be normally treated and cured, aids still carries a huge stigma. Taking advantage of this backlash, the National Confederation of Industry requested the Federal Supreme Court to repeal the law that protected workers living with hiv from being fired due to discrimination (Cueto; Lopes, 2021), but the request was not granted.

Therefore, different from what was seen in the past years, when Brazil was considered a reference worldwide in terms of aids/hiv programs, not only because of the ARVs guaranteed to all Brazilian citizens living with hiv, but also because of the psychosocial programs allied to the treatments, the present scenario that affects PLHIV has changed. As a person living with hiv, I have realized that psychosocial programs are as essential as ARVs, since discrimination triggers dangerous consequences to mental health. As previously discussed and shown in Pelton *et al.* (2021)´s study, it is not only medication that will solve the problems that affect PLHIV, but also broad psychosocial programs, since PLHIV may not even make use of ARVs due to psychosocial factors. Therefore, the combination of psychosocial programs with prevention and treatment is essential.

According to Cueto and Lopes (2021), members of Bolsonaro´s former government — such as Mandetta (the first Minister of Health), Damares (Minister for Women, Family, and Human Rights), and Weintraub (the second Minister of Education) — encouraged sexual abstinence to prevent STIs, as well as condemned ‘gender ideology’ by claiming that sex education should be taught at home. However, the lack of sex education and psychosocial programs in schools increases the stigma, taboos, and discrimination. Also, many families do not speak openly to their children about sex and a lot of the information that these children should receive at an early age either comes only when they are older or it never comes— as a result of various omissions by health professionals, institutions, and dominant groups which aim at maintaining conservative discourses. Therefore, essential information about the virus must urgently be made available not only to PLHIV, but to the population in general and it should start at school, with no taboos, stigmas or omissions.

The decline of anti-aids (related) programs in Brazil, which started after the 2008 financial crisis and was aggravated in Bolsonaro´s government — as a result of the emergence of neoliberal and conservative governments, social inequality, the increase of homophobia, among other issues previously discussed — represents the end of a model compared to what it was seen in the past (Cueto; Lopes, 2021). As the authors argue, although SUS still offers programs to control the disease with ARVs, the idea of aids being exceptional, due to the opportunity of raising other political discussions by medicine, such as discrimination, drug pricing, power relations, social injustice, and human rights have decreased dramatically.

With the new presidential inauguration that occurred in 2023, things started to change from a social perspective, which began in the *Planalto's* ramp. Bolsonaro, who was expected to pass the presidential sash to Lula, escaped to the United States. Therefore, Lula´s team created its own way to make this ritual. President Lula received the presidential sash from a group of 8 marginalized people who represent the Brazilian society. Although it was a symbolic gesture, it demonstrated a lot of this government´s commitment to diversity. Also, Lula´s government reactivated the inclusion of the term aids in the department that is in charge of STIs, which was excluded in Bolsonaro´s government and, because of it, started lacking visibility, as previously discussed. When it comes to Lula´s ministers, they have also demonstrated a completely different commitment to social policies to protect marginalized groups as a whole. For example, in his inauguration, Silvio de Almeida, the Minister of Human Rights, talked openly about his main concern — the inclusion of marginalized groups as a whole in order to focus on lives and dignity above everything — as well as invited a transsexual woman to be the secretary of LGBTQIA+ rights. These examples of public actions to increase visibility give hope of significant changes in discourse, which also affect people PLHIV.

2.2 A timeline of activism and campaigns

Defert (2021) states that with the appearance of aids there was a social fragmentation that affected PLHIV and died of aids at that time. According to the author — who lost his partner

(Michel Foucault) in 1984 due to complications caused by aids —, different from other diseases, people supported aids patients mostly when they shared the same beliefs, values, or risks. Because of this fragmentation — that triggered different needs and backwardness —, social movements started to appear to support people who had become more and more marginalized and organized political and educational events which have contributed to dealing with essential psychosocial issues related to aids. The author himself created a NGO (AIDES) to fight against important issues that cause difficulties to PLHIV.

In 1987, during the third International aids Conference in Washington D.C. (USA), 200 thousand people participated outside, including activists and PLHIV who wanted to be heard by the scientific community and the world (Brasil, 2021). At that time, there was no treatment and silence was a form of death — as it is still the case nowadays. Then, with the support of the American NGO ACT UP, a large mosaic of quilts was made in front of the Capitol to remember and honor victims of aids, as well as to fight for life. As a result of this movement, in the following year, two public information officers of the World Health Organization, James Bunn and Thomas Netter, proposed the creation of the World Aids Day and the initiative was taken by the director of the Global Program on Aids (now UNIAIDS), Jonathan Mann, as a way to fight against discrimination, the stigma, and misinformation that surround the virus (Brasil, 2021). December 1st, therefore, is marked around the world as the World Aids Day. Since I analyzed official campaigns produced by MS, in the following paragraphs I discuss some of them in order to contextualize Brazil´s reality and the type of data I chose to analyze in this research.

In Brazil, the first campaign produced by MS came out in 1998, which mobilized the young population to prevent aids and to improve the quality of life of young people (Brasil, 2021). The theme of the campaign was "*jovens: a força da mudança*" in which the message was "*despertar o jovem para seriedade e responsabilidade diante do problema, ao mesmo tempo em que convidava a sociedade a refletir sobre o seu enfrentamento*". The target population was "*jovem em idade sexualmente ativa*". The period of the campaign was from December 1st to 15th. The means broadcast were TV, radio, and movie theaters. On TV, it was broadcast on the main open national networks and cable TVs, for a period of fifteen days, with commercials of 30 and 60 seconds. On the radio, it was broadcast in cities with prevalence of (at least) 100 cases per 100,000 citizens, including statements directed to teenagers and the young adult population by the main communicators of the indicated stations.

In 1998, another campaign was developed by MS to Injected Drug Users (IDU). The idea of the campaign was to prevent the sharing of needles and syringes, and therefore, reduce hiv infection among this population and the question applied was "*Se fosse seringa, você usava?*" (Brasil, 2021). According to MS, the images used in the messages of prevention caused a great impact — such as encouraging the involvement of IDU in discussions about a more dignified approach to health, which allows a rescue of their citizenship and a wider inclusion in society.

In 2017, the campaign "*Dezembro Vermelho*" was instituted by Law No. 13.504/2017 to mark a major national mobilization in the fight against aids and other STIs, as well as call attention to prevention, assistance, and protection of rights of PLHIV (Brasil, 2021). The campaign comprised a set of activities — allied with SUS, civil society entities, and international institutions —, such as lighting of public buildings with red lights, lectures, campaigns, and events.

In 2018, two decades after the first campaign, MS developed "*Campanha Indetectável*". The campaign shows stories of 13 PLHIV who have undetectable viral loads after making use of ARVs (Brasil, 2021). The participants are divided in two groups: people who just discovered they are living with hiv and people who discovered in the 1980s — 1990s (at the beginning of the epidemic). The participants tell their stories, how they received the diagnosis, the struggle for acceptance and the difficulties to start the treatment. The means broadcast were videos on YouTube.

From 1998 to 2021, the campaigns targeted different publics, such as young adults, truck drivers, homosexuals, transvestites, prostitutes, and elderly people; the main theme was prevention, and the means were videos, slogans, posts on social networking sites, among others. Very few campaigns focused on people who were already living with hiv — and the challenges they have faced, such as discrimination issues that trigger risk of death, as previously discussed. Even the ones related to testing and diagnosis seemed to focus more on medicalization, rather than psychosocial aspects.

Based on the aforementioned, since the beginning of the epidemic, which started more than four decades ago, it is possible to see various challenges and accomplishments — achieved by governmental agencies, NGOs, activists, civil society, among other groups. However, there is still a lot of stigma, discrimination, and taboos surrounding hiv and aids. Therefore, the fight against serophobia seems to be far from over.

2.3 LGBT[4](sexuality), hiv and aids

When the hiv/aids epidemic started, different from nowadays, the stories involving gay [and bisexual] men and aids were complex and blurred the borders between a homosexual identity with the aids patient identity (Defert, 2021). From a symbolic perspective, the epidemic was the greatest 'stain' on hegemonic masculinity in the last 40 years, and in the first 20 years of the epidemic — 1980s and 1990s —, it was closely related to a homosexual identity (Caetano; Nascimento; Rodrigues, 2018). Since then, homosexual relationships and behaviors have increasingly gained visibility and homosociability has emerged and influenced ways of dressing, acting, and expressing affection (Defert, 2021).

The spread of discourses about the epidemic, the struggles of NGOs, the increasing market interests on the gay community from the 1990s and the investment on the media market have contributed to the visibility of a social imaginary which was essential to move the discourses about the LGBT community from its stigmatized markers (Caetano; Nascimento; Rodrigues, 2018). The authors also argue that it was due to aids that leaders of the LGBT movements in Brazil, especially gays, started to get together to push for the creation and implementation of public policies for the LGBT community. However, as they claim, this visibility that the LGBT community achieved apparently only served to create a market segment or a specific lifestyle, greatly based on consumption.

In order to have their civil rights recognized, LGBT people had to become visible in the public arena and had to fight for their identities, as well as their performativity and desires; LGBT people also denied discourses that identified them as sick, deviants, sinners or criminals and because of the many stories of resistance, struggle, and solidarity during the epidemic, the health of this population left the fixed territory of medicine to become a concern of educational and social policies (Caetano; Nascimento; Rodrigues, 2018). The authors state that in this complex scenario that surrounds the relations health-disease in the body and (re)construct subjectivities, the visibility of marginalized groups started to emerge and to connect to the struggles for civil rights and for democracy.

---

[4] Since I am referring to the beginning of the epidemic and citing authors who wrote LGBT, in this subchapter I mostly use the 'reduced' acronym instead of the whole one.

In relation to the queer movement that emerged in the United States in the 1980s, Lima (2021) argues that there was a political bet organized in at least two ways: firstly, the queer crowd denounced the cis-heteronormative society, which — with the rise of the epidemic — considered expendable those bodies who did not fit sexual hegemonic patterns; secondly, the queer crowd also criticized a part of the gay community that followed the ideals of the American capitalism, leaving aside gender and sexuality issues in order to belong to the elusive groups that social brands provided — such as affluent white people and high-end consumers. The author also claims that more and more white and upper-middle-class gay men with reputable jobs believed they belonged to the cis-heternormative society, which they initially criticized, however, the epidemic reminded them that it was an illusory social inclusion and they were still considered aberrations; also, this pseudo inclusion left apart a set of bodies that did not fit in this new standard, such as trans people, transvestites, lesbians, black gay men, among others. According to Mott and Michels (2019), who represent *Grupo Gay da Bahia* (GGB), Brazil holds the highest rate of crimes against the LGBTQIA+ population — an average of one crime every 20 hours.

When it comes to sexuality, Foucault (2021) argues that along history it has always been public and the object of literary texts; however, regarding non-fictional public sexuality, there has always been an attempt to show only what is considered ‘normal’ and bearable, and homosexuality is considered a permanent scandal with visible social disapproval. Michel Foucault died in 1984 and many things have changed since then. Also, as Fairclough (2010) argues, an order of discourse may be local and we can see differences from particular societies, spheres, and even institutions. Despite all the violence against the LGBTQIA+ community, homosexuality and the LGBTQIA+ group as a whole (at least in some western societies) there have been some advances in the public sphere. For example, in 2022, in Brazil, it was the first time that transsexual people (four women) were elected to compose the Congress. The LGBTQIA+ community is far from being considered normal by our society as whole and more recent discussions about gender dissent, such as the ones that affect transsexual people and other letters from the acronym that appeared later, are even more violated. However, due to struggles and resistance made by the civil society directly affected as the queer crowd discussed above, as well as other members mainly from the left-wing, new possibilities started to rise and (slow) changes started to be seen.

Still regarding sexuality, I would like to highlight that approaching sexuality at the informational and superficial level (for example: I am gay and people know about it) is different from talking about sexuality with all the complexities it encompasses. For example: in many social meetings that I took part, either among gay men or among mostly heterosexual men, I heard people talking about the act of sex and the pleasure they felt. Nevertheless, it was mainly reported in a 'mocking' way — with jokes and laughs. I wonder: were they really talking about sexuality and the whole complex ideas behind it, which involves experiences, sensations, attempts, discoveries, knowing our bodies etc., or were they trying to convey another message, such as affirming their virility and 'potency'?

By becoming a scientific and theoretical problem, due to sexual transgression, sexuality has moved from silenced practices to an object to be studied in western societies — classified either as a crime or as a disease (Foucault, 2021). However, as previously discussed, it is important to bear in mind that even with the support of science, there are still silenced and marginalized practices which are left aside and commonly restricted to discussions among private social groups (and in a 'mocking way'), since they do not belong to the body of relevant public policies, for instance. Therefore, discussions that are related to sexuality and affect PLHIV must be urgently raised. For example, PLHIV who somehow 'transgress' the current order of discourse in our (western and Brazilian) contemporary societies, such as telling others about their condition, may be 'punished' with prejudice, discrimination and consequences triggered in different ways, mainly due to the scandal of being 'sinners' who have not properly protected themselves during sexual practices. Nevertheless, it is important to highlight that even in apparently monogamous relationships, people are exposed to STIs, and endless examples may be seen around us. The origin of this social vulnerability attributed to PLHIV that associate them with 'sinners' is also related to sexuality (as Foucault states, a crime or a disease), in which conservative discourses created by religious and other hegemonic groups aim at restricting shallow debates to the private and the individual sphere.

2.4 Biopolitics and neoliberalism

According to Courtine (2013), the body seen in human sciences is expected and demanded to be separated into different spheres — such as family, school, or military — and these norms of social control were more evident in the 1950s and 1960s, which marks the recognition of the body as an object of discourse (Courtine, 2013). This object of discourse is still seen nowadays, as well as its relation with marginalized bodies — its structure of control and deletion. “The body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it; mark it; train it, torture it, force it to carry out tasks; to perform ceremonies, to emit signs” (Foucault, 1979, p. 25).

There are different phases in the history of body control. Foucault (2003) argues that initially and for a long time, it was connected to the individual body — in which the sovereign made people die or let them live. Based on the sovereign’s desire, there was a public and theatrical torture, which was part of a political ritual and a form of punishment for those who violated the law, in which the accused body was devastated and inscribed for this punishment (Dreyfus; Rabinow, 1995).

Afterwards, from the 17th century on, the old sovereign power was reformulated and the management of life became controlled with discipline in different areas — school, army, political practice, public health, education, among others (Foucault, 1979). A disciplinary technology is interested in training and disciplining the individual body, as well as increasing the forces of the body for economic use and, consequently, reducing its political activism (Lemke, 2011).

From the 18th century onwards, there were also regulations on the population, demography, mapping of wealth (and its circulation), as well as the duration of life itself — which became reflected in the biopolitical technology that makes people live and lets people die (Foucault, 1979). This technology is concerned with regulating and preventing dangers that a population may face (Lemke, 2011). The concept of biopolitics has firstly appeared in a conference presented by Michel Foucault in 1974, which was published in 1977 and named “The birth of social medicine” (Caponi, 2014).

According to Foucault (2003), in most cases, the disciplinary and regulatory mechanisms of power are articulated with each other, therefore, they are not mutually exclusive and are part of the normalization system. The author also states that, from the 19th century onwards, power has controlled life from the organic to the biological, from the body to the population, through technologies of discipline and regulation.

In the biopolitics exerted by government, Lemke (2011) argues that there are some measurements on the population, which are defined by correction, exclusion, norm, discipline, therapy or optimization. According to the author, the analysis of biopolitics starts with a theoretical perspective raised by Michel Foucault (Foucault, 2007), but from this emergence, there are several developments that other theoreticians, with different epistemological perspectives (Agamben, 2010, 2011; Hardt; Negri, 2005, 2006), have produced over the years. He also argues that analyzing biopolitics is a problematic and creative activity, which connects a diagnosis from the present moment to a future orientation in order to deconstruct 'natural' ways of thinking and inciting other ways of living.

A movement from the individual to the social and global, thus, is perceived, in which a sophisticated biopower technology over the population — which controls who is made to live and who is left to die — differs from the sovereign power, especially with regards to the view of life and death. Unlike the spectacled events — in which death was a party — in the biopower, death becomes shameful, private, concealed and restricted to a taboo object (Foucault, 2003). Regarding the relationship between life and death in both moments, Foucault raises some questions:

> If it is true that the power of sovereignty is increasingly on the retreat and that disciplinary or regulatory disciplinary power is on the advance, how will the power to kill and the function of murder operate in this technology of power, which takes life as both its object and its objective? How can a power such as this kill, if it is true that its basic function is to improve life, to prolong its duration, to improve its chances, to avoid accidents, and to compensate for failings? How, under these conditions, is it possible for a political power to kill, to call for deaths, to demand deaths, to give the order to kill, and to expose not only its enemies but its own citizens to the risk of death? Given that this power´s objective is essentially to make live, how can it let die? How can the power of death, be exercised in a political system centered upon biopower? (2003, p. 254)

Therefore, it is important to highlight that, on the one hand, there is an effort to maintain (and control) healthy and vigorous bodies in order to make people live and, on the other hand, it is possible to perceive the deletion of bodies that do not fit this part (made to live) of the biopolitical perspective and then, are left to die. Throughout history, we can list a significant number of bodies that were victims of hegemonic groups and made part of this biopower, which selects (forms of) lives and ways of living. About this and other life processes, Lemke (2011) argues:

> One must ask what knowledge of the body and life processes is assumed to be socially relevant and, by contrast, what alternative interpretations are devalued or marginalized. What scientific experts and disciplines have legitimate authority to tell the truth about life, health, or a given population? In what vocabulary are processes of life described, measured, evaluated, and criticized? What cognitive and intellectual instruments and technological procedures stand ready to produce truth? What proposals and definitions of problems and objectives regarding processes of life are given social recognition? […] What forms of life are regarded as socially valuable, and which are considered "not worth living"? What existential hardships, what physical and psychic suffering, attract political, medical, scientific, and social attention and are regarded as intolerable and as a priority for research and in need of therapy, and which are neglected or ignored? How are forms of domination, mechanisms of exclusion, and the experience of racism and sexism inscribed into the body, and how do they alter it in terms of its physical appearance, state of health, and life expectancy? Also, this perspective investigates the "economy" of the politics of life: who profits and how from the regulation and improvement of life processes (in terms of, for example, financial gain, political influence, scientific reputation, and social prestige)? Who bears the costs and suffers such burdens as poverty, illness, and premature death because of these processes? What forms of exploitation and commercialization of human and nonhuman life can be observed? […] How are people called on, in the name of (individual and collective) life and health (one's own health and that of the family, nation, "race," and so forth), in view of defined goals (health improvement, life extension, higher quality of life, amelioration of the gene pool, population increase, and so forth) to act in a certain way (in extreme cases even to die for such goals)? How are they brought to experience their life as "worthy" or "not worthy" of being lived? How are they interpellated as members of a "higher" or "inferior" race, a "strong" or a "weak" sex, a "rising" or a "degenerate" people? (p. 119 and 120).

When it comes to the selection (and separation) between pure and impure people, which are classified as more or less humans, Foucault (1990) discusses the creation of racism, which, in the beginning, was a concern to protect the purity of blood and make the 'white' race triumph. From that perspective, the extinction of impure bodies became essential for the maintenance of the pure ones.

> The more inferior species die out, the more abnormal individuals are eliminated, the fewer degenerates there will be in the species as a whole, and the more I — as species rather than individual — can live, the stronger I will be, the more vigorous I will be. I will be able to proliferate. The fact that the other dies does not mean simply that I live in the sense that his death guarantees my safety; the death of the other, the death of the bad race, of the inferior race (or the degenerate, or the abnormal) is something that will make life in general healthier: healthier and purer (Foucault, 2003, p. 255).

According to the author, in the biopower system, killing is essential and acceptable to improve the species, in the normalizing society, racism (in the expanded sense) is vital. Based on the aforementioned, the technology of selection (and separation) — which Caponi (2014) states is the logic of biopolitics — in the contemporary world may be perceived in different ways, which vary according to the laws that govern each nation. Therefore, the elimination of 'inferior' people is beneficial for this technology (Foucault, 2014b).

It is important to highlight that these deaths may be also triggered by (concealed) discourses and occur in a long and indirect process, in which exclusion and discrimination of people play important roles. In other words, the elimination of ‘inferior’ people, such as marginalized groups, seen in contemporary society may be realized by physical violent acts — such as murders of marginalized group members — or symbolically, in which slow and various types of death occur and may trigger literal ones. In relation to this, Foucault (2003, p.256) argues: “When I say ‘killing’, I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, simply, political death, expulsion, rejection, and so on”.

When it comes to PLHIV, it is possible to perceive both sides of the biopolitical technology previously discussed. At the same time that there are ARV medications (at least in Brazil) to keep them alive and productive — made to live —, the medication is not enough — since lives are not merely restricted to the biological sphere, in which the viral load may become undetectable, for instance. Lives are composed of subjective issues that encompass feelings, affection, and a sense of belonging. Thus, while PLHIV are biologically made to live, they are psychosocially left to die, since the stigma, prejudice, and silence that trigger symbolic and literal deaths are constantly ignored by society as a whole, which maintain the invisibility of these bodies.

When I point out the term symbolic, I highlight all the sufferings PLHIV may face along their lives, which can trigger subjective deaths. In other words, since hiv carries a huge stigma in our contemporary society, people who live with it develop strategies to survive, which includes daily life issues, such as asking or paying someone to get their ARVs; hiding them at home if living with others; lying at the workplace to make medical examinations; among others, in which different types of fears — associated with loneliness that silencing causes — come into play and start causing slow symbolic deaths. Furthermore, many people do not even get tested nor start the treatment due to the panic that the stigma has triggered, as well as many others commit suicide in the first year after the diagnosis, as demonstrated in Pelton *et al*. (2021)´s study.

From the moment that the ethical and political domain is reduced to the biological field, our individual and daily afflictions, our social connections, are managed by therapeutic intervention and prevention, which are interested in classifying human beings as merely ‘normal’ or ‘pathological’ (Caponi, 2014). According to the author, since the biopolitical technology is constituted as both scientific and political — life is not only biologically represented, it is also seen as an object of intervention and power — and it is concerned with vital processes, such as anticipating risks and dangers, we are constantly seen as responsible and guilty of anything that may happen to our health — it is a moral obligation to keep healthy, and values such as beauty and eternal youth are connected with self-care. From these regulations and attempts to control risks and dangers that pervade ethical and moral dilemmas, Castiel (2014) argues that fear and paranoia play important roles in controlling and blaming subjects for their actions. This panic is commonly seen in hiv-related discourses, which are still (re)produced, by associating the virus to a death sentence and a form of punishment, as it was done at the beginning of the epidemic.

When it comes to metaphors associated with pathological conditions that describe ‘abnormal’ people as deviant monsters, the biopolitical technology reinforces the presence of these aberrations and aims at ‘normalizing’ them by constructing docile and strong subjects without diseases, pains, and ‘suspicious’ behaviors, which are able to work and produce in the neoliberal economy (Caponi, 2001).

Regarding this economy, Fairclough (2000) argues that what is happening in the contemporary world is a restructured (and global) form of capitalism — there are those who win and there are those who lose. According to the author, some of the losses is the enormous social inequality (between rich and poor), less security for people, more forms of discrimination, such as racism and sexism, weakness in democracy, and environmental damage caused by different practices (political, business, social). In neoliberalism, there is the imposition of new representations of the world, new discourses, new genres and a whole linguistic (and semiotic) project is (re)articulated (Fairclough, 2000). The author claims that this logic is defended by conservative political parties in order to weaken democracy and, in this way, reduce social welfare — the State is not able to ‘compete’ with the markets, which dictates social restructuring and affects marginalized groups and, in this way, a possible attempt to protect the population in favor of social welfare is weakened.

Concerning the logic behind this economy, Bazzicalupo (2017) argues that those who work and produce are seen as active subjects, since they calculate and decide to invest in their own resources, their “human capital”. According to the author, “human capital” is a set of physical, psychological, and cultural elements — such as energy, attitude, and ‘competence’, for instance —, in this view, subjects are expected to be totally responsible for themselves —

personally speaking rather than socially —, as well as to create an environment of competitiveness and individualism among themselves in order to ‘succeed’ and ‘win’. Neoliberalism is not only an economic model, but also a form of social engineering (Safatle, 2021). In this rationality, subjects are not naturally satisfied and, therefore, they seek comfort in order to achieve happiness — ‘the more, the merrier’ —, which is associated to ‘human dignity’ and ‘freedom’, human affection is reduced to a mathematical logic of investing, buying, and selling, supported by a marketing idea of demand (Franco *et al*., 2021). In order to produce (obedient) bodies, Silva Junior (2021) claims that new discourses — which affect work, communication, and desires — aim at naturalizing social vulnerability, with high levels of unemployment, and invite subjects to start a business, for instance, as well as to feel responsible for unemployment — associating the ones who cannot change this condition to failure, laziness, or infantilization of citizens by the government.

According to Avelino (2016), it is necessary to think about neoliberalism as discursive happenings, which acts in the formation of subjects. The author also argues that the role of power in the neoliberal rationality is not so much in the sense of producing behaviors but correcting, inciting, and adjusting them by manipulating subjects according to the economic environment and demands. Besides, childhood, education, sexuality, the use of drugs, the relationships with other beings and with the planet, as well as love, friendship, affection, and even death itself cease to compose the possible field of experiences of people to become consumer goods, investments, and human capital (Avelino, 2016). The author ends this paper with a question: “Would that generation have completely disappeared in current times?” (2016, p. 278, my translation).

When it comes to the discourses related to neoliberalism, Fairclough (2000) discusses the inclusion of different narratives (some already mentioned above) — such as progress, opportunity for 'growth' through intense competitiveness —, which demand actions — e.g., market freedom , reducing the bureaucracy of the State, 'flexibility' at work, 'modernization', among others. According to the author, these discursive projects contribute to create new social relations, new values, new 'ways of being', which affect (and transform) different areas of life, as seen in different discourses, such as the economic discourse, the educational discourse, the political discourse, as well as discourses that are not directly linked to neoliberalism, but are strongly affected by it, such as the discourse of ‘insecurity’ generated by all this 'flexibilization' in labor relations, which becomes a virtue — while dependence on social welfare is a flaw and insecurity an individual problem that we must 'overcome'.

With regard to the attempt to 'correct' flaws to encourage individual responsibilities and the increase in social inequalities, different types of violence and deaths occur. In this logic, there are criteria and articulated pre-established choices made by hegemonic groups, which aim at selecting who is made to live and who is left to die. In addition, it is relevant to mention that there is a dialectical relationship between the existence of marginalized groups — which are still somehow welcomed by a dominant class and by neoliberalism — and their deletion. For example, PLHIV may be also useful to compose normative society — especially if they make part of a relevant consumption group —, as long as they follow some conditions required by conservative and hegemonic groups, such as to remain silent about the fact they live with hiv. This is a typical example of the practices expected by neoliberalism — to pretend there is nothing wrong and not to raise ‘unfruitful’ topics. The biopolitical technology, therefore, affects the constitution of subjects, which is interesting and profitable for the current neoliberal system.

When it comes to the fine line between life and death, Bazzicalupo (2017) argues about the ambivalence in which biopolitics is connected to the death of people. As previously discussed, in this technology people are firstly made to live, however, when they do not fit or ‘cooperate’ with the established biopower, they are considered exceptions and can be excluded and killed.

When it comes to degrading bodies, at the beginning of the aids/hiv epidemic, there was no effective medication to keep people alive, then, activists, such as the ones who made part of the previously mentioned ACT UP organization, mobilized themselves in 1987 and started to protest for the visibility of those deaths caused by aids and for urgent discussions involving the disease. This forced powerful leaders to pay attention to all those deaths, since the movements started to firmly challenge conservative and hegemonic discourses. Therefore, in the following years, the constituted powers started listening to those voices, as well as managing hiv patients by offering medication. This is an example of resistance to claim for change.

Moving to our contemporary society in Brazil, as previously discussed, SUS offers free treatment for PLHIV, thus, from a biological perspective, they managed to have their basic rights met. However, PLHIV are still oppressed and expected to be silent and discourses that surround hiv-related issues are still full of misinformation. Since the beginning of the epidemic, in 1981, there has been significant progress from a biological perspective; nevertheless, from a social and discourse perspective, only a few advances have taken place. Discourse plays an important role in managing the epidemic and, as seen in late modernity, dominant groups make use of different strategies to discipline, control, and kill PLHIV, such as making efforts to maintain the stigma that associates PLHIV to a death sentence, by requiring and expecting silence from them. This is reflected on literature, cinema, series and other types of entertainment, in which PLHIV are still associated to terminal patients. Therefore, it is time to expand agendas in order to challenge conservative, hegemonic, and common-sense discourses, as well as create new possibilities that contribute to social change.

Regarding social struggles, Lyotard (2018) points out that they come from a postmodern knowledge, which incites the sensitivity of subjects about social inequalities and injustice, as well as provides tools to deal with these issues in an emancipatory way. According to Chouliaraki and Fairclough (1999), the literature on postmodernity is more focused on social differences and there is a fragmentation, differentiation, and proliferation of languages, which encompass discourses and power relations. From this perspective, there is a demand for effective movements that fight against social injustice. This is a *sine qua non* condition for transformation, in which other voices can be heard, as well as rights achieved (Lazzarato, 2019).

In the following chapter I present a theoretical-methodological approach that provides tools for changing this social order that decides who is made to live and who is left to die.

2.5 Critical Discourse Analysis

According to Fairclough (1992), discourse reflects or represents social relations and entities, as well as constructs them in different ways. Regarding the term discourse, the author argues that since it is not merely about individual activities, it triggers some implications — discourse as a form of action, a form in which subjects can act in the world by producing effects in other people's lives, as well as representing people; and the dialectical relationship between discourse and social structure, focusing on the relationship between social practices and social structures, for instance. Discourse is shaped and restricted by social structures, such as class, for example (Fairclough, 1992). It is possible to perceive, therefore, that discourse is associated with the lack of neutrality and an attempt to mold social actors regarding norms and regulations in order to 'organize', control, and discipline behaviors, bodies, and possibilities.

When it comes to public discourses, van Dijk (2020) states that they produce social inequalities, since dominant groups decide what it is going to be said and how public communication occurs, while marginalized groups do not have access to these discourses in the sense of intervening or expressing themselves. Therefore, as the author argues, these groups remain silent in various social settings or are only passive speakers due to the constraints and lack of opportunity to express themselves. This is commonly seen in (misinformed) discourses that affect PLHIV, which require them to remain silent due to the stigma and the fear of prejudice and discrimination.

Although there have been some (slow) changes over the last few years that benefit marginalized people, dominant groups still prevail in most forms of communication, which influence a great part of the population in different social settings, for instance. When it comes to these dominant groups, van Dijk (2020) claim that they can be called symbolic elites, since they control the production of dominant genres, topics to be discussed, curricula to be studied, styles, types of information and knowledge, moral standards, beliefs, ideologies, values, among others; they also choose who will be prominent to appear and who will be made invisible and deleted, based on their previously planned criteria, as it is discussed along this chapter.

Fairclough (1992) states there are "three functions of language and dimensions of meaning which coexist and interact in all discourse" (p. 64) — identity, relational, and ideational. The author points out that identities are related to the way social identities are constructed in discourse; relational is concerned with the social relationships between participants, as well as the representation and negotiations among these relations; and the ideational is associated with the meanings of texts in the world, involving entities/participants, processes, and relations.

When it comes to discourse analysis, it is relevant to mention that it is an ‘umbrella’ term, which encompasses different perspectives and approaches, as Systemic Funcional Linguistics (SFL), Multimodality, Narrative Analysis, Conversation Analysis, among others (Batista Jr.; Sato; Melo, 2018). Within these approaches and perspectives, the authors include Critical Discourse Analysis (CDA), which comprehends a cognitive approach, by Van Dijk (1987, 1988, 1998); a historical perspective, by Wodak (1989, 1996, 2000); and Fairclough´s approach, which is focused on capitalism, among other social issues. More specifically in Brazil, there is also a tradition of scholars who have contributed to the field, such as Batista Jr., Sato and Melo, 2018; Caldas-Coulthard and Figueiredo, 2004; Figueiredo, 2009, 2010, 2014, 2022, 2023; Figueiredo, Macedo and Rieger, 2022; Heberle, 1999, 2000, 2004, 2011; Macedo, 2018, 2022; Magalhães, 2001; Meurer, 2004; Pinheiro, 2015; Resende, 2017, 2022; and Resende and Ramalho, 2021. Regarding its emergence, in 1985, the term Critical Discourse Analysis was created by Norman Fairclough, in an article published in the Journal of Pragmatics (Resende; Ramalho, 2021).

Although in recent times the term CDA is preferred among scholars, the term Critical Linguistics (CL) and CDA are used interchangeably (Wodak, 2001):

> Thus, CL and CDA may be defined as fundamentally concerned with analysing opaque as well as transparent structural relations of dominance, discrimination, power and control as manifested in language. In other words, CDA aims to investigate critically social inequalities as it is expressed, signalled, constituted, legitimized and so on by language use (or in discourse) (p. 2).

CDA encompasses the study of language in use in a specific context, in which the text and the social reality play essential roles in the investigation of different types of texts (Batista Jr.; Sato; Melo, 2018). According to the authors, CDA follows two different paths: i) the first one is attributed to ethics, justice, and decency in the process of analysis — in which the analyst positions himself/herself in order to address social disadvantages; ii) the second is related to the object investigated, in which the analyst will describe and articulate the social order that triggers the injustice. The authors also point out that, different from some theoretical perspectives that aim at being neutral, CDA is not, therefore, it is a *sine qua non* condition for the analyst to position himself/herself in terms of values, such as justice, fairness, equality. This lack of neutrality and positioning is also seen in this study.

Regarding the textual dimension of discourse, Fairclough (1992) argues that:

> Change leaves traces in texts in the form of the co-occurrence of contradictory or inconsistent elements — mixtures of formal and informal styles, technical and non-technical vocabularies, markers of authority and familiarity, more typically written and more typically spoken syntactic forms, and so forth. In so far as a particular tendency of discursive change 'catches on' and becomes solidified into an emergent new convention, what at first are perceived by interpreters as stylistically contradictory texts come to lose their patchwork effect and be 'seamless'. Such a process of naturalization is essential to establishing new hegemonies in the sphere of discourse (p.97).

According to Fairclough (2003), textual analysis is an essential part of discourse analysis, which also encompasses ‘orders of discourse’. Resende (2017) states that an order of discourse controls and allows discursive action in relation to particular fields of human activity, and texts are the results of these orders — which should be the main focus of critical discourse studies. As previously discussed, an order of discourse is not composed by elements of linguistic structures — such as nouns or sentences, for instances —, but rather by discourses, genres, and styles, which allow, control, and exclude possibilities in particular areas of social life (Fairclough, 2003).

Therefore, written and spoken texts play important roles to support power and discourse can contribute to maintaining the potency of hegemonic groups in direct or indirect ways, in which disguised strategies are used to convince powerless people, for instance with discourses that will supposedly benefit them and their interests (van Dijk, 2020). However, as the author claims, the power that symbolic elites have in their discourse is unstable and marginalized groups can accept and naturalize their oppression, or resist and fight against dominant groups, for instance.

Regarding discourse practices, Fairclough (1992) argues about some possibilities of constitution — conventional and creative. The author states that by constituting discourse practices in conventional ways, social groups contribute to reproducing society and social identities, social relations, and systems of knowledge and beliefs. In our contemporary society, more specifically in Brazil, there are several examples of groups that reproduce conventional discourse practices and, with Bolsonaro´s government, all groups that wished to reproduce society by benefiting themselves and directly reproducing domination and social inequalities were supported by the former president, as well as other members of that government with a similar ideological bias.

When it comes to the constitution of creative discourse practices, Fairclough (1992) states that subjects contribute to transforming society: “changes involve forms of transgression, crossing boundaries, such as putting together existing conventions in new combinations, or drawing upon conventions in situations which usually preclude them” (p. 96)..

> All producers and interpreters combine discursive conventions, codes and elements in new ways in innovatory discursive events, they are of course cumulatively producing structural changes in orders of discourse: they are disarticulating existing orders of discourse, and rearticulating new orders of discourse, new discursive hegemonies. Such structural changes may affect only the 'local' order of discourse of an institution, or they may transcend institutions and affect the societal order of discourse (Fairclough, 1992, p. 97).

Based on the aforementioned, discourse practice — and the attempts to reproduce or change it — is related to a specific moment and a particular practice. According to Chouliaraki and Fairclough (1999):

> A particular practice brings together different elements of life in specific, local forms and relationships — particular types of activity, linked in particular ways to particular materials and spatial and temporal locations; particular persons with particular experiences, knowledges and dispositions in particular social relations, particular semiotic resources and ways of using language, and so forth. In so far as these diverse elements of life are brought together into a specific practice, we can call them 'moments' of that practice […] In other words, a general account of the relationship between elements of life and their mechanisms is not enough: we need specific accounts of the form which their dialectical relationship takes in particular practices, a form which is constantly open to change (p.21).

When it comes to the discourse moment of a practice, Chouliaraki and Fairclough (1999) raise the concept of articulation, in which social actors are able to articulate symbolic/discursive resources — as genres, discourses, and voices, for instance — and relatively stabilize certain discourse moments, as well as expand these moments to networks of practices of struggle over power. An example of this articulation is seen with misinformation that triggers the stigma and discrimination — carefully developed, organized, and invested— which affect PLHIV. Although the authors talk about discourse ‘moments’, the duration of these moments might be quite long, due to the effective articulation and the lack of resistance from other social actors, for instance.

On the other hand, as the authors claim, other social actors are also able to disarticulate and rearticulate new combinations — with other resources that contribute to forms of resistance — to build other discourse moments and expand to other networks of practice, in which a discursive change is seen, since discursive systems are unstable and open to change.

Whenever subjects are inserted in a practice, there is an element that plays an important role — reflexivity, which permeates modern social life (Chouliaraki; Fairclough, 1999). The authors argue that in order to engage effectively in a certain practice, subjects need to have knowledge about other practices, which encompass distinct fields, such as economic, political, cultural, social. According to Giddens (1991), the mass news media plays an important role in the organization and control of social life while reporting news — which is carefully organized to constitute social lives — and people´s subjectivity are affected, since they use the given information to reflect and shape their lives. There are various examples I could raise that are related to my study — such as the decision from health professionals to omit information of interest to PLHIV or use information in a relatively stereotyped way, which contributes to maintaining the fear of having new sexual relations, as well as the neglect from public authorities, which encompasses the lack of proper training focusing on psychosocial aspects of the epidemic in educational and health systems. These actions are based on reflexivity, which aims at controlling and regulating bodies by engaging in a discourse practice.

In other words, the element of reflexivity is influenced by other practices, which draw into discourse and discursive constructions (Chouliaraki; Fairclough, 1999). The authors also point out that "practices may depend upon this reflexive self-construction for sustaining relations of dominations" (p. 26). As the authors argue, it is also important to bear in mind that a critical stance is not only academic, but also seen in other social spaces and the explanations CDA offers in its theoretical-methodological approach are relevant for this critical stance.

On the other hand, reflexivity also encompasses other types of knowledge which transform practices, as subjects who become aware of relations of dominations may construct new values and knowledge, rather than maintaining or reproducing normative practices (Batista Jr.; Sato; Melo, 2018). Reflexivity, therefore, is not only associated with the maintenance of the social order, which encompasses relations of dominations, but it is also related to the possibility of resistance and transformation, in which new practices arise and subjects may rearticulate existing practices to benefit from an open system.

When it comes to the concept of hegemony, Fairclough (1992) states that it is related to ideological, economic, and political domination by social groups that build alliances to reinforce specific interests — which affects different institutions, such as education, family, among others. The author also points out that orders of discourse are the base of hegemonic struggles, since (re)articulations will occur in discourse, and the concept of hegemony provides means to analyze whether or not discourse practices reproduce, restructure or challenge existing hegemonies — and order of discourse.

Regarding the concept of ideology, Fairclough (1992) argues that ideologies are meanings and constructions of reality (the physical world, social identities, and social relations) which play an important role in discourse practices and contribute to the production, reproduction, or transformation of relations of dominations. He also points out that the naturalization of ideologies is an efficient form of maintaining conventions and reinforcing common sense ideas. In other words, through naturalization and the acceptance of certain 'universal truths', without contesting, people reinforce the constructions of the reality of (small) dominant groups. However, as the author claims, this process of naturalization is very subtle and concealed and may not use (physical) force to 'convince' people, rather there is an investment to maintain efficient discourse practices.

> Ideology is most effective when its workings are least visible. If one becomes aware that a particular aspect of common sense is sustaining power inequalities at one's own expense, it ceases to be common sense, and may cease to have the capacity to sustain power inequalities, i.e. to function ideologically (Fairclough, 1989, p. 85).

Different from a neutral perspective — which believes that ideologies do not necessarily encompass the particular interests of a dominant group —, the critical conception of ideologies claims that their nature is hegemonic and they aim at sustaining relations of domination, as well as at reproducing the social order which benefits dominant groups (Resende; Ramalho, 2021). In other words, from a critical perspective, ideologies themselves are intrinsically related to hegemony and issues of domination, in which (concealed) interests are articulated and materialized in discourse practices.

According to Oliveira (2013), ideologies are constructed by social relations people experience along their lives, with family members, teachers, writers, politicians, friends, among others. The author also states that the influence of different types of discourse is strongly associated with relations of domination, which are connected to the level of authority of the person who produces each discourse. In other words, a person can listen to a certain discourse from a family member and the same discourse is repeated at school or in other social contexts, for instance. The influence that certain types of discourse exert, therefore, depends on the order of discourse it is inserted in. On the other hand, discourses of resistance may be harder to influence, due to the lack of acceptance by the normative system we belong to. Also, since close family members (such as parents) may not allow discourses of resistance and many people depend on them in different ways to live, they may wind up being influenced by these family members and repeating or maintaining oppressive discourses.

Since our ideologies are discursively constructed, social subjects can become victims of manipulation (van Dijk, 2020). According to the author, the social condition of the manipulation or control needs to be formulated in terms of group belonging, institutional position, job, material and symbolic resources, among other factors that define the power of groups and their members; therefore, for instance, parents can manipulate their children because of their power position and authority in the family, teachers can manipulate their students because of their institutional or professional position, as well as their knowledge, politicians can manipulate their voters, journalists their audience, religious leaders their followers, among other examples. The author claims that it does not mean children cannot manipulate their parents, students their teachers and so on; however, it does not happen because of power positions, but as a form of opposing and diverging opinions and arguments — or *ad hoc* —, based on personal characteristics. Manipulation, therefore, is a form of power abuse and domination, which is seen among social groups, organizations, and institutions and materialized in the discourse, which includes verbal and non-verbal features (van Dijk, 2020). However, as the author poses, it is important to highlight that the discourse (and the language) *per se* is not a manipulator, but the way subjects make use of it in specific contexts.

Nevertheless, and most importantly, the struggle to transform a dominant and oppressive discourse practice and its ideologies is the main objective of critical discourse analysts, who aim at restructuring relations of dominations by showing hidden discourse practices, as well as intervening in reality by offering resources for those who are socially disadvantaged (Fairclough, 1992).

When it comes to the concept of social events, social practices, and social structures, Fairclough (2003) states that:

> Social structures are very abstract entities. One can think of a social structure (such as an economic structure, a social class or kinship system, or a language) as defining a potential, a set of possibilities. However, the relationship between what is structurally possible and what actually happens, between structures and events, is a very complex one. Events are not in any simple or direct way the effect of abstract social structures. Their relationship is mediated — there are intermediate organizational entities between structures and events. Let us call these 'social practices'. Examples would be practices of teaching and practices of management in educational institutions. Social practices can be thought of as ways of controlling the selection of certain structural possibilities and the

> exclusion of others, and the retention of these selections over time, in particular areas of social life (p. 23 and 24).

Class, gender, sexuality, race, ethnicity, institutions, semiosis, among others, are examples of social structures, which emphasizes their abstract characteristics (Resende, 2017). Resende also claims that while the notion of social practices is concerned with the situated potentiality in fields of human activity, the notion of social structure is even more abstract, since a structure surpasses situated practices, permeates and influences other spheres. Also, according to the author, although there are social constraints established by social structures and social practices, social actors are relatively free to act, since social life is an open system.

When it comes to participants of social practices, Resende (2017) argues that there are certain positions and conditions of eligibility for each practice — which varies in terms of class, gender, ethnicity, education, dress, among others compositions that are more or less strict according to the practice — so that social practices are materialized in concrete events by eligible participants, who are flexible and inclined to change due to their human nature, the real social relations with their performances, and the technology used while acting concretely (together) in the world (Resende, 2017). In other words, social structures are vulnerable systems, since they are mediated by social practices and realized by social events that are predisposed to modification. Therefore, even though the attempt to maintain social structures by dominant groups is carefully organized, there are possibilities to rearticulate and transform them, as previously discussed.

Despite the aforementioned possibilities, Resende (2017) states that one cannot be naïve and believe in absolute freedom, since the struggle and articulation of a dominant class to maintain old structural configurations are constantly seen and they are associated with power as a form of control, with language and discourse playing important roles in this process. She also points out that despite the attempt to maintain the social order as it is, there is also a significant struggle to modify it.

There are some criticisms towards CDA and one of them is the ‘negative’ concept of ideology adopted by Fairclough, in which people are naïve and not aware of the least visible forms of ideologies and, therefore, the discourse analysts themselves, as subjects of this society, could also be deceived by ideological mechanisms in their discourse analysis (Lira; Alves, 2018). However, the authors argue that research in CDA should not be associated with a weapon which defends or reinforces our values and beliefs without reflection against oppressive groups, social inequalities, and injustice. Thus, in order to carry out this study, careful reflection and scientific rigor, which encompass transdisciplinary fields, were demanded.

2.5.1 Intertextuality and Assumptions

The textual and social analytical categories used in this research were intertextuality and assumptions. When it comes to intertextuality, the first thing we should have in mind is the presence of elements of other texts within a text, which may be explicitly attributed by using reported speech, or without (explicit) attribution (Fairclough, 2003). When we think about intertextuality, we may also observe which voices are included — by specifically or vaguely attributing to people —, or excluded in a text (Fairclough, 2003). Regarding the attribution of voices in a text, the author mentions direct and indirect reporting. While the former uses the same words in quotation marks, the latter may paraphrase and (re)contextualize parts of a text with different words. The author also explains about two other types of intertextuality: free indirect reporting, which is somehow intermediate between direct and indirect speech and commonly seen in literary texts, e.g. *she looked at the window, he arrived, she smiled*; and narrative reporting of a speech act, which reports the speech act without reporting its content, e.g.: *she made her decision*. It is possible to perceive, therefore, that texts can be explicitly attributed to people, as well as sometimes it is not so obvious and easy to identify the voices, which may require a more careful textual analysis. Also, it is important to highlight that it may not be possible to identify and name the author(s) of the other text(s) — a specific person and/or institution, for instance.

There are some issues that Fairclough (2003) also points out (for us — critical discourse analysts) to take into consideration within this category: the relationship between the authors (of the ‘original’ speech and the reported one), as well as the relationship between the reported text and the rest of the original text, which may trigger a number of different discourses. When it comes to discourse representation, Fairclough (1992) argues that one should not take into consideration only the text *per se*, but also (and especially) the discourse organization, the types of discourses, the conditions to be articulated and distributed, as well how (and why) these (other) voices have represented the ‘original’ voice. In other words, it is crucial to consider different elements — such as the selection of texts and discourses, for instance — that broaden analytical issues — which include not only the text, but also discourse and social practices.

Fairclough (2003) argues that texts also make assumptions, which take meanings as given. For example, the following sentence "SUS provides medications to PLHIV, so in order to have a good life, they must adhere to the treatment" assumes that the use of ARVs is everything that PLHIV need to face the epidemic and does not take into consideration psychosocial issues. Many times, as the author argues, people make use of assumptions dishonestly to manipulate others, to achieve specific goals, to maintain power relations. According to the author, assumptions are related to ideological strategies that are associated with the capacity to exert social power, domination, and hegemony, as well as naturalize ideas by making them unquestionable. There are some types of assumptions argued by the author that I used in this study: i) existential assumptions, which focus on saying what exists and use definite pronouns and demonstrative pronouns, for instance; ii) value assumptions, which are associated with 'good' and desirable situations and may also make use of certain verbs, such as help; iii) propositional assumptions, which affirm what is, can be, or will be the case; iv) bridging assumptions, which establish a relationship between different sentences, and then the text makes sense and becomes (semantically) coherent; and v) logical assumptions, which can be implied from features of language. For example, in "they have been working together for 13 years" it is inferred that they are still working together, due to the use of the present perfect continuous; in "he lives with hiv, but he is clean" it is inferred that PLHIV are not clean, due to the opposition created by the conjunction but. As the author argues, one can recognize the assumed meaning without agreeing or accepting it.

When it comes to the aforementioned types of assumptions, Fairclough (2003) claims that value assumptions are commonly seen in particular types of discourses, such as neoliberal and political; existential and propositional assumptions may also be seen in specific types of discourses, which affirm what is the case, what is possible, what is necessary, and so on, therefore one can argue that these assumptions and their connected discourses are ideological, due to the power relations they exercise by taking meanings as given, seeking hegemony, and attempting to universalize particular ideologies. Nevertheless, as the author highlights, in order to state that assumptions are ideological a complex social scientific analysis is necessary, which goes beyond text — after identifying the assumptions in the text.

Both intertextuality and assumptions, therefore, connect texts, nevertheless, while the former generally makes this connection in a more explicit way, the latter connects it in a more vague way, in which the text may be spoken, written, or thought elsewhere (Fairclough, 2003). Still regarding the contrast between intertextuality and assumptions, Fairclough (2003) argues that the former enhances difference (and dialogicality, see Bakhtin, 1981), since it allows (and welcomes) other voices — also called styles, identities, or ways of being — into a text, while the latter reduces difference by asserting an 'unquestionable and absolute truth'. In other words, as Fairclough (2003, p. 46) argues, "the most dialogical option would be to explicitly attribute representations to sources, to 'voices', and to include much of the range of voices that actually exists. […] And the least dialogical option is assumption […]".

Fairclough (2003) also highlights that there are three themes in social research that play important roles in social life. The first is difference, which may accentuate, negotiate, or suppress the externalization of different social identities, such as marginalized groups that do not play normative roles in society. The second is the dichotomy between universals and particulars, in which the latter is represented as the former — particular interests and identities are represented and claimed as universals. For example: neoliberal discourses state that neoliberalism is the solution for a strong economy as well as claim to represent all citizens of advanced capitalist societies, considering that everyone will be able to 'succeed' if they really want to and make an effort to achieve certain goals. However, what actually occurs is the privileging of particular hegemonic groups and the neglect of essential social, environmental, and ethical issues. And the third theme argued by the author is ideology, as previously discussed, which is particularly seen in texts as assumptions. As the author argued and previously discussed, however, in order to affirm and consider any type of elements in the analysis, a complex social and textual scientific investigation is needed.

Having described the theoretical perspectives my research is anchored on, in the following chapter, I present the methodological choices I have made to carry out my analysis.

3. What I did and how — methodology

In this chapter I present a detailed description of the methodological choices I have made to carry out this study. Since the beginning of the dissertation, when it was still a project, the objectives, research questions, and the analytical categories were one of my main concerns. As a researcher, we make attempts here, attempts there. When we think it is all set, our corpus shows something completely different from what we had imagined, then we have to revisit chapters and all this ends up affecting this chapter. Having explained the reasons why I carried out this research, I present what I took into consideration for my study and my analysis, where I gathered the data, and how I carried out the analysis itself.

After selecting the theme — discourses about hiv — I had to choose the corpus itself. Then, I decided to analyze discourses of an official federal governmental organization — MS. The department where I gathered my corpus was *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*.

When I first thought about MS, I wished to understand how different federal governments see and represent PLHIV. At no time did I think they would explicitly undermine PLHIV, not only because of the legal protection they have acquired, but also for all the job SUS has done during the hiv/aids epidemic, in which it has become a reference worldwide. Nevertheless, as a critical discourse analyst, I analyzed complex social and textual features — which include concealed elements of a text — that are not easily perceived by common sense. Once the theme was selected and the place to gather my corpus was decided, I had to select the data themselves, refine ideas, as well as carry out the analysis.

3.1 Procedures for data selection

When I first started visiting the *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais* on the official website of MS, I came across a lot of information. After visiting the website several times, understanding how it works, and thinking about my data selection, something called my attention — a timeline of campaigns about hiv, which started in 1998 and goes up to nowadays. At first I thought of taking into consideration all these years, as well as all the campaigns to check a possible evolution in terms of discourse representation and ideology, and power relations. At that time, at the beginning of the dissertation, all the campaigns were available at the website: www.aids.gov.br, developed by MS. When I was almost decided to do it and would start selecting the data themselves — in the months of January and February of 2022 —, the timeline and the campaigns suddenly disappeared from the website, as well as other official documents from the federal government. There was the following message: *COMUNICADO: Em respeito à legislação eleitoral, alguns conteúdos do site* aids.gov.br *ficarão indisponíveis até o fim das eleições* 2022. Also, during the election period, the official website of *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais* changed its address to www.gov.br/aids and the only campaigns available were from the year of 2020 on. I had to wait for the end of elections, call MS in Brasília, explain I was carrying out my research and then, a person gave me another website address named http://antigo.aids.gov.br, which contained all the material I first needed. When I dove into that universe and started selecting the data, I realized that taking into consideration the timeline of the campaigns with all those years would not be viable for this study due to the large amount of materials. Then, I made my decision and finally gathered all the data, which differed from what I first had in mind.

It is important to highlight that every year, since 1998, MS has delivered different campaigns (totalizing 102 campaigns until the year of 2022) with specific themes and purposes and most of them focus on prevention. As I explained before, there are only a few campaigns (totalizing 11 until the year of 2022) that focus on PLHIV. Then, I selected to analyze the discourses presented in 4 campaigns with 19 videos and texts on the website, delivered by MS. The criteria for selecting the campaigns were the ones that focus on people who already live with hiv (the videos are broadcast by real PLHIV). The first campaign analyzed was developed for the World Aids Day (*Dia Mundial de Luta contra a Aids*) in 2006, there is an explanation of what the campaign is about on the website and there are 2 videos broadcast by PLHIV; the second campaign selected was developed for the World Aids Day in 2012, there is also a text contextualizing the campaign and 1 video broadcast by a person who lives with hiv; the third campaign was developed for a specific theme, in 2018, and it is named "Undetectable Campaign" (*Campanha Indetectável*), an introductory text was also found on the website and there are 13 videos broadcast by PLHIV; and the fourth campaign was developed for the World Aids Day in

2018, this campaign was not available on the website, there are only 3 videos broadcast by PLHIV on the official YouTube channel created by MS. In my analysis, I only took into consideration verbal texts, due to the theoretical-methodological choices I have made.

The information of the first three campaigns selected for the analysis was found on the website http://antigo.aids.gov.br and the 19 videos from the four campaigns are available on the official Youtube channel named *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis,* do *HIV/Aids* e *das Hepatites Virais*: https://www.youtube.com/@dstaidshv, created by MS.

Table 1: campaigns analyzed

Date	Name of the campaign	Text on the website	Number of videos	Produced By	Source of the campaigns
2006	World Aids Day	Yes	2	MS	http://antigo.aids.gov.br/pt-br/campanha/campanha-do-dia-mundial-de-luta-contra-aids-2006
2012	World Aids Day	Yes	1	MS	http://antigo.aids.gov.br/pt-br/campanha/dia-mundial-de-luta-contra-aids-2012
2018	Undetectable Campaign	Yes	13	MS	http://antigo.aids.gov.br/pt-br/campanha/campanha-indetectavel
2018	World Aids Day	No	3	MS	https://www.youtube.com/@dstaidshv

Source: created by the author

3.2 Procedures for data analysis

As previously stated, this research aimed to 1) Investigate discourses in four campaigns about hiv produced by *Ministério da Saúde*, from the years 2006 to 2018; 2) Understand the use of the analytical categories of intertextuality and assumptions in the textual analyses, as well as their functioning in the social analyses; 3) Discuss whether there are relationships between the discourses selected for the analysis and the biopolitical technology. The study was carried out following a qualitative research methodology and the data were discussed in the light of the theoretical-methodological approach Critical Discourse Analysis (Chouliaraki, Fairclough, 1990; Fairclough, 1989, 1992, 2003, van Dijk, 2020) and of concept of biopolitics (Foucault, 1990, 2003, 2007). In order to analyze the textual and social analysis, I selected the analytical categories of intertextuality and assumptions (Fairclough, 2003), since I found the most appropriate for my corpus. These categories allowed me to interpret the discourses selected for the campaigns and relate to the concept of biopolitics, when I discussed (and explained) the social elements of my study. In this way, the text, discourse practices, and social practices — firstly proposed by Fairclough (1992) and then revisited by Chouliaraki and Fairclough (1999) — were taken into consideration for my analysis as a whole. As also explained in the introductory chapter, the research questions addressed in this study are: (1) Do the campaigns maintain the sense of naturalization of PLHIV — determined by hegemonic discourses — or contribute to transform and change the stigma that triggers prejudice and discrimination? (2) How are intertextuality and assumptions seen in the textual analysis and how they do work in the social analysis? (3) Is there a relationship between the biopolitical technology with the discourses identified in the campaigns?

As I explained before, the first three campaigns selected (2006, 2012, and the Undetectable Campaign of 2018) provide explanations of what the campaigns were about (which were analyzed). They were found on the website http://antigo.aids.gov.br. The fourth campaign selected was not available on the website, therefore, there was no explanation of what that campaign was about, but rather, only the 3 videos with the real participants (PLHIV). Besides the explanation seen in the first three campaigns, they also provide videos with real participants (PLHIV), as shown on the table above. The videos are available on the official Youtube channel named *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*: https://www.youtube.com/@dstaidshv, delivered by MS. The four campaigns totalized 19 videos with testimonials given by real participants (PLHIV), which were entirely transcribed for the analysis. I obtained the transcription from watching (and listening to) the videos, reading the subtitles, and pausing — when I wrote the transcription. In order to analyze the excerpts of the texts on the website and the videos, I selected the ones that could answer my research questions and, since they were in Portuguese, I translated into English.

In order to answer these questions from a textual and social analytical perspective, the use of intertextuality in the analysis was made due to the different voices (participants´) seen in the campaigns — they were produced by MS, however real PLHIV participated in the campaigns giving their testimonials. The concept of assumptions is subcategorized into different types:

existential, value, propositional, bridging, logical, and ideological assumptions — which allowed me to interpret the discourses and relate to the concept of biopolitics, when I discussed the social elements of my study. As previously discussed, both intertextuality and assumptions connect texts; however, while the former enhances difference, since other voices are seen in a text — such as the ones spoken by PLHIV broadcast on videos —, the latter reduces difference, since particular assertions are placed as 'universal and unquestionable truths' in a text.

As I already discussed, the logic of biopolitics is to make people live and those ones, for any reason, who do not adapt to these 'ways of living' and 'forms of being' are left to die. According to Foucault (1990), there is a concern to protect the purity of humanity and, therefore, there is an effort to eliminate 'impure' people. Therefore, people who do not belong to the normative group established by hegemonic orders of discourse are left to die. As previously discussed, deaths do not only comprehend the end of life literally, but also symbolic and indirect deaths (that may trigger literal ones). Regarding PLHIV, whereas there are ARVs — at least in Brazil — to keep them alive and productive — make to live —, the biological sphere is not enough, since lives are composed by subjectivities and psychosocial issues, in which discourse is the main protagonist.

When it comes to the normalization system, which is regulated by hegemonic groups, Fairclough (1992) argues that ideological, economic, and political issues play an important role in this regulation, and different institutions may contribute to this scenario. According to the author, the sense of naturalization is organized with subtle and concealed strategies in order to reinforce and maintain (conservative) discourse practices and unequal power relations. The constitution and maintenance of these practices and relations strengthen violent discourses. Also, through discourse, resistance and possibilities of change are created in order to challenge discourses that let people die.

Having described the methodology, in the following chapter I present the analysis, discussions, and some proposals.

4. What is possible to say — results and discussions

As I previously stated, a few campaigns from MS deal with problems PLHIV face. In this research, I analyzed discourses of the campaign producers and of real PLHIV, who talked about their lives, challenges, and stories. I would like to highlight that at no time did I intend to criticize the participants personally. As a person who also lives with hiv, I am aware of all the challenges they have faced in their lives. Therefore, I congratulate each one of them for their courage to participate in the campaigns. Nevertheless, as a critical discourse analyst, I aimed to investigate discourses in four campaigns about hiv produced by *Ministério da Saúde*, from the years 2006 to 2018; understand the use of the analytical categories of intertextuality and assumptions in the textual analyses, as well as their functioning in the social analyses; and discuss whether there are relationships between the discourses selected for the analysis and the biopolitical technology.

As previously explained, I used the analytical categories of intertextuality and assumptions for the textual and social analysis, which allowed me to interpret the discourses and connect to the concept of biopolitics, when I discussed and explained the social elements of the research. As Fairclough (2010, p.11) argues, CDA "[…] is not just descriptive, it is also normative. It addresses social wrongs in their discursive aspects and possible ways of righting or mitigating them". Therefore, at the end of the analysis, I developed overall discussions and proposed ideas to 'right' or 'mitigate' the discourses here analyzed and discussed.

In the following subchapters, I present the analysis (in the order described on the table above), discussions, and proposals. The whole texts of the campaign producers and the whole transcriptions of the videos are available in the Appendix. In this analytical chapter, I only present the passages analyzed, already translated into English with the footnotes in Portuguese.

4.1 World Aids Day Campaign — 2006

According to the information gathered on the website http://antigo.aids.gov.br/pt-br/campanha/campanha-do-dia-mundial-de-luta-contra-aids-2006, the World Aids Day Campaign of 2006 focused on PLHIV and was based on the concept of 'Posithive Prevention' (*Prevenção Posithiva)*. 'Posithive Prevention' aimed at encouraging PLHIV to adhere to the treatment in order to have a better quality of life and so that treatment would become an important issue, not only for these people, but for society as a whole. The text producers also claim that by giving floor to PLHIV, there was a focus on combating the stigma, prejudice, and discrimination. According to them, that strategy was used for the first time by MS. They argue that December 1st is a political moment for the agendas of Brazilian society, since it pushes forward issues faced by PLHIV. As I explained above, as a result of the movement that happened in 1987, during the third International Aids Conference in Washington D.C. (USA), where activists (with the support of the American NGO ACT UP) made a large mosaic or quilts in front of the Capitol to remember and honor victims of aids and fight for life, in the following year the World Aids Day was proposed as way to fight against discrimination, the stigma and misinformation that surround the epidemic (Brasil, 2021). Therefore, December 1st is marked as the World Aids Day around the world. Some actions were developed for this campaign, such as videos — that were here analyzed — and folders (with images) that were delivered to the population on the week of December 1st. Due to my theoretical-methodological choices, as I explained before, I only took into consideration verbal texts for my analysis. The passages taken from the website, translated into English, and chosen to be analyzed are presented as they follow.

4.1.1 Passages analyzed in the discourses of the campaign producers

> After the treatment, they have a better quality of life, new perspectives, the desire to relate emotionally, work, study, have children, in short, have life projects. […].

[5]Example 1: campaign producers

In this passage, the text producers talk about PLHIV and focus on the use of medication. It is assumed that these people could only have *new perspectives, the desire to relate emotionally, work, study, have life projects* after the use of the medication. Here, two types of assumptions were identified: a value assumption, which affirms that something is good and desirable, such as the treatment, since it is because of it that people would be able to improve their lives; and a logical assumption, which assumes something logical: *after the treatment*, PLHIV could do those things — have *new perspectives, the desire to relate emotionally, work, study, have children, in short, have life projects*. In other words, the passage implies that only with adherence to

---

[5] Original: “A partir do tratamento, elas têm uma maior qualidade de vida, novas perspectivas, o desejo de relacionar-se afetivamente, trabalhar, estudar, ter filhos, enfim, ter projetos de vida.”

treatment would people be able to live their lives ‘normally’ as they used to before hiv. Also, the use of the verb *have* in the Simple Present tense is used to state permanent truth and, in this way, challenges may not occur.

Through the assumptions identified in the passage, it is possible to interpret that the campaign producers aim at encouraging the treatment, since it is depicted as something desirable for PLHIV. Also, these assumptions were used to avoid differences (other voices), in other words, there is an ‘unquestionable truth’ behind these assumptions, when the campaign producers affirm, in an assertive way, that the participants will have a normal life again. As Fairclough (2003) argues, assumptions take meanings as given, seek hegemony, and attempt to universalize particular ideologies. Both assumptions, therefore, were used to persuade PLHIV to start the treatment by ‘guaranteeing’ that their lives would be completely normal again. It is only a matter of taking the medications.

Although the biological sphere is essential to PLHIV, such as making use of medications and following doctor’s recommendations, it is only one sphere to deal with issues that surround the virus. The social and discourse aspects of the epidemic should be considered as fundamental as the biological one. Reducing the treatment to the individual sphere ignores psychosocial problems, such as the stigma, in which a whole person is reduced to a stigmatized social identity, associated with ‘impurity’, danger, and dishonesty, as argued by Goffman (1963). For example, when people say they live with hiv, because of the stigma, they suffer prejudice and discrimination in different ways: potential romantic partners show disinterest (sometimes openly, sometimes in a subtle way); at work, PLHIV might be fired using any type of ‘excuse’ (a law had to be created to protect workers and investigate unfair dismissals); with family members and ‘friends’, who require PLHIV to remain silent supposedly to ‘protect’ themselves, even if they feel it is important to talk, while many times what is behind this ‘protection’ is the ‘reputation’ of ‘friends’ and family members. In our contemporary society, most of these examples of discrimination happen in a subtle way, in which serophobic and conservative discourses are the protagonists. This is when biopolitics comes into play — people must be healthy, happy, adaptable, and productive, regardless of the circumstances, otherwise they will be left out to die.

[…] this has become an important issue, not only for these people, but for society as a whole.

[6]Example 2: campaign producers

In this passage, there is a value assumption, since it says that this issue — adherence to treatment — is good and desirable for everyone. Also, a propositional assumption is seen here, since it affirms what will be the case — not only will PLHIV benefit from the drug treatment, but also society as whole. Behind these assumptions, we can notice that the campaign producers wish to put on the shoulders of PLHIV a responsibility for something that is supposedly interesting for the whole society. In other words, through the use of assumptions the campaign producers are claiming that the whole society is interested in specific routines that PLHIV should follow and, according to them, this is only possible with drug treatment, in which PLHIV are responsible for themselves and for the whole society. Therefore, these assumptions are strategic, since the campaign producers do not say clearly what they intend to express (the statements are hidden). As Fairclough (2003) argues, assumptions are used to avoid contesting voices and take meanings as given. Thus, PLHIV are led to feel it is their individual responsibility to ‘protect’ society, regardless of the difficulties they will face about starting the treatment, such as the crystallized fears of heavy side effects.

When PLHIV make use of ARVs for at least 6 months, their viral load becomes undetectable and they do not transmit the virus via any type of sexual practice (Brasil, 2019). However ‘society as a whole’ is much more involved with maintaining the stigma that affect PLHIV than it is concerned with whether or not they make use of the medications. At the same time that there are statistics and controls by the government to make people use ARVs and, consequently, make them biologically live, work, produce — the logic of biopolitics —, common-sense discourses (used by *society as a whole*) maintain the stigma and let those people psychosocially die — as noticed on the other side of biopolitics. In other terms, even by making use of ARVs, PLHIV are exposed to different types of violence triggered by the stigma — that cause fears, sense of loneliness, prejudice and discrimination, for instance —, and will die in different ways if the social and discourse scenarios do not change. Also, PLHIV that do not start the treatment (either because they do not know they live with the virus, since they do not get

---

[6] Original: “Isso se tornou uma questão importante, não só para essas pessoas, mas para toda a sociedade.”

tested, or because of the fear of side effects, for example) are consequently left to die, since they are not contributing to the 'good functioning of the whole society', as these assumptions imply.

> […] therefore, the importance of combating discrimination, prejudice, the stigma surrounding the disease through the protagonism of PLHIV. This is the proposal for World Aids Day. We should highlight this is the first time we have adopted this strategy.

[7]Example 3: campaign producers

In this passage, *therefore, the importance of combating discrimination, prejudice, the stigma surrounding the disease through the protagonism of PLHIV*, there is a bridging assumption with the connector *therefore*, since it associates the use of ARVs, previously discussed, with psychosocial issues. Through this assumption, it was possible to notice that the campaign producers affirm that with the adherence to treatment, PLHIV are already dealing with their psychosocial problems — it mainly depends on PLHIV's use of ARVs to avoid mental and emotional problems triggered by prejudice and discrimination. Through this assumption, again, other contesting voices are avoided, since this textual resource aims at taking meaning as given and establishing universal truths.

The biological and psychosocial aspects of hiv and aids should be combined, but not only in a simple *sine qua non* condition — by making use of ARVs, people are automatically combating discrimination, prejudice, and the stigma. It is important to highlight that PLHIV that make use of ARVs still suffer psychosocial consequences, and the stigmatized social identity attributed to them will not be deleted with the drug treatment, therefore different forms of prejudice and discrimination continue being reproduced. Thus, the biological and the social spheres should not be posed as a condition to one another, but rather, they should be treated as two different spheres — with particular demands — so as to give proper attention for each separately and then combine them by complementing each other. As previously discussed, there have been enormous advances over the last few decades in biological terms; however, the social and discursive aspects of hiv and aids are given little attention and should also be seen as protagonists in public discussions to affect 'society as a whole'. In the assumption identified,

---

[7] Original: "Daí a importância de combater a discriminação, o preconceito e o estigma que envolve a doença por meio do protagonismo das pessoas que vivem com HIV. Essa é a proposta para o Dia Mundial de Luta Contra a Aids. Devemos destacar que é a primeira vez que adotamos tal estratégia."

therefore, it was also possible to notice the presence of a neoliberal discourse, in which the campaign producers firstly treat the social and discursive problems that PLHIV face as if they were individual issues — they should just take the medication and be responsible with the treatment — and this approach reduces the social, discursive, and political problems involved in the epidemic to a shallow and reductive perspective. For example, keeping such a big secret (not telling others about the hiv-positive result) is an enormous weight and torment for PLHIV. On the other hand, telling others means exposure to prejudice and discrimination, due to the attribution of stigmatized social identities. Such dilemmas are not solved with ARVs. We can say that the campaign producers are reproducing a neoliberal discourse typically found in advanced capitalist contemporary societies — diminishing subjective issues by treating them superficially, such as by presenting medication as sufficient to deal with psychosocial issues of the hiv/aids epidemic.

The passage *this is the proposal for World Aids Day, we should highlight this is the first time we have adopted this strategy* assumes that before 2006, MS had never approached psychosocial issues, such as inviting PLHIV to tell their stories. In the passage *this is the proposal*, there is a propositional assumption, since it states something ‘that is the case’. In the expression *this is the first time* there is an existential assumption, since it says and shows something now exists — a new strategy. Through these assumptions, we notice that before this campaign the biological sphere was the only protagonist, and only then were psychosocial issues approached. Nevertheless, the understanding and the acknowledgement of the psychosocial aspects of the hiv/aids epidemic vary, as it was discussed above. From a neoliberal perspective, dealing with these issues does not mean working to mitigate human sufferings guided by a real concern with the complexities of subjective issues, such as affection, prejudice, loneliness, among other mental and emotional issues. Also, it is important to highlight that the epidemic started in 1981 and only 25 years after did MS state it *adopted this strategy* of giving floor to real participants (PLHIV) to tell their stories. It is possible to affirm, therefore, that for more than two decades, federal governments have somehow ignored the psychosocial aspects of hiv and aids, even from a neoliberal perspective, and, consequently, have contributed to maintaining hegemonic discourses, which dictate who is made to live and who is left to die.

December 1st is the political moment that will place the issue of living with hiv and aids, as well as its consequences, on society´s agenda. But it will be only the beginning of a series of communication actions that, we expect, will continue the theme throughout next year.

[8]Example 4: campaign producers

The passage assumes, again, that before 2006, MS neglected the social and discursive aspects of the epidemic when it says *but it will be only the beginning of a series of communications that, we expect, will continue the theme throughout next year*. Here, there is a propositional assumption, since it affirms (via assumptions) 'what was the case' — nothing was done before 2006. In the passage *December 1st is the political moment*, there is an existential assumption — On December 1st 2006 (and not before) there was a political movement— and there is also a value assumption — it assumes that this movement was desirable to *society´s agenda*. Through these assumptions, it is possible to notice that the campaign producers changed their discourses, mainly because discourse systems started to change. For example, at the beginning of the epidemic, different groups and movements started fighting to receive medication (and were heard). However, medication is not enough to deal with the mental and emotional aspects of living with hiv. Different spheres of society (in the case of my research, the government, represented by MS, and the campaign producers) had to start looking at these other demands from PLHIV. An example was seen in this campaign, which approaches a 'political agenda'. Nevertheless, as discussed earlier, this concern with other facets of the virus (such as its psychosocial aspects) seen in this 'political agenda' is ideologically biased. Even though there is a 'concern' that encompasses political debates (supposedly expanding the agenda and going beyond biological aspects of the hiv/aids epidemic), this concern is framed by neoliberal, hegemonic, and conservative discourses. These discourses (mainly influenced by neoliberalism) were used to produce an ideal model of PLHIV — they should take their medication so as not to infect others (i.e. society) and continue working and producing, as if nothing had happened to them. As Fairclough (2000) argues, neoliberalism is not only an economic system, but also an entire linguistic and semiotic project. This project aims at inciting, manipulating, and correcting specific behaviors in order to always increase productivity and profits. This view is also

---

[8] Original: "O 1° de dezembro é o momento político que irá colocar o tema viver com HIV e aids, e suas consequências, na agenda da sociedade. Mas será apenas o começo de uma série de ações de comunicação que, pretendemos, dará continuidade ao tema ao longo de todo o próximo ano."

intrinsically close to biopolitical governance. In sum, the ‘political agenda’ seen in this campaign is allied to conservative discourses — PLHIV must get treated and be biologically fine, this is enough, they do not have to raise other topics that really encompass political debates, such as creating initiatives (that would function as ‘protection nets’) to encourage PLHIV to talk about their serology, for instance. Also, only from 2006 on, did the federal government in Brazil start talking about other issues that encompass the hiv/aids epidemic. It is still a recent positioning considering the epidemic is more than four decades old. Therefore, it is possible to notice that, for the federal governments, the biological aspects of the epidemic have been the only protagonists (institutionally speaking) for 25 years — which reinforces the biopolitical logic — and only in the last 16 years has it shared the spotlight with social and discursive aspects — ideologically biased — of the epidemic, as discussed above.

> Materials:
> 30” Movie — with the aim of reinforcing protagonism and reducing the stigma, a person who really lives with the virus will give his/her testimonial to the public.

[9]Example 5: campaign producers

In the passage, intertextuality is seen, as the text producers include other voices to the text — *will give his/her testimonial to the public*. As Fairclough (2003) argues, the use of intertextuality shows there is a close relationship between a text producer and the people whose speech they report. Here, we can talk about the relationship between the campaign producers and the real participants (PLHIV), who are present in the campaign discourse. The voices of these participants were selected to compose the campaign’s texts, as if showing how the campaign producers are close to PLHIV. Although there are two participants, only one is mentioned in this text, since the singular form of a noun is used — *a person*. In the following chapters, these voices are analyzed and the type of intertextuality perceived is ‘direct speech’.

---

[9] Original: “Materiais:
Filme de 30” - Com o objetivo de reforçar o protagonismo e diminuir o estigma, uma pessoa que realmente tem o vírus irá dar o seu depoimento ao público.”

4.1.2 Passages analyzed in the discourses of the real participants (PLHIV)

Individual testimonials (videos — 2006): As I already explained, this campaign had an introduction taken from the official website of MS (*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*: http://antigo.aids.gov.br/pt-br/campanha/campanha-do-dia-mundial-de-luta-contra-aids-2006, in which the texts were analyzed above and the videos, gathered on https://www.youtube.com/@dstaidshv, in which the participants give their testimonials and are analyzed below.

Participant 1: Beatriz

> You must know that those who have aids follow a strict treatment. But did you know that people with aids can work, study, love and have a family? I didn´t know either. I only found out when I knew I had aids. You don´t need to have aids to get informed. Understand the disease and help end prejudice.

[10]Example 6: Beatriz

The first thing I would like to highlight about this campaign is that the participant does not differentiate hiv from aids and the campaign is still available on the official website of MS. This lack of information can trigger confusion to lay people who watch this campaign. Therefore, MS should not keep this campaign and if it keeps for some reason, such as showing that in the past people did not know the difference between hiv and aids, this must be clearly stated at the beginning of the campaign in order to avoid any type of misunderstanding.

The passage *you must know that those who have aids follow a strict treatment* assumes that people in general know that PLHIV follow a treatment, the use of a propositional assumption is seen here — what is the case and does not include contesting voices. When the participant says *those who have aids follow a strict treatment*, there is a value assumption, since it is assumed that *strict* is precise — rather than flexible, for instance — and it is something desirable. When the participant says that people in general *know* that PLHIV follows a strict treatment, a propositional

---

[10] Original: "Você deve saber que quem tem aids segue ao rigoroso tratamento. Mas você sabia que as pessoas com aids podem trabalhar, estudar, amar e ter uma família? Eu também não sabia. Só descobri quando soube que tava com aids. Você não precisa ter aids para se informar. Entenda a doença e ajude a acabar com o preconceito."

assumption is also perceived, since it is assumed what is the case — in this context, people in general know what a strict treatment is. When the participant asks the question *but did you know that people with aids can work, study, love and have a family?*, she immediately answers it by saying *I didn´t know either* and assumes that people in general think PLHIV cannot *work, study, love, and have a family*, for instance. Here, another propositional assumption is seen, since it is assumed what is the case — nobody knows this information. In other words, with this assumption, she says that people in general think PLHIV are either at home or in a hospital bed, rather than being active, since they cannot *work, study, love, and have a family*, for instance.

In these assumptions, we can notice that the participant reproduces hegemonic discourses that aim at convincing the listener that living with hiv is not easy and people in general think PLHIV are very sick. For example, when the participant uses the modal verb *must* (*you must know that those who have aids follow a strict treatment*), she avoids other voices and a 'truth' becomes unquestionable (people already know about it). We also know that she is representing the campaign producers and, therefore, they have a close relationship. By having a close relationship, she defends similar ideas and arguments. One of the arguments seen behind the assumptions in this passage was related to fears PLHIV face — first about the 'strict' treatment associated with the idea of a large amount of medications and, consequently, hard side effects; and second, there is a semantic modalization (can work, study, love, and have a family) related to the stigma. In spite of the difficulties about involving the treatment, PLHIV can have a 'normal' life, but they should be aware of the way society will look at them — as vulnerable, very sick, etc. — and should be prepared to carry this weight. Therefore, through the assumptions, she represents PLHIV as in a very difficult situation, facing different types of challenges

Although living with hiv is associated with a death sentence and with terminal patients by some social groups, due to the hegemonic discourses established in the 1980s, a campaign cannot scare and be based on threats to people who do not live with hiv who may neither get tested nor start the treatment because of this fear. For example, I already heard some people saying that they prefer to die than to discover they live with hiv. Also, it is possible to perceive that people in general only get informed either when they discover they live with hiv, as the participant says *I only found out when I knew I had aids*, or when issues that surround the virus somehow affect them directly because of friends, family members, and people who share the same values and beliefs, for instance, as discussed by Defert (2021). One of the reasons the situations described above happen is due to the fear disseminated at the very beginning of the epidemic and that it is still maintained with the (re)production of hegemonic, conservative, and serophobic discourses, for example.

Sexuality and STIs affect people in general. The participant reinforces this when she says *you don´t need to have aids to get informed* and *understand the disease and help end prejudice*. However, as I stated above, we could notice that the participant does not differentiate hiv from aids and the campaign contributes to maintain this misunderstanding. Although there is a difference between them — in short, hiv is the virus and aids is the disease — there are even PLHIV who do not know about it. This is due to the lack of information which triggers the stigma and contributes to reproducing it, causing prejudice and discrimination. In this scenario, biopolitics comes into play, since common-sense discourses are maintained. In order to change this, it is urgent to discuss and fight against these issues in different social contexts by different social spheres, such as education, government, civil society, the media, NGOs, and private companies — with no fears, no threats, and no taboos.

Participant 2: Cazu Barroz

> People who live with aids take a lot of medication, the treatment is not easy. But they can work, study, have sex — with a condom, of course, like everyone else. What disturbs is prejudice. I only learned all this when I found out I had aids. You do not need to have aids to get informed. Understand the disease and help end prejudice.

[11]Example 7: Cazu

Here, I would like to highlight, again, the lack of information between hiv and aids from the participant. By delivering this campaign, MS contributes to misinformation and, consequently, to increasing the stigma that PLHIV already face. There are some discourses (serophobic, conservative, hygienist, hegemonic) associated with an ‘aids dicourse’, in which people reduce PLHIV to a stigmatized social identity, related to impureness, dirt, disease, pain, and a death sentence. Recently, I heard at least three people saying that PLHIV would die much

---

[11] Original: “Pessoas que vivem com aids tomam muito remédio, o tratamento não é fácil. Mas podem trabalhar, estudar, transar – com camisinha, claro como todo mundo. O que atrapalha mesmo é o preconceito. Eu só aprendi tudo isso quando descobri que tinha aids. Você não precisa ter aids pra se informar. Entenda a doença e ajude a acabar com o preconceito.”

sooner than people who do not live with the virus, as well as their quality of life would be much reduced due to ARVs. From these comments, I would like to highlight two types of discourses: hygienist and racist. The hygienist discourse is associated with biopolitics and people who somehow escape from the perfect health standard required by biopolitics will not contribute anymore to the 'progress' of a nation and, therefore, are left to die. The racist discourse is seen from a broader view that encompass not only black people, but the entire 'bad race' and, from this perspective, the extinction of 'impure' bodies, in our context PLHIV, becomes vital to protect the 'prosperous' race.

In a recent past, PLHIV used to take more medications than nowadays. With the advances seen in the biological sphere, the number of medications was reduced, at the same time that their quality was improved. When the participant says *people who live with aids take a lot of medication, the treatment is not easy*, there is a value assumption, in which the participant talks about something that is not desirable, such as difficulties. Due to the contrast connector *but*, in the passage *but they can work, study, have sex — with a condom, of course, like everyone else*, the participant assumes that it is necessary to affirm that PLHIV can have a normal life, despite taking *a lot of medication*. A propositional assumption is seen here. The passage *what disturbs is prejudice* assumes that prejudice exists. This is an existential assumption, since it states what exists. Also, a value assumption is noticed, since prejudice is considered something neither good nor desirable, as it disturbs people. The passage *I only learned all this when I found out I had aids* assumes that before discovering he was living with hiv, the participant used to ignore hiv and aids related issues. There is a propositional assumption here: when people think they are not directly affected, they tend to ignore certain issues. Through these assumptions, we can notice that the participant´s discourse aims at communicating similar things to what the previous participant said — PLHIV will have a hard life, will suffer too much prejudice, and will face many challenges over their lifetime, when the stigmatized 'hiv identity' is reproduced and maintained. Here, again, we can notice that there is a close relationship between the participant and the campaign producers. Therefore, the campaign producers and the two participants of this campaign had similar discourses based on fear and threats. Since sexuality and STIs affect people, lack of information (or the delivery of information based on fear and threats) is strategic for conservative social groups, as it contributes to maintaining and reproducing the stigma that triggers different forms of prejudice and discrimination. Also, these social groups — whether from public or private spheres — reproduce serophobic and hegemonic discourses that are responsible for managing biopolitics.

4.2 World Aids Day Campaign — 2012

According to the information gathered on the website http://antigo.aids.gov.br/pt-br/campanha/dia-mundial-de-luta-contra-aids-2012, the slogan of this campaign is named “Don’t be in doubt, find out” (*Não fique na dúvida, fique sabendo*). The text producers claim that the World Aids Day Campaign 2012 focused on encouraging early hiv diagnosis, as well as the secrecy and the confidentiality of the test. Also, it was allied to the national mobilization for testing which took place from November 20th to December 1st of 2012. They argue that the target public in mass media is the general population, social classes C, D, and E, and the segmented populations are health managers and health professionals, men who have sex with men (MSM), transvestites, and woman sex workers. The text producers also explain that the strategies of the campaign foresee the dissemination of messages on the internet, TV, radio, movie theaters in order to promote the hiv diagnosis and combat the stigma and prejudice. Afterwards, they show us the artwork produced and the videos broadcast on the internet: 1. Testimonial by Silvia Almeida. 2. Testimonial by João Geraldo Netto. As explained before, due to my theoretical-methodological choices, I only gathered the text available on the website of the campaign and on the video of the participant to be analyzed.

4.2.1 Passages analyzed in the discourses of the campaign producers

> With the slogan "Don't be in doubt, find out", the World Aids Day 2012 Campaign emphasizes and encourages early hiv diagnosis, the secrecy and the confidentially of the test, besides respect for human rights. It is allied with the national mobilization strategy of "Get informed" test, which will happen from November 20th to December 1st.

[12]Example 8: campaign producers

The slogan "*don´t be in doubt, find out"* assumes that it is important for PLHIV to know they live with hiv. Here, there is a value assumption, due to the imperative form — what is (not) desirable, in an incisive way. When the campaign producers say *the World Aids Day 2012 Campaign emphasizes and encourages early hiv diagnosis, the secrecy and the confidentially of the test*, it is assumed that keeping quiet is important for PLHIV, and telling others about the fact that they live with hiv is not recommended by the campaign producers. This is another value assumption, since there is the idea of what is desirable — the secret and the silence. Through these assumptions and due to the use of the imperative form, we can see that the campaign producers did not allow room for contesting voices. In other words, according to the campaign producers (via assumptions), first, PLHIV must know if they live with the virus, otherwise they will have problems. Second, after getting the diagnosis, PLHIV should start the treatment and keep silent about the fact they live with hiv. Also, we can perceive the campaign producers reproduce authoritarian (with its threatening tone) biological, serophobic, and conservative discourses that contribute to maintain the stigma that PLHIV face, without any type of support for this disturbing silence and sense of loneliness.

I would like to highlight that finding out we live with hiv is not an easy situation to handle. After finding out, PLHIV feel helpless, think they will have a very precarious life and will die soon. Suicidal thoughts and attempts are not uncommon. For example, a friend of mine told me that as soon as he found out he was living with hiv, he looked for a subway station and almost jumped in front of a train. Also, health professionals just tell people about the results and refer PLHIV to an infectiologist, with no further support, as it happened to me. Therefore,

---

[12] Original: "Com o slogan 'Não fique na dúvida, fique sabendo', a campanha do Dia Mundial de Luta contra a Aids 2012 enfatiza e incentiva o diagnóstico precoce do HIV, o sigilo e confidencialidade do teste, além do respeito aos direitos humanos. Ela está aliada à estratégia de mobilização nacional de testagem 'Fique Sabendo', que ocorrerá de 20 de novembro à 1º de dezembro."

‘simply finding out’ with no support net can cause deep mental and emotional scars, as well as more drastic consequences and, at this moment, PLHIV are left to die. In other terms, either PLHIV — at the individual level — handle their mental and emotional conditions after getting the result (sometimes having to go to work soon after they find out they live with hiv), as proposed by the campaign producers or they are left to die, demonstrating biopolitics at work.

See, below, the artwork produced and watch the videos. Videos broadcast on the internet:

1. Testimonial by Silvia Almeida
2. Testimonial by João Geraldo Netto

[13]Example 9: campaign producers

The passages above indicate that other voices are included in the text produced in the campaigns. Here, it is possible to perceive intertextuality, which is used to show closeness among voices and discourses. Here, these voices are from the campaign producers and the real participant (PLHIV). This participant represents the campaign producers and was selected to participate in the campaign. Therefore, we can say that the participant´s discourse converges with the discourse of the campaign producers.

The text producers explain what the texts are about — testimonials — and the testimonials themselves are given through ‘direct speech’. As I stated before, all my data were found in the official pages of MS, as well as in their official channel on Youtube. However, the first testimonial made by the participant Silvia Almeida was no longer available when I selected the data. This person has other videos broadcast on other pages, but was not analyzed here due to the procedures for my data selection — materials from campaigns that specifically deal with people who already live with hiv by bringing testimonials from real participants in the official Youtube channel “*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*”[14].

---

[13] Original: “Veja, abaixo, as artes produzidas e assista aos vídeos. Vídeo de veiculação na internet:
1. Depoimento de Silvia Almeida. 2. Depoimento de João Geraldo Neto.”

[14] https://www.youtube.com/@dstaidshv

4.2.2 Passage analyzed in the discourse of the real participant (PLHIV)

Individual testimonial (video — 2012): This campaign had also an introduction taken from the official website of MS (*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*: http://antigo.aids.gov.br/pt-br/campanha/dia-mundial-de-luta-contra-aids-2012), as explained earlier and the texts were analyzed above. There is only one video, gathered on https://www.youtube.com/@dstaidshv, in which the participant give his testimonial and was analyzed below.

Participant 1: João

> I have been living with hiv for 10 years. I work, practice sports, go to the movies, travel, date, go out with my friends. I do not give up having fun. I lead a quality life. All this because I did the aids test and found out in time to take care of myself.

[15]Example 10: João

In the passage above, we can notice that this participant also talks about *aids* instead of hiv. Also, there is no further explanation about the difference between aids and hiv to clarify the audience that hiv is the virus and aids is the disease, for example. This misunderstanding contributes to maintaining the stigma PLHIV face, associated with sick, dangerous, and weak creatures, since it takes us back to the beginning of the epidemic (1980s), when there were no medications and PLHIV could easily develop aids, be hospitalized, and die.

In the passage *I work, practice sports, go to the movies, travel, date, go out with my friends. I do not give up having fun. I lead a quality life. All this because I did the aids test and found out in time to take care of myself*, the participant assumes that people in general think that PLHIV cannot have a normal life and *practice sports, go to the movies, travel, date, go out*, so he feels the need to assert these possibilities, when the Simple Present tense was used to describe habits. A propositional assumption is seen here, since he affirms what is possible to do. When the participant says *all this because I did the aids test and found out in time to take care of myself*, it is assumed that getting tested is something good and easy, and if he had not started the treatment,

---

[15] Original: "Há 10 anos eu vivo com hiv. Eu trabalho, pratico esportes, vou ao cinema, viajo, namoro, saio com meus amigos. Não abro mão de me divertir. Levo uma vida com qualidade. Tudo isso porque eu fiz o teste de aids e descobri a tempo de me cuidar."

he would be very sick (at home or in hospital) or dead. Here, there is a value assumption, since the participant says what is (not) desirable.

Through the possibilities indicated and the implied conditional statement produced by the participant (via assumptions) ‘either you get tested and treated or you wind up dying’, we can notice the reduction of other voices and possibilities (there are only two) as a result of the focus on biological discourses. In the whole passage, the biological sphere is the protagonist. Through the assumptions, we can notice hegemonic discourses that assert that once PLHIV get tested and start the treatment, their lives will be the same as before. Therefore, the participant represents PLHIV in an idealized way (the ones who take care of themselves — at the individual level), as if the only challenges they will face are related to the biologically sphere of the hiv/aids epidemic.

Indeed, PLHIV can *work, practice sports, go to the movies, travel, date, and go out* normally, as people who do not live with hiv do. However, socially and discursively speaking, their lives are not the same. First, getting tested is not an easy task, as discussed above. Also, even if PLHIV keep silent about their condition, they will have to deal with some types of challenges. For example, the weight of the secret itself, which can be a torment; the several lies they will have to invent to hide the fact they are living with the virus — at work (when they have to be absent to go to the doctor or to have a routine examination), among friends and family members, as well as in any other social context. They may also face several embarrassing situations over a lifetime. For example, if they take the sick note, there is the stamp from an infectiologist, so every six months or one year PLHIV may have to give this official note to their employers (since they may have to be absent from work to go to the doctor), who may get suspicious and even ask something (if they are close). If PLHIV get out of the ‘closet’, they will be exposed to other challenges, such as the attribution of a stigmatized social identity, associated with ‘impurity’, danger, and dishonesty that is not worth of respect, as discussed by Goffman (1963). This triggers different types of prejudice and discrimination at work, among ‘friends’ and family members, and also in the varied social contexts they may participate over a lifetime.

Thus, far from being the solution to the challenges of living with hiv, the biological sphere deals only with one portion of the problems that PLHIV face in their daily lives, and this should not be posed as the protagonist. This campaign, therefore, fails to approach social and discourse aspects of the epidemic, especially if we consider that it was the year 2012 — 31 years after the beginning of the epidemic. This shows us that biological and hegemonic discourses have prevailed for more than three decades and, the participant, through the assumptions, is reproducing these discourses, which are converged with the campaign producers′ view (test and treatment are everything PLHIV need to be fine), due to the closeness of voices seen in intertextuality, here the campaign producers and the participant. It is time, therefore, to disarticulate these discourses, as well as to rearticulate new combinations in order to change and transform a social order that causes suffering to PLHIV.

4.3 Undetectable Campaign — 2018

According to the information gathered on the website: http://antigo.aids.gov.br/pt-br/campanha/campanha-indetectavel, the undetectable campaign portrays the stories of 13 PLHIV who became undetectable after the adherence to treatment. The text producers explain it was divided into two parts: the first with PLHIV who were recently diagnosed and others who found out they were hiv positive in the 80s and 90s, right at the beginning of the epidemic in the world; and all the participants tell in their stories how they received the diagnosis, the struggle for acceptance, and the difficulties in adhering to the treatment. The texts gathered on this website were analyzed as they follow.

4.3.1 Passages analyzed in the discourses of the campaign producers

This campaign starts with a logo (see appendix) that says “I am positive I am undetectable”.

[16]Example 11: campaign producers

The passage *I am positive I am undetectable* assumes that PLHIV can also be undetectable. As previously stated, PLHIV who have had an undetectable viral load for at least 6 months cannot transmit the virus. Nevertheless, I would like to highlight that at no time was it explained what undetectable means. The campaign producers assume that the reader has this previous knowledge, at least when it comes to this introductory explanation. There are two types of assumptions present in this passage: a value assumption, which relates to a judgment of what is good and desirable for someone, such as the expected condition of being undetectable — ‘you

---

[16] Original: “Sou +, estou indetectável.”

can be undetectable' — and a propositional assumption, since it affirms 'what is' by asserting *I am positive I am undetectable*.

I would like to highlight that although becoming undetectable is important for PLHIV, since after 6 months of undetectability they will not transmit the virus anymore, discursively speaking, we can see a power relation between undetectable PLHIV and detectable ones. In other words, by becoming undetectable, there is the possibility of 'being normal' again, of interacting with the 'normal' ones, of being 'cured' of the stigma, since there is a semi-pureness — being undetectable, being untransmittable. This is what the campaign producers say (via assumptions). The use of assumptions was used to avoid contesting voices and reduce differences. For example, in the value assumption, what the campaign producers consider good and desirable (being undetectable) becomes unquestionable and this meaning is taken as given. The propositional assumption is reinforcing the value assumption, by asserting what is the case (the undetectability of PLHIV), what is (only/universal) true. Therefore, through these assumptions, the campaign producers want to convince PLHIV to become undetectable. From a biopolitical perspective, undetectable PLHIV are welcome in society again, as long as they keep silent and can work and produce to neoliberalism. However, it is important to bear in mind that, at the same time undetectable PLHIV are healthy enough to compose the society (again), these people and society as a whole should not know this biological information (what it means to be U=U) and, as I said, PLHIV should keep silent about their condition and contribute to maintain the stigmatized social identity that is attributed to them. In short, from a biopolitical view, becoming undetectable is essential, once PLHIV will have a normal life, but nobody needs to know how it works because other discussions may raise and silence is fruitful. Therefore, there is a concealed and hidden power relation: you treat yourself (you do not know exactly how it works), you are 'normal' again, you keep silent and pretend nothing happened, and we accept you to interact with 'us' again.

Although the biological sphere — which focuses on the use of medication — is crucial for PLHIV, treatments which only focus on biological markers are far from being sufficient to deal with the epidemic. Apart from a biological virus, hiv is also a discourse and a social virus. As Sontag (2001) argues, PLHIV are quickly associated to pollution because of the possibility of infecting others and the emphasis on the nontransmissibility contributes to dissipate this association, as well as to reduce the stigma that triggers different forms of prejudice and discrimination. Thus, a restricted focus on the use of medication without public policies and programs that deal with other psychosocial issues PLHIV face, is palliative.

When it comes to a palliative treatment, biopolitics comes into play — since ARVs can also be used to make people alive and productive (made to live). However, our lives are not merely restricted to the biological sphere. We are composed of subjective issues, such as feelings, affections, and the sense of belonging. Also, there are people who do not get tested, nor start the treatment, due to fear of being classified into such a stigmatized social identity that triggers prejudice and discrimination — if they make the exam and it is positive, other people will know the results and see when they take the medications at a health center, for instance. They are expected to keep silent, contribute to maintain serophobic discourses, and reinforce the stigma — which associates hiv and aids to pollution, blame, and low moral standards. As demonstrated in Pelton *et al*. (2021)´s study, PLHIV have 100 times more chances to die than people who do not live with the virus, and in the first year after the diagnosis there is alarming number of suicides. Therefore, whereas PLHIV are biologically made to live by using the medication, they are psychosocially left to die. When it comes to left to die, I would like to highlight the different types of 'deaths in life', as I already argued — slow and symbolic deaths that may trigger literal ones. Discourse can trigger deaths, and psychosocial issues urge to be the main protagonists of the hiv/aids epidemic.

Also, we cannot forget that as an official institution that makes campaigns about different STIs, including (and focusing on) hiv, it is crucial to detail not only what the campaign is about, but also provide a careful explanation — based on scientific evidence — of the meaning and the purpose of the campaign — in this case being/becoming undetectable. Therefore, I argue that the information that a person cannot transmit hiv after being undetectable for at least 6 months should be highlighted in the whole campaign, which starts in this introductory explanation.

The undetectable campaign portrays the stories of 13 PLHIV who have become undetectable after the adherence to treatment […] All the characters tell in their stories […].

[17]Example 12: campaign producers

In the passages *portrays the stories* and *all the characters tell in their stories*, it can be easily perceived the attribution of other voices, identities — or ways of beings — in the campaign. These voices represent intertextuality, which increase differences and allow for other possibilities. According to Fairclough (2003), intertextuality is the presence of elements of other texts within a text. The examples seen here are classified as 'indirect speech', which is a type of intertextuality. Since the producers of this campaign selected the voices to represent them, a close relationship is established between the campaign producers and the real participants (PLHIV). The campaign producers would not create a whole campaign with a specific theme and purpose and invite random PLHIV to talk whatever they want. Therefore, the intertextuality seen in this campaign was used to reinforce the campaign's purpose, as well as to demonstrate the 'ideal' PLHIV, who are represented by the participants.

When the campaign producers state *13 PLHIV who have become undetectable after the adherence to treatment*, there is a bridging assumption — to make the sentence semantically coherent: that people start treatment and then become undetectable. However, and again, there is no further explanation of what being undetectable means and it is necessary to have previous knowledge to assume that, after *the adherence to treatment*, people become undetectable. There is also a value assumption. Although people might not know exactly what being undetectable means, it is assumed to be something good and desirable, since the passage declares that it happened *after the adherence to treatment,* and *treatment* is associated with fixing and recovering from something, such as a disease or a 'flaw'. The assumptions were used to show the importance of the treatment, since people will become something they do not understand exactly, but they know it is related to superiority and normalcy, such as a 'gift' that the medication can provide. The assumptions were also used to avoid further explaining what being undetectable means, since the campaign producers assume the reader already knows. Again, this is a specific campaign named 'undetectable campaign' and, as shown in the example above, there is no explanation of what it means. Even if the real participants talk about it, many people do not watch

---

[17] Original: "A campanha indetectável retrata as histórias de 13 pessoas que vivem com HIV e se tornaram indetectáveis após adesão ao tratamento [...] Todos os personagens contam em suas histórias [...]."

these videos, and the text produced for the website is supposed to be an introductory text that contextualizes the campaign and its theme and slogan.

As I discussed before, there is a close relationship between the text producers and the real participants who gave testimonials (PLHIV), due to the presence of representations through/in discourse. As Fairclough (1992) argues, to analyze representation in discourse requires not only taking into consideration the elements of a text in its micro perspective, but also the organization of the discourse, which includes the other texts/voices selected to compose the text. Here, the *13 PLHIV who have become undetectable* are role models and we can perceive they were carefully selected to compose the campaign due to the idealization, ‘superiority’, and ‘normalization’ that they have in common. Therefore, intertextuality was used in this campaign to show/convince the audience of how PLHIV should be, to reinforce the treatment, and to give PLHIV the possibility of becoming ‘normal’ again, as it supposedly happened with the ‘role model’ participants.

Having said all that, it is important to emphasize that at no time do I intend to discourage the drug treatment. I have been undetectable for years and this was a great advance in science, indeed. Nevertheless, I problematize the omission of relevant information, as well as the idealization of PLHIV, as if they should compensate their inferiority in some way to be accepted by society. This compensation also happens with other marginalized groups. For example, many gay men struggle to be ‘the most handsome’, ‘the smartest’, ‘the funniest’, ‘the most creative’, ‘the richest’, and so on, in different social contexts. These are ways of compensating their ‘inferiority’ to society: ‘I am gay, but’. When it comes to depicting undetectability as a prize, especially with omissions (people do not know exactly what it means, but they believe ‘they are gifted’), it is the same logic of compensation reproduced by homophobic, hegemonic, and conservative discourses about other marginalized social groups, for example. In short, it is very important for people to know about the possibility of becoming undetectable, but this should be carefully explained and posed as any other advance in medical science, which society as whole has the right to get to know, as they got to know crucial information about the COVID-19 pandemic, and not presented as a prize or a gift. People who were infected by COVID-19 did not become ‘heroes’ or superior beings because their chances of getting the virus again (and infecting others) were very reduced, and the same logic should be applied to PLHIV. Also, this is a campaign delivered by an official federal governmental organization, and this idealization of PLHIV contributes to maintaining serophobic, neoliberal, hygienist, biological, conservative, and racist (from a broader view, the ‘bad’ race) discourses, as well as to strengthening the logic of biopolitics — people who get tested and get treated are made to live (again), and the ones who have difficulties in getting tested, starting the treatment, or even becoming undetectable are ‘failures’ and, consequently, are left to die.

All the characters tell in their stories how they received the diagnosis, the struggle for acceptance, and the difficulties in adhering to the treatment.

[18]Example 13: campaign producers

The passage *the struggle for acceptance* assumes that PLHIV are not easily accepted by others. Here there is a value assumption, since being accepted is considered something good and desirable — therefore, PLHIV must fight to achieve acceptance. It is important to bear in mind that the participants selected to compose the campaign represent the ideas proposed by the campaign producers. Also, these participants are seen as ‘role models’ that should be followed. In this assumption, we can notice reproduction of hegemonic, serophobic, and conservative discourses associated with biopolitics. For example, the biopolitical technology somehow legitimates the abnormality and inferiority of PLHIV — since the need to struggle for acceptance is highlighted and those who are not socially accepted are left to die from rejection, oppression, and exclusion. Also, by fighting to be accepted, a person may contribute to maintaining discriminatory discourses, when, in fact, no one should have to struggle for social acceptance. In other words, PLHIV should not need or depend on the acceptance of others, and those who cannot ‘accept’ the fact that someone lives with hiv should be invited to stay away. I am aware of the difficulties in parting from certain people, especially when it involves family relations and financial dependence, for instance. However, it is time to expand agendas — instead of claiming for acceptance, we should disarticulate old social structures and social practices and rearticulate new combinations in order to change discourse and push for social change.

The passage *and the difficulties for adhering to the treatment* assumes there is a long and complex process involving the medications, due to the use of the verb *adhere*, which here means to begin, to make part, to support, to maintain loyalty, and the noun “treatment”, which means to

---

[18] Original: “Todos os personagens contam em suas histórias como receberam o diagnóstico, a luta pela aceitação e as dificuldades para aderirem ao tratamento.”

cure a medical condition. There is a value assumption, which is related to undesirable situations — it is hard to understand, since the situation is complex and, therefore, problems may arise during this path. Through the assumptions, the campaign producers aim at casting the biological sphere as the main protagonist — a complex process that involves medications to cure a medical condition — and the participants are seen as role models of this resilience, since they are here to tell their stories.

We can see the presence of biopolitics, since overcoming the *difficulties for adhering to the treatment* is all PLHIV need to fight against the epidemic and also resilience is expected — people should be resilient (as those participants), otherwise they are left to die. However, whereas in biological and medical terms there has been enormous advancement, this sphere is only concerned with particular aspects of the hiv/aids epidemic, and serophobic, hegemonic, racist, conservative discourses, which produce and propagate prejudice and discrimination against PLHIV, are (almost) as strong and popular as seen at the beginning of the epidemic. I would like to highlight an example that I have experienced personally — difficulties to adapt to the treatment due to psychosocial issues. When I started the treatment, I imagined I would lose my freedom to come and go, and I also thought that the treatment would destroy my body in different ways, due to its side effects. Fortunately, biologically speaking, nothing major happened. Over the years, I changed the ARV medications a few times, mostly because a more sophisticated one was available at SUS and the doctor recommended it. There was only one time when I asked to change due to a side effect. I did not feel any pain or physical discomfort, but my eyes had become somewhat yellow and people started asking me why. These questions "Why are your eyes yellow? What happened? Is there anything wrong?" started to remind me constantly that I was living with hiv — although I was aware of the difference between hiv and aids, my mind would quickly move to the idea of aids and of a death sentence. In short, the only time I (and not the doctor) asked to change my ARVs was due to psychosocial issues, in which discourse is a main feature.

4.3.2 Passages analyzed in the discourses of the real participants (PLHIV)

Individual testimonials (videos — 2018): As I explained before, the 13 testimonials analyzed in the following examples were broadcast in short videos available on the official Youtube channel named *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*: https://www.youtube.com/@dstaidshv, delivered by MS. The participants themselves (which are non-actors, since all of them are real PLHIV) tell their stories. Therefore, intertextuality here is produced via direct speech. I have transcribed all the testimonials (see appendix), as well as translated into English the passages I selected to analyze.

Participant 1: Rafuska

> It´s just that I never had a notion about being undetectable. It was something that was not spoken about to us, who are very young kids. And as I´ve always been a curious person, I tried to understand why I needed that medication.

[19]Example 14: Rafuska

The excerpt *it´s just that I never had a notion about being undetectable. It was something that was not spoken about to us* evidences, again, the need for a better explanation of what undetectable means. Many times, PLHIV themselves do not know exactly what it means and nobody, including health professionals, gives further information about it. The passage *I tried to understand why I needed that medication* assumes that the participant made an effort to understand how the medication works, as well as that it is something difficult to understand. Here, there is also a value assumption. While the participant tries to understand the drug treatment because it is something good and desirable to her routine, health, and social life, it is also assumed that the difficulties in understanding the treatment are not something good. In this assumption we can again identify a neoliberal discourse, which conveys the idea that PLHIV should take care of themselves, at the individual level. Also, the focus on the biological sphere

---

[19] Original: “Só que eu nunca tive uma noção sobre ser indetectável. Era uma coisa que não era falado pra gente, que é muito pequeno. E como eu fui sempre uma pessoa curiosa, eu busquei entender porque eu precisava daquele medicamento.”

prevails and it is produced by a biological discourse. Through this assumption, both discourses identified here (neoliberal and biological) are connected with the discourses and the messages the text producer is conveying — PLHIV must be resilient, as this participant has shown to be.

As I need to eat, as I need to drink, I also needed to take the medication to get well and feel better. So, there was a moment when I noticed that it was so much a part of me that it made no difference if people accepted it or not, so that I simply talked, exposed [my condition].

[20]Example 15: Rafuska

In the passage *as I need to eat, as I need to drink, I also needed to take the medication to get well and feel better*, the participant assumes that the medication is something vital for her life, since she indicates similarity between food/water and the medication by using the conjunction *as*. It is possible to perceive two types of assumptions in this excerpt: a propositional assumption, when the speaker says what is the case — *I also needed to take* — and a value assumption, since it assumes the medication is something good and desirable for her *to get well and feel better*. In other words, through these assumptions, there is an attempt to construct coherent sentences while connecting the use of medication with well-being and the non-use of medication with 'not getting well' and 'not feeling good' — biological and hegemonic discourses prevail, focusing only on the use of the medications to make PLHIV feel well.

However, people need to know, via accessible and non-technical language, the reasons why PLHIV (need to) take the medication and what can happen after its use, such as the fact that being undetectable after taking the medication for 6 months will also make the virus untransmittable — they will no longer transmit hiv via any type of sexual practice, even without protection. Also, this information should neither be associated with advocating unprotected sexual practices nor with producing an idealized role model of PLHIV, but rather with clarifying, not only to PLHIV but also to society as whole, how this process works.

The passage *it made no difference if people accepted it or not* assumes that acceptance from others play an important role to PLHIV. Here, there is a value assumption, since acceptance is assumed to be something desirable. Therefore, through this assumption, acceptance is reinforced as something required in our society. This was also seen in the campaign producers′

---

[20] Original: "Como eu preciso comer, como eu preciso beber, eu também precisava tomar o remédio para ficar bem e me sentir melhor. Então, teve uma hora que eu percebi que aquilo era tão parte de mim, que não fazia diferença se as pessoas aceitassem ou não aceitassem, que eu simplesmente falei, expus."

discourses, when in fact PLHIV should feel strong enough to break free from the demand or the need to be accepted by all social groups. However, PLHIV may find it difficult to break free from the imperative o social acceptance, due to serophobic discourses created and maintained by hegemonic groups — which can be called symbolic elites (van Dijk, 2020) —, since they control topics to be discussed, moral standards, beliefs, ideologies, values and, in this case, they can manipulate the need for acceptance, as noticed in the assumption. When acceptance from others is viewed as something good and desirable, it is assumed that these dominant social groups (also called symbolic elites) are superior and can judge if particular behaviors are good enough to satisfy them. This was commonly seen in history — with wars and different military dictatorships all over the world, with the emergence of fascism, a resource applied by the extreme right, as seen in Brazil during Bolsonaro´s mandate, among many other examples. In those terrible historical moments, biopolitics was an important strategy to governments, since it aims at selecting 'pure', 'healthy', and 'strong' bodies — made to live — to compose a 'solid' and productive structure that is useful for neoliberal societies. As Foucault (2003) argues, in the exercise of biopower, killing is essential to normalize and protect the 'strong' race. Not accepting PLHIV, therefore, means killing them — literally or symbolically (deaths in life). From this logic, 'abnormal' and 'impure' bodies are left to die and biopolitics is in charge to maintaining hegemonic and racism discourses that aim at oppressing and silencing marginalized social groups, such as PLHIV.

The passage *so that I simply talked, exposed [my condition]* shows a logical assumption due to the fact that it was something obvious for her — she did not care about people's acceptance, she *simply talked, exposed* the fact that she lives with hiv. Through this assumption, she shows her courage and encourages other PLHIV to do the same. However, many people are not able to 'simply talk', due to professional reasons, financial dependencies, among other factors, as already discussed. We cannot assume that because one person *simply talked*, PLHIV in general will be able to do the same. Instead of looking for individual examples of hiv outing, we should think about the serophobic, conservative, and hegemonic discourses that surround hiv related issues — which are associated with the stigma, prejudice, and discrimination that PLHIV face. The academy is one place where we can fight against serophobia. Nevertheless, there are many others and we should join forces and struggle to problematize biased discourses and rearticulate other possibilities.

I told the class in a class work. And I felt light, as if I weren´t living those two lives anymore, you know, realizing that I was not only hiv, you know.

[21]Example 16: Rafuska

In this passage, the participant talks about how she felt after telling others about her serology. Here, it is assumed that she had two different lives, one closely related to the virus, and the other her life as a whole person. It is possible to perceive an existential assumption, since she felt that she lived two different lives — for her, two lives existed. The clause *I was not only hiv* assumes the existence of the strong stigma that surrounds hiv, since it reduces PLHIV to a stigmatized social identity, associated with pollution that comes to destroy people. In addition to this existential assumption, I would also like to highlight the presence of an ideological[22] assumption. Through these assumptions, the participant shows that most PLHIV have two lives, since society as a whole stigmatize them by putting a much heavier weight than what the virus really is. She used these assumptions to demonstrate that despite the huge stigma attributed to PLHIV, she could break free from this, is here telling this story, and the same can happen to other PLHIV. Again, despite of her courage, we are talking about an individual example.

As previously discussed, naturalizing ideologies is an efficient way of maintaining conventions by reinforcing common sense ideas. At the beginning of the epidemic, due to the creation of stigmatized ‘risk groups’, the lack of medication at that time, and homophobic and serophobic discourses, PLHIV were seen as deviant monsters that appeared to pollute and destroy the world. In order to maintain these discourses, it is necessary to silence contesting voices and invest in the reproduction of discourse practices that still construct PLHIV as impure and dangerous, as it was seen through these assumptions. Here, once again, we can see that the biological sphere is not enough to fight against this epidemic, since we are composed of subjectivities and identities, which should also be posed as protagonists in the fight for health and well-being. Also, while such discourses are not disarticulated and the use of biopolitics prevails,

---

[21] Original: “Eu revelei pra turma num trabalho de turma. E eu me senti leve, como se não tivesse mais vivendo aquelas duas vidas, né, percebendo que eu não era só o hiv, né.”

[22] Although most of the assumptions may be considered ideological, as discussed in the review of the literature, I tried to firstly give the floor to the other types of assumptions, which are more concerned with the textual features of my analysis, and leave other elements, such as biopolitics, for the social analysis that encompasses discussions of ideological meanings. The ones I carefully selected to highlight as ‘ideological assumptions’ were intrinsically related to the core of the social and discourse problems that surround the hiv/aids epidemic, such as the stigma.

since it considers the biological aspects of the virus — as long as PLHIV take ARVs, keep silent, are ‘healthy’ and productive, they are made to live — and, at the same time ignores psychosocial issues PLHIV face by letting them die (psychosocially), both in symbolic and literal ways.

> It is not just the medication, you know […] Because we need support to talk about it. It is not only to talk and to be exposed to all kinds of discrimination, which unfortunately still happens.

[23]Example 17: Rafuska

The passage *It is not just the medication, you know* assumes that the participant is aware that medication is not enough and that there are other social issues to be considered. Here, the use of a propositional assumption is perceived, since it is concerned with what is (not) the case. Afterwards, the passage *because we need support to talk about it. It is not only to talk and to be exposed to all kinds of discrimination, which unfortunately still happens* assumes that the participant is also aware because she could get out of the ‘hiv closet’, it does not mean that others will easily be able to do the same. Here, there is another propositional assumption, since, again, the participant affirms what is the case. Through these assumptions, the participant wants to demonstrate the social and discursive problems involved in the epidemic. Here, she acknowledges that the biological sphere is not enough. However, the campaign does not offer other possibilities and supports. Again, this is a campaign delivered by an official federal governmental organization and should not be limited to common-sense discourses admitting the social difficulties PLHIV face, rather it should also encourage broader strategies, support nets, among other actions to change serophobic, hegemonic, and conservative discourses that cause human suffering.

---

[23] Original: “Não é só tomar a medicação, né? [...]. Porque a gente precisa de um apoio pra falar sobre isso. Não é simplesmente falar e ficar exposto a todo tipo de discriminação, que infelizmente ainda acontece.”

Participants 2: Geovanni e Jeandro

> And what I didn´t know was that a lot of people around me had it [hiv] too. But people hide because of fear of prejudice.

[24]Example 18: Geovanni

This passage assumes that prejudice is a key element that may determine whether or not people will be open about their serology. A propositional assumption is seen when he states what is the case — *a lot of people around me had it too*. A logical assumption is noticed with the connector *because of* — it is implied that getting out of the closet will cause suffering and a logical coherent decision would be to keep quiet about it. Through these assumptions, the participant shows that although staying in the 'closet' may seem more comfortable and even wiser, he resisted hegemonic and serophobic discourses and managed to break free from this 'demand' imposed by society. Nevertheless, and again, the campaign does not offer any type of support and ways to get out of the 'closet', thus it reproduces a neoliberal discourse, according to which PLHIV are solely responsible for themselves, and should deal with social problems on their own.

Despite the difficulties already discussed, by accepting the silence that symbolic elites impose on PLIHV they contribute to maintaining serophobic discourses. Social movements regarding PLHIV are still timid comparing to other groups — LBTQIAP+, for instance — and this lack of support is one of the reasons why people do not easily open up their serology in most social settings. At the beginning of the epidemic, many gay and bisexual men were affected by hiv and aids. This social group was violently stigmatized — one example of it is the expression 'gay plague'. Nevertheless, gay/bisexual men, when they talk about their homosexuality/bisexuality, do not commonly open up their serology or approach this subject — even among friends. Biopolitics helps maintain discourse systems that do not 'allow' certain topics, such as IST and especially hiv related issues, to be raised. That explains why PLHIV *hide because of fear of prejudice*. Stigmatized identities are attributed to them, associated with pollution, impurity, and guilt. If they talk openly about the fact that they live with hiv, socially

---

[24] Original: "E o que eu não sabia era que muita gente à minha volta também tinha. Só que as pessoas se escondem por conta do medo do preconceito."

speaking they are left to die. This is why it is necessary to challenge and disarticulate violent discourses that cause human suffering in order to rearticulate new combinations.

.

When I opened up about my serology on a social networking site, my post became very well known. I participated in a TV show. This was nice because even on my dating apps, I was free to say that I was hiv positive.

[25]Example 19: Geovanni

The passage *even on my dating apps, I was free to say that I was hiv positive* assumes that dating apps do not easily accept PLHIV, and that the participant was somehow surprised by the acceptance he received. There is an ideological assumption here, which is associated with the rejection of PLHIV in romantic relationships. Through this assumption, it is implied that this rejection is related with the fear of contagion. This fear of transmission comes from lack of information. People in general do not know what being undetectable means and how reliable this information is, since it is not a socially and broadly discussed theme. Again, the discussion I am advocating should not be based on 'role models' or any other type of idealization, but on relevant and state-of-the-art scientific evidence that also encompasses human sexuality. Therefore, the assumption was used to make people become aware of the prejudice PLHIV constantly face in their lives.

Regarding the participant´s surprise to be free to say he lives with hiv, it may be associated with the social group he was interacting with — gay/bisexual men. Historically speaking, gay/bisexual men still carry this stigmatized social identity — being gay/bisexual is easily associated with living with hiv — that comes from the beginning of the epidemic, as discussed before. Therefore, this social group is more condescending and somehow do not necessarily reproduce the biased discourses previously discussed, especially because many of them live with hiv. Nevertheless, as also discussed, most gay/bisexual men who live with hiv are still in the closet about their serology. Here, there is a subtle process of rejection and reproduction of hegemonic and serophobic discourses that stigmatize PLHIV — at the same time that gay/bisexual men may accept PLHIV more frequently than heterosexual men, even to have a

---

[25] Original: "Quando eu abri a minha sorologia numa rede social, a minha postagem ficou muito conhecida. Eu participei de um programa de TV. Isso foi legal porque até nos meus aplicativos de relacionamento, eu tinha liberdade de falar que eu era soropositivo."

romantic relationship, for instance, gay/bisexual men who live with hiv and keep in the closet somehow contribute to maintaining the stigma. There are also value assumptions here. When the participant says *I was free to say that I was hiv positive* she assumes that being free is something good and desirable, and that being hiv positive leaves someone stuck and, therefore, it is not something good and desirable. There is also a logical assumption: if being free is desirable and being stuck is not desirable, PLHIV who do not release themselves from this secret will suffer more. Through these assumptions, the participant encourages PLHIV to get out of the closet, as they will suffer less.

And I thought: “now I´m not getting anyone else, you know”.

[26]Example 20: Geovanni

In this passage, there are some assumptions: a propositional assumption, since it is assumed what is the case — being alone; a value assumption, since PLHIV are not considered good and desirable to relate with; and a logical assumption, since the participant believed it was obvious that he would not be wanted by anyone. Through these assumptions, the participant shows how prejudice and discrimination affect PLHIV, and since the participant is discursively representing the campaign producers, the campaign is concerned with highlighting these social problems. Although the campaign takes this ‘social approach’, it is still implicit that PLHIV should solve these problems by themselves (at the individual level). Therefore, through intertextuality, the campaign producers reproduce a neoliberal discourse and ignore the need to fight against social challenges in a collective way.

There is another issue I would like to highlight. People who do not expose their serology may not face explicit cases of prejudice and discrimination, however psychosocial problems emerge — caused by oppression and silence, such as the torment of carrying this secret (stigmatized for more than four decades), as well as all the fears connected to this secret over a lifetime, including a variety of negative consequences triggered by this weight. Oppression, silence, fear of rejection, among other forms of censorship and exclusions can make people get really out of their mental and emotional ‘balances’ and also commit suicides, for example.

---

[26] Original: “E eu pensava: ‘agora não vou mais arrumar ninguém, né'?”

I was prejudiced. We are prejudiced.

[27]Example 21: Geovanni

This passage assumes that the participant naturalized prejudice. Here, there is a propositional assumption — reproducing prejudice is something natural. There is also a contradictory bridging assumption. When he says *I was prejudiced*, it is assumed (due to the simple past) that he is no longer so. However, in the following sentence he says *we are prejudiced*, which uses another verb tense (Simple Present) and also includes himself. Since he was talking specifically about PLHIV, it is possible to assume that he is not prejudiced against this group anymore, but other types of prejudice are still there, which represents an ideological assumption. Through these assumptions, the meaning conveyed is that prejudice is something natural, since everybody reproduces it. From this view, PLHIV should accept, face, and deal with prejudice by themselves, since the 'world is the way it is'. Prejudice is a precious theme for biopolitics, which is interested in keeping people alive, as long as they are 'healthy', vigorous, 'happy', positive, and able to work, which, not by coincidence, is associated with neoliberalism. People who do not fit these dictated standards suffer prejudice, are quickly left behind to die. This includes different marginalized social groups, such as the poor, black people, PLHIV, women, LGBTQIA+, among others.

What we need is to end the stigma, end fear, end prejudice.

[28]Example 22: Jeandro[29] (who does not live with hiv and is in a sero-different relationship)

In this passage, there is an existential assumption, since the participant assumes that the stigma, fear, and prejudice exist, and there is also a value assumption, since he says what is desirable — *to end the stigma, end fear, end prejudice*. Indeed, the goal of putting an end to stigma, fear and prejudice is intrinsically related to what I have been advocating throughout this research. They trigger deaths in life. They are allied to biopolitics. However, to end those social

---

[27] Original: "Eu tinha um preconceito. A gente mesmo tem um preconceito".

[28] Original: "O que a gente precisa é acabar com o estigma, acabar com o medo, acabar com o preconceito."

[29] This is the only participant who does not live with hiv. But since he is in a romantic relationship with a person who lives with the virus and is a participant of the campaign, I found relevant to bring his testimonial, once he sees and is aware of the challenges a close person who lives with hiv faces.

problems, we need to create strategies and possibilities, as well as join forces with different social spheres.

> […] you have to go on with your life the way it is. Let´s show that it´s different, that it´s possible. I take the medication, it leaves me undetectable. It´s not only this factor, it´s not only the medication we need, no. What made me undetectable was a construction of all that. It was the first welcome, it was the health professional, who was willing to help me, it was the affection of my parents, it was the affection of my friends, that I didn´t suffer this exclusion for living with hiv. And what people don´t know is that being undetectable is a form of prevention.

[30]Example 23: Geovanni

The passage *you have to go on with your life the way it is. Let´s show that it´s different, that it´s possible* assumes that the challenges PLHIV face should be solved at the individual level. There is also a value assumption, since it is assumed that feeling well, regardless of the circumstances, is desirable. Through these assumptions, the logic of biopolitics is perceived — to 'make people live' they have to be strong, fearless, 'healthy', 'happy', useful, productive, and pretend nothing has happened. Otherwise, they are left to die. Here, we can identify the presence of a neoliberal discourse, which focuses on the individual sphere, rather than encompassing a social stance. It is important to highlight that neoliberalism triggers fears and insecurities, since the individual stance (people may be completely alone and helpless) prevails over the social, as well as many mental health problems (Safatle; Silva Junior; Dunker, 2021). Thus, I argue that the challenges PLHIV face cannot be solved individually and the stigma, prejudice, and discrimination are social problems. We need solid public policies targeted specifically at PLHIV. We need government support both in the public and the private spheres of life. We need reformulation of curricula in schools to include and embrace sexual education, with no taboos and stigmas. We need heavy investments in health and education allied to psychosocial agendas, so that health professionals and teachers are prepared to deal with sexuality and STIs properly and inclusively.

---

[30] Original: "[...] você tem que continuar sua vida do jeito que é. Vamos mostrar que é diferente, que é possível sim. Eu tomo a medicação, ela me deixa indetectável. Não é somente esse fator, não é somente a medicação que a gente precisa, não. O que me fez chegar a indetectável foi uma construção disso tudo. Foi o primeiro acolhimento, foi o profissional da saúde que se disponibilizou a me ajudar, foi o carinho dos meus pais, foi o carinho dos meus amigos, de eu não ter sofrido essa exclusão por conta de eu ser hiv. E o que as pessoas não sabem é que o estar indetectável é uma forma de prevenção."

In the passage *I take the medication, it leaves me undetectable*, there is a hidden cohesion element that can express cause/consequence (therefore, because) or addition (and) and, again, the participant does not explain what undetectable means. The more accurate information he gives is that it is a form of prevention — *what people don´t know is that being undetectable is a form of prevention* —, but people in general still do not know exactly what undetectable means. In the passage *it was the affection of my parents, it was the affections of my friends, that I didn´t suffer this exclusion for living with hiv* assumes that if the participant did not have his parents´ and friends´ support, he would suffer from exclusion. Here, there is a propositional assumption, since he says 'what is the case', and also a bridging assumption, since there is a conditional sentence between the affection of his parents and his friends and his non-suffering. This is another example of 'solving' a problem from an individual stance. In these assumptions, there is the reproduction of a heteronormative discourse, in which the nuclear family is put in a higher position. Also, the idea conveyed is that social problems are common (and should be) dealt privately (and this is naturalized). Nevertheless, there are PLHIV who do not have this private support, which shows that a social problem cannot be 'solved' only at the individual level, rather, it should be discussed in public arenas.

Participant 3: Lucas

> When I found out about my diagnosis, I actually started having some seizures. I lived by myself, you know, and at that moment for me there, I lost the ground under my feet. I didn´t actually realize that I had received the HIV diagnosis, which for me was that I had aids. And up until then, the doctor didn´t tell me about that difference. I didn´t start the treatment because the doctors didn´t tell me anything — if I was supposed to start the treatment, to look for it. I didn´t even know CTA [*Centro de Testagem e Aconselhamento*] existed, that SUS provided the medication. I didn´t have this information.

[31]Example 24: Lucas

In the passage *at that moment for me there, I lost the ground under my feet*, there is a metaphor associated with falling and extreme emotional vulnerability. Here, it is possible to see the production of death in life, as I already discussed, which encompasses sufferings of different types, as well as the risk of literal death, as demonstrated in Pelton *et al.* ´s study (2021). The passage *which for me was that I had aids* indicates that the participant did not know about the difference between hiv and aids. A propositional assumption is perceived here, since it is assumed 'what is/was the case' — he felt he was living with aids, rather than with hiv. The passage *up until then, the doctors didn´t tell me anything — if I was supposed to start the treatment, to look for it. I didn´t even know CTA existed, that SUS provided the medication. I didn´t have this information* shows that health professionals omitted important detailed information about hiv related issues. A value assumption is seen in this passage, since the participant was expecting someone to tell him what was good and desirable for him to do, but what happened was the opposite. Through these assumptions, the participant shows that the lack of knowledge about the epidemic is still very present in today´s society, since he did not know much about it. We can also notice that health professionals contribute to maintain misinformation, and many times PLHIV do not receive vital information, which contributes to

---

[31] Original: "Quando eu descobri o meu diagnóstico, eu comecei na verdade a ter umas crises convulsivas. Eu morava sozinho, né, e naquele momento pra mim ali, eu perdi o chão. Eu não tinha na verdade caído a ficha ainda de que eu tinha recebido o diagnóstico do hiv que pra mim era que eu estava com aids. E até então a médica não tinha me falado dessa diferença. Eu não tinha iniciado o tratamento porque os médicos não tinham me falado nada. Se era pra eu iniciar o tratamento, se eu procurar. Eu nem sabia que existia o CTA, que o SUS disponibilizava a medicação. Eu não tinha essa informação."

reduce PLHIV to a stigmatized social identity and, consequently, the reproduction of discriminatory discourses.

> I found out because an aunt of mine looked for it and said: “look, there is a CTA [*Centro de Testagem e Aconselhamento*] here in Maringá, where they treat people with hiv, with hepatitis, with syphilis”. Then they saw my situation and said: “Wow, how is Lucas in this situation? Not taking the medication, not following the treatment?”

[32]Example 25: Lucas

In the passage *I found out because an aunt of mine looked for it and said: “look, there is a CTA here in Maringá, where they treat people with hiv, with hepatitis, with syphilis”*, it is possible to see intertextuality, since the participant uses ‘direct speech’ to report the exact words of another person (his aunt) within his text, which is part of the official campaign created by *Ministério da Saúde*. Intertextuality is used here to show that the participant had support from at least one family member. In other words, the lack of knowledge, which is strategically arranged, was solved in the private sphere. This situation is naturalized and the social/collective sphere is not approached.

In the passage *then they saw my situation and said: “Wow, how is Lucas in this situation? Not taking the medication, not following the treatment?”*, it is also possible to notice intertextuality, since the participant, once again, uses direct speech to report what someone else said — in this case, health professionals from the place where PLHIV are treated. Through intertextuality, another voice is inserted in the text and we can perceive the naturalization of the neglect of the health conditions that affected the participant. Although this voice used the interjection *wow* to demonstrate surprise, the message conveyed is that this neglect is common among PLHIV, once the participant is representing them in this campaign.

There is also a value assumption, when the participant reports the following *wow, how is Lucas in this situation?*. Here, it assumed that his situation, from a biological perspective, was not good and desirable, since he was not taking the medication. It is also assumed that the biological sphere is more important than psychosocial issues, since *this situation* refers specifically to the lack of medication, as demonstrated in the following questions: *not taking the*

---

[32] Original: “Eu fui descobrir porque uma tia minha foi atrás, correu e falou: ‘olha, existe um CTA aqui em Maringá, onde trata pessoas com hiv, com hepatites, com sífilis’. Aí eles viram a minha situação e falaram: ‘nossa, como que o Lucas tá nessa situação, sem tomar medicação, sem fazer o tratamento’.”

medication, not following the treatment? From these assumptions, we can notice the emphasis on the biological sphere in the campaign. Here, there is the reproduction of biological and hygienist discourses, as if everything that encompasses the epidemic is related to the biological sphere.

> Adhering to the treatment made me, you know, have quality of life. My health, my self-esteem today, you know, is totally different […] I can do everything I used to do before the diagnosis. My life was very active, I can also have that. It makes me go over everything. It´s my smile, my happiness. In my family, my nickname is giggles because I´m always smiling, you know. There is even a cousin who says: 'wow, I only saw Lucas crying three times, because he takes everything with a smile, with joy.

[33]Example 26: Lucas

The passage *adhering to the treatment made me, you know, have quality of life. My health, my self-esteem today, you know, is totally different* assumes that before the medication, he did not have quality of life. Also, it assumes that he did not have a good health and self-esteem before taking the ARVs, and that the medication solved these problems. Both assumptions can be classified as value ones, since something good and desirable comes into play. A propositional assumption is also perceived when the participant states 'what is the case': *my health, my self-esteem today, is totally different*. Through this assumption, a very strong message is conveyed — the use of medications can cure everything, even prejudice and discrimination. This message is being reproduced by different participants, regularity has been perceived, and it is important to bear in mind that these participants are representing the campaign producers. Therefore, the campaign producers were interested in disseminating this biological discourse. By disseminating this discourse, biopolitics works efficiently, at the same time that other discussions, such as the real causes of prejudice and discrimination, are hidden.

Although PLHIV should take ARVs regularly in order to keep their viral load undetectable, psychosocial issues related to hiv and aids require a comprehensive social-political approach that goes beyond the mere biological sphere. A broad treatment, therefore, should include those instances, with (re)articulations and reformulations in different domains of society,

---

[33] Original: "Ter adesão ao tratamento me fez, assim, ter qualidade de vida. A minha saúde, a minha autoestima hoje, assim, é totalmente diferente. [...] Eu posso fazer tudo o que eu fazia antes do diagnóstico. A minha vida era muito ativa, eu posso ter isso também. Faz eu passar por cima de tudo. É o meu sorriso, minha felicidade. Lá na minha família o meu apelido é risadinha porque eu tô sempre sorrindo, né? Tem até uma prima que fala: 'nossa, eu vi o Lucas chorando 3 vezes só, porque ele leva tudo no sorriso, na alegria'."

such as education, health, culture, among others. One example of this comprehensive approach to hiv and aids was the choice of Nísia Trindade as the Minister of Health in the mandate of president Lula. Differently from what happened in the previous government, Nísia Trindade, who is a sociologist, is committed with expanding concerns that encompass social, educational, cultural and discursive issues that affect different areas of society.

The passage *I can do everything I used to do before the diagnosis. My life was very active, I can also have that. It makes me go over everything* assumes that nothing changed in the participant's life. At the beginning of his testimonial, the participant said that 'he lost the ground under his feet' and now he said that nothing has changed (when he starts taking ARVs). The message conveyed in this assumption is that people may 'lose the ground under their feet' when they discover they have contracted hiv, the medication will solve this suffering and it is everything PLHIV need. Both a value and a propositional assumption are seen in the passage. The former is due to the association of desirable situations, such as the use of ARVs, and the latter is related to 'what was/is the case' — *my life was very active, I can also have that*. Through these assumptions, biopolitics, again, plays a fundamental role, since the focus is on making people live — from a biological perspective. From this logic, PLHIV should take the medication in order to remain active, productive, and healthy. Despite the psychosocial difficulties, they must go on as if nothing had happened or had changed. So far, therefore, PLHIV who participated in the campaigns — and represent the campaign producers — mostly focused on adherence to the treatment and the use of medication, as if these things were everything PLHIV need to live.

In the passage *it´s my smile, my happiness. In my family, my nickname is giggles because I´m always smiling, you know. There is even a cousin who says: "wow, I only saw Lucas crying three times, because he takes everything with a smile, with joy"*, there is a value assumption — it assumes that 'taking everything with a smile, with joy' is something good and desirable, especially when facing difficulties. Through this assumption, it is possible to perceive the discourse of happiness, which is allied to the neoliberal logic and is associated with the individual stance of social subjects. Within this discourse, people are expected to be happy and grateful all the time, regardless of the circumstances. Also, the responsibility to 'achieve' (or not) happiness is ascribed simply to a personal desire effort, and thus happiness depends merely on people — individually speaking. From a neoliberal perspective, when people are expected to solve social problems by themselves, they reduce their force towards political participation. They are subjected by discourses that make them believe the meritocratic logic is the ideal. Furthermore, the physical and mental exhaustion caused by neoliberalism leaves almost no time or energy for workers to think politically about their lives and to act politically.

Participant 4: Márcio

> I have been living with hiv for three years and I have been undetectable for two years and seven months. I had a great medication adherence. […] I consider prejudice the result of lack of information. Many times, people look at you differently. They have certain attitudes because they lack knowledge. And we shouldn´t reprimand these people, we have to go and talk to them.

[34]Example 27: Márcio

In the passage *I have been living with hiv for three years and I have been undetectable for two years and seven months*, it is not explained, again, what being undetectable means, as seen in other testimonials already analyzed. Afterwards, when the participant says *I had a great medication adherence*, it is possible to assume that adherence to the treatment is challenging, since the participant emphasizes it was *great* and no difficulties were found. Here, there is a value assumption, since the participant implicitly says what is good and desirable — to start the treatment. Through this assumption, we can again notice the focus on the biological sphere, and his discourse somehow makes us go back to the beginning of the epidemic, when the treatment consisted of a precarious combination of medications with lots of side effects. From that time on, serophobic, hegemonic, and conservative discourses related to the side effects of ARVs have become established, and are still maintained nowadays, as a means of frightening and controlling the sexually active population. Some months ago, I heard a person saying that ARVs were similar to a heavy chemotherapy and that is why the life expectancy of PLHIV was limited.

In the passage *I consider prejudice the result of lack of information. Many times, people look at you differently. They have certain attitudes because they lack knowledge. And we shouldn´t reprimand these people, we have to go and talk to them*, there is a value assumption,

---

[34] Original: “Vivo com hiv há 3 anos e há 2 anos e 7 meses eu sou indetectável. Eu tive uma ótima adesão à medicação[...] Eu considero o preconceito como falta de informação. As pessoas olham para você muitas vezes diferente. Elas têm certas atitudes porque elas não têm conhecimento. E nós não devemos reprimir essas pessoas, a gente tem que chegar e conversar com elas.”

when being prejudiced is assumed to be something negative and undesirable. Also, when the participant says *we shouldn´t reprimand these people, we have to go and talk to them* he assumes that although prejudice is not something desirable, prejudiced people are innocent victims because they lack knowledge. Here, there is also an ideological assumption, since there is an attempt to accept and naturalize different types of violence. Therefore, through these assumptions the participant naturalizes prejudice, as well as encourages PLHIV to manage it at the individual level. We could notice the same naturalization in the second testimonial. Both participants are part of the same campaign, the 'undetectable campaign', and represent the campaign producers. Therefore, through naturalization and assumptions, we can say that the campaign producers encourage PLHIV to deal with prejudice individually. It is important to highlight that these campaigns were delivered by MS, which is a branch of the federal government, and this social omission is allied with a neoliberal discourse, which preaches that the government should interfere less and less in the lives of the population, and everything should be guided by the markets. The markets (neoliberalism) expect us to solve our problems by ourselves. The only demand is: be fine to work, produce, and always 'cooperate' to keep the markets moving.

Throughout history, we can list several examples of deaths, which include wars, dictatorships, religious fundamentalism, among other different types of violence. This responsibility does not belong exclusively to the individual sphere, as the participant suggests (*we have to go and talk to them*), but it should be seen as a social responsibility that encompasses different social actors and groups — the government, private organizations, NGOs, the media, civil society etc. When the participant says *self-care is very important and essential to everyone´s life. So, educate yourself, all the time, about STI/ hiv/aids, and viral hepatitis. This is very important*, we can also notice a value assumption, since it is assumed what is good and desirable — people need to be responsible for themselves. Through this assumption, we can perceive, again, the reproduction of a neoliberal discourse, in which the individual sphere is the protagonist, rather than the social domain, and each person has to fend for themselves.

Having discovered hiv, just try to adhere to the treatment. The treatment is super simple, it´s practical.[…] Don´t limit yourself to a mere virus. Life goes on.

[35]Example 28: Márcio

The passage *having discovered hiv, just try to adhere to the treatment. The treatment is super simple, it´s practical* assumes that ARVs are enough to deal with the epidemic and nothing else is necessary. There is a value assumption, since it is possible to understand what is recommended, good, and desirable — 'just' ARVs. Afterwards, the participant continues *don´t limit yourself to a mere virus. Life goes on*. Here, it is assumed that people who discover they live with hiv will not have problems, as long as they do not reduce themselves to 'a mere virus', and let 'life go on'. This passage also contains a value assumption, which indicates there is a 'desirable' way to react to hiv related issues — 'forget about it and pretend nothing has happened'. Through these assumptions, we can notice how the participant gives the floor to the biological sphere, as it happens with other participants who represent the campaign producers and are the 'role models' for PLHIV.

From a biological perspective, one can say it is a 'mere virus', since drug therapy has had enormous advances over the years and PLHIV can have the same life expectancy as people who do not live with the virus. Nevertheless, from a social and discursive perspective, hiv is not a 'mere' virus, it is quite the opposite, usually it is quickly moved to an 'aids discourse', stigmatized identities play important roles, which are associated to pathology, pollution, and abnormality. Because of these connections, when PLHIV are 'found out' by others, they are left to die — the logic of biopolitics. For example: exclusion from family and 'friends', (hidden) prejudice at work, bullying, leaving PLHIV in a romantic relationship, looks and whispers etc. However, since discourses are open systems, there is always room for resistance and struggle.

---

[35] Original: "Descobriu o hiv, só procure a adesão ao tratamento. O tratamento é super simples, é prático. [...] Não se limite a um simples vírus. A vida continua."

Participant 5: Ariadne

All of this was possible because of people who made health services, made the public health service, something that could give meaning to another life. [...] I believe that I wouldn’t be able to have a lifestyle that allowed me to have quality of life and even a routine with my medication if I hadn´t received proper treatment.

[36]Example 29: Ariadne

The passage *All of this was possible because of people who made health services, made the public health service, something that could give meaning to another life* assumes that public health service can change people´s lives. Some types of assumptions are perceived here: there is a propositional assumption, since it assumes what is possible — change people´s lives —; a bridging assumption is also perceived in the passage, since there is a connection between two things — because of people who work hard to offer decent public health services, people who regularly need the system (e.g., PLHIV who access the health system monthly to get ARVs) could see a positive impact in their lives. Through this assumption, the participant started her testimonial focusing on the social aspects of hiv, rather than the individual ones, by mentioning the role of public health services. Nevertheless, the focus remains in the biological sphere.

When it comes to hiv treatment, it is important to highlight that, for many years, SUS has been a reference worldwide, which includes examinations, distribution of medication, doctor´s appointments, among other health procedures ´for free’ (since we pay taxes, we do not have to pay anything else when we need to access these services). However, as previously discussed, there was a decline in Brazil´s anti-aids program, which started after the financial crisis of 2008, as well as a lack of investments, partnerships, and positive visibility, which contributes to maintaining the stigma, prejudice, and discrimination — as seen in Bolsonaro´s mandate. By cutting funds for public health services, many people are left to die, a process in which biopolitics comes into play. Over history, there has been a selection among people, based on who is considered more and less humans. As Foucault (2003) argues, from this perspective, killing is essential to normalize society, and racism (in its broad sense, which includes different

---

[36] Original: “Tudo isso foi possível por conta de pessoas que fizeram dos serviços de saúde, fizeram do serviço público de saúde, algo que poderia dar significado a outra vida. [...] acredito que eu não conseguiria ter um estilo de vida que me permitisse ter qualidade de vida e até mesmo uma regra com a minha medicação se eu não tivesse conseguido um tratamento adequado.”

marginalized groups) is vital, since it eliminates impure, abnormal, and pathological bodies. The author also claims that there are different types of deaths, which include symbolic death — by oppressing and silencing people —, as it happens with PLHIV.

In the passage *I believe that I wouldn't be able to have a lifestyle that allowed me to have quality of life and even a rule with my medication if hadn´t received proper treatment* we can notice a value assumption, since it is assumed that 'quality of life' and 'proper treatment' are good and desirable situations. Through this assumption, as it happened with other participants, it is also possible to notice the focus on the biological sphere, since the participant connects *quality of life* (which means to have a good life) attributed to a *proper treatment*. However, treatments should not be reduced to the use of ARVs, neither be limited to the individual sphere. Although SUS offers the service of psychologists for PLHIV, which is very important to face violent social discourses, many people do not make use of this service due to the fear of being seen, since it is usually offered at the same place where they get ARVs. Also, even the help of a psychologist is a palliative individual solution to the discrimination against PLHIV, which is ingrained in contemporary society. While the root of the problem — discourses that reproduce and maintain the stigma, which triggers different forms of prejudice and discrimination against PLHIV — is not contested, changed and transformed, there will be only palliative treatments regarding psychosocial issues. I would like to highlight that it is not my intention to disqualify the job of psychotherapists — it is important for us to know ourselves and better understand issues that would be difficult to understand alone. Nevertheless, hiv and aids related issues are social-political problems and should not be 'fixed' palliatively in individual scenarios.

> The fact of taking my medication on time allowed me to become undetectable. And the undetectability today gives me the safety of also carrying a virus that no longer needs to be treated by me, nor by other people who have relations with me. Because being undetectable — in my case — as I am undetectable, today I don´t transmit hiv.

[37]Example 30: Ariadne

This passage assumes that by being undetectable, both the participant and people who have relations with her do not need to worry about the virus. This is a value assumption, since it is assumed that being undetectable is a desirable situation as it provides *safety*. Through this assumption, we can notice a power relation between PLHIV who are undetectable and those who are not, as well as a focus, again, on the biological sphere — PLHIV can get 'the prize' of their undetectability if they take the medications. Different from other participants, she says what being undetectable means (at least *en passant*) and this information, as well as the relationship between undetectability and nontransmissibility, should be clear and detailed along the campaign.

Participant 6: Vanessa

> I am […] a person living with hiv and aids for 26 years. […] I was diagnosed at age 19. When my diagnosis came, my greatest pain was to think I wouldn´t be able to be a mother. I suffered a lot, I said: how?

[38]Example 31: Vanessa

The passage *a person living with hiv and aids for 26 years* indicates that the participant does not know the difference between hiv and aids. There is a propositional assumption, since it is assumed what is the case — hiv and aids have no difference. This participant does not live with aids, since she says she makes use of ARVs and her viral load is undetectable. However, in this assumption there is a rapid discourse displacement, which promotes the idea that PLHIV also live with aids, by mistaking the virus for the disease. Through intertextuality, we can notice that the

---

[37] Original: "E o fato de tomar minha medicação em dia permitiu que eu me tornasse indetectável. E a indetectabilidade hoje me confere a segurança de estar também carregando um vírus que não precisa mais ser tratado por mim, nem pelas outras pessoas que se relacionam comigo. Porque indetectável – no meu caso – como eu estou indetectável, hoje eu não transmito hiv."

[38] Original: "Eu sou [...] [uma] pessoa vivendo com hiv e aids há 26 anos. [...] eu fui diagnosticada com 19 anos. Quando o meu diagnóstico veio, a minha maior dor foi achar que eu não ia poder ser mãe. E eu sofri muito, eu dizia: 'como'?"

participant is talking for the campaign producers, since they have a close relationship and the latter selected the former to give a testimonial. For many years, PLHIV were associated with aids, which is seen as a death sentence and the end of life. While living with aids, a patient is sick and vulnerable to other diseases, a scenario which was very common in the 1980s (the beginning of the epidemic). Also, many of these patients were isolated due to the fear of transmissibility, since people did not know much about contagion at that time. Nevertheless, even with all the biological advances over the last few decades, people are still subjected to what they hear and watch. For example, when it comes to audiovisual productions, several narratives refer to aids patients at the beginning of the epidemic — who used to spend their last days isolated and suffering in a hospital bed. Although people do not see this reality anymore in the news, the war metaphor argued by Sontag (2001) still remains, and it still opens the way to biopolitics. For obvious reasons, the participant is not interested in contributing to maintain this stigma. However, it is surprising that the difference between hiv and aids was not made clear to her over the 26 years that she had been living with hiv and reproducing this discourse. If she, someone who lives with hiv, is misinformed and confused, people in general may get even more confused with aspects that encompass the virus. This is why communication should happen, with solid and comprehensive sexual education, allied to broad public policies, since the epidemic does not affect only PLHIV, but society as a whole.

The passage *when my diagnosis came, my greatest pain was to think I wouldn´t be able to be a mother. I suffered a lot, I said: how?* implies that although the participant imagined she would not be able to have children, she did not know exactly the reason why, since she asked *how*. Here, there is a bridging assumption — at the same time that she seems to be confused about the reasons why she could not have children, she also wants to know, since this situation is directly affecting a personal desire. There is a relationship between the sentences (with an idea of movement) by making them semantically coherent — because I do not know (and it directly affects me), I will try to discover. Through this assumption, first of all, we can notice lack of knowledge about the hiv/aids epidemic, a problem that affects not only PLHIV, but also society as a whole (everyone is exposed to the virus and/or related to the epidemic, directly or indirectly). Second, we can perceive that this lack of knowledge is not understood or addressed as a social problem, rather it is seen as an individual problem, from a neoliberal perspective.

Adhere to treatment. Believe that it is effective, that it is necessary, so that it walks with you, with your plans and with the construction of your dreams.

[39]Example 32: Vanessa

In the passage *adhere to treatment. Believe that it is effective, that it is necessary, so that it walks with you, with your plans and with the construction of your dreams* we see, again, the same focus on the biological sphere as being all PLHIV need to face the epidemic, since the participant associates, with the connector *so*, the use of ARVs with plans for the future and the construction of dreams. In other words, the biological sphere prevails over subjective issues, and the passage assumes that once people adhere to treatment, they will somehow be able to construct dreams. Here, there is a logical assumption due to this logical association — ARVs with plans and construction of dreams. Through these assumptions there is a reduction of all the challenges PLHIV face to follow drug therapy, which illustrates the need to expand discussions and agendas regarding hiv, aids, treatment, stigma, prejudice and discrimination. In the passage *it is worth taking care of yourself, it is worth loving yourself, it is worth having quality of life. Adhering to treatment is essential for this*, there is a propositional assumption, since it is assumed what is the case — PLHIV must take care of themselves at the individual level and if they do not do it, they will be in trouble. The participant continues to focus on the biological sphere. Allied to that, it is also possible to perceive a neoliberal discourse. The message conveyed, through this assumption, is that people are expected to be responsible for themselves, not only to make use of ARVs regularly, but also to be (completely) in charge of their physical and mental health. We may include other types of discourses as part of an overarching neoliberal discourse, such as the meritocratic discourse — it only depends on you, if you really want you will get it — and the 'happycratic' discourse (the discourse of happiness) — which requires us to be happy all the time (as it claims it only depends on us to be happy) (Cabanas; Illouz, 2022; Miranda; Santos, 2022).

---

[39] Original: "Faça adesão ao tratamento. Acredite que é eficaz, que é necessário. Pra que caminhe junto com você com o planejamento e a construção dos seus sonhos."

Participant 7: Rafael

> The second worst day for me was the day I would start the medications. That´s why I know it is not easy. I remember that I cried, I cried, afraid that it would change my freedom, anyway, the possibility of having a common daily life.

[40]Example 33: Rafael

This passage assumes that adhering to the treatment is a difficult process for PLHIV. Here, there are two types of assumptions: a value assumption, since it is implied that something is not good and desirable, such as the possible side effects the medications can trigger, and a propositional assumption, since the passage assumes that ‘what is’ hard for PLHIV is to start taking ARVs. Through these assumptions, the participant shows the power of serophobic discourses that affect PLHIV. Also, through intertextuality, we can perceive that the campaign producers are aware of these serophobic discourses. Nevertheless, no major proposals are made here. It is time for MS to put a strong focus on the psychosocial aspects of the epidemic in order to fight against discourses that let PLHIV die. A similar situation happened to me. When the doctor recommended that I started the treatment, she also told me the possible side effects the medication could trigger. The first minutes after taking the ARVs, in the first day of the treatment, were the worst moments of my life — not due to the side effects, even because nothing happened, but because I had been influenced by discourses that associate the ARVs to a heavy chemotherapy. All the old hard side effects people presented at the beginning of the epidemic are still very strong in people´s minds nowadays. Also, when I first told some people that I was living with hiv, some of them did not believe it, since I was not thin (enough) and had an active life, as many other people. Therefore, one of the main reasons for the misinformation and prejudice are the serophobic discourses that should be urgently contested in order to improve hiv control and treatment. These discourses are maintained due to the relatively ‘lack of importance’ people still give to this issue, even among marginalized social groups, such as the LGBTQIA+ community, for instance. The hiv/aids epidemic does not affect only single people or those who are not in a monogamous relationship, but society as a whole, which includes married people of all ages, as well as young people who are discovering their sexuality. These discoveries should

---

[40] Original: “O segundo pior dia pra mim foi o dia que eu ia iniciar os remédios. Por isso é que eu sei que não é fácil. Eu lembro que eu chorava, chorava, com medo que isso fosse mudar minha liberdade, enfim, a capacidade de ter um dia a dia mais comum.”

not be learned and experienced on the basis of fear and threats, but rather, with pleasure, openness, and comprehensive sexual education.

> It was then that I had time to understand how this would affect my body, how I would be able to be here, talking. I didn´t lose my freedom, I only understood how I take care of myself.

[41]Example 34: Rafael

This passage assumes that the participant had to deconstruct his way of thinking — he first thought he would not be able to be free anymore, neither would he have an ordinary daily life after starting the treatment. Here, there is an ideological assumption. As Fairclough (2003) argues, in certain moments of discourses, all type of assumptions can also be ideological, since they are related to hegemony and universalization to maintain domination and establish ‘unquestionable’ truths — which is the ideological work. By strengthening hegemony and universalization, discourses become solidified and truths ‘incontestable’. Through this assumption, we can notice why it was so difficult for the participant to adhere to treatment. Nevertheless, as previously discussed, discourse systems are unstable and open to change. There is always room for other possibilities, which include, allow, and welcome different forms of being and living. This is what MS, PLHIV, and different social organizations and groups should do — to explore these possibilities.

---

[41] Original: “Foi que eu tive tempo pra entender como que isso ia atingir meu corpo, como que eu ia poder hoje tá aqui, conversando. Não perdi a minha liberdade, eu apenas entendi como é que eu me cuido.”

With my exposure, many people came to talk to me, almost every day and people always ask me: ‘should I start the treatment?’ My tip is always: decide for yourself. And to decide for yourself, you have to choose to take care of yourself. And this is the best way we have. So, adherence to the treatment is extremely important for you to stay undetectable, to be undetectable. That´s why I say that it reduces so many psychological issues we have. And the fear of being able to transmit it [the virus] to someone was very tense. This made me feel very, very bad. So, being undetectable, in addition to being good for my body, it is good for my mind. Adherence, always. This is always the best path.

[42]Example 35: Rafael

In the passage *with my exposure, many people came to talk to me, almost every day and people always ask me:* “*should I start the treatment?*” there is intertextuality via direct reported speech. Another voice came into the participant´s text. According to him, these voices are also from PLHIV. Here, we can notice that he is a ‘role model’ for PLHIV. The use of intertextuality shows he is an ‘ideal character’ to deal with the epidemic, first because people know he lives with hiv (so they can ask), and second because he already started the treatment, which puts him in a different and idealized position, as previously discussed.

In the passage *my tip is always: decide for yourself. And to decide for yourself, you have to choose to take care of yourself. And this is the best way we have. So, adherence to the treatment is extremely important for you to stay undetectable, to be undetectable. That´s why I say it reduces so many psychological issues we have. And the fear of being able to transmit it to someone was very tense. This made me feel very, very bad. So, being undetectable, in addition to being good for my body, it is good for my mind. Adherence, always. This is always the best path*, the participant encourages the audience to take care of themselves. Later, he specifies what he means by that. Again, there is a focus on the biological sphere, which assumes that the use of ARVs will have an effect on people´s psychological state. This is a value assumption, since it is assumed that the use of ARVs is good and desirable not only for the body (the biological sphere), but also for the psychological sphere. Therefore, through this assumption, the message conveyed is that the use of ARVs is everything PLHIV need to face the hiv/aids epidemic, which should be

---

[42] Original: “Com a minha exposição, muita gente veio falar comigo, quase que diariamente e as pessoas sempre me perguntam: “devo começar o tratamento?” Minha dica sempre é: escolha você. E para escolher você, você tem que escolher se cuidar. E é a melhor maneira que a gente tem. Então a adesão é extremamente importante pra você ficar indetectável, estar indetectável. Porque isso, vou te falar que reduz tantas questões psicológicas que a gente tem. E era muito tenso o medo de poder transmitir pra alguém. Isso me deixava muito, muito mal. Então, estar indetectável, além de fazer bem para o meu corpo, faz bem pra minha mente. Adesão sempre. Sempre é o melhor caminho.”

managed at the individual level, rather than the social one. Again, we must emphasize that the use of ARVs is essential for the treatment and that it may reduce psychological issues in PLHIV; nevertheless, we should not confuse the individual stance with the social sphere. This treatment is an individual process, in which PLHIV receive the ARVs at the health center regularly, and get organized with their schedules to take the pills every day at the same time. Nevertheless, to fight against subjective issues PLHIV face, which mainly affect their mental health and psychological well-being, what is needed is a political and social struggle, since serophobic and hegemonic discourses are the protagonists in causing psychosocial problems. Therefore, allied to the biological discourse about the virus, we should engage in other discourses that consider and explore the psychosocial aspects of living with hiv.

Participant 8: Leonardo

Suddenly at 30, I saw myself inside another closet. And I thought I wouldn´t be able to stand it anymore. So, I decided that I had to open that door.

[43]Example 36: Leonardo

In this passage there is a value and an ideological assumption. The value assumption is seen here because PLHIV commonly get in the closet automatically — it is their safe ground before taking any other decision —, since they think it is the best option. The metaphor ‘get in the closet’ used by the participant is common among the LGBTQIA+ community. When it comes to the ideological assumption, we may ask why it is seen as good and desirable for PLHIV to be quiet about the diagnosis, at least for a while. In order to maintain discourse systems symbolic elites — represented by conservative and hegemonic social groups — push PLHIV to the closet by naturalizing and reinforcing the idea that the virus is something ‘pathological’ associated with choice and blame. Consequently, PLHIV are seen as impure, dirty, and polluted, not only by others, but also by themselves. Therefore, they should be hidden in a dark, uncomfortable, and small place. In this place (the closet), they are left to die, either symbolically or literally, since there is no oxygen — as the participant affirms *I wouldn´t be able to stand it anymore*. In this passage there is also a value assumption. At the same time that hegemonic discourses see it as

---

[43] Original: “De repente nos 30 me vi dentro de um outro armário. E eu achei que eu não ia conseguir suportar isso mais. Então eu decidi que eu tinha que abrir essa porta.”

good and desirable for PLHIV to remain in the closet, it is also good and desirable for PLHIV to get out of the closet to breathe and live. In other words, there is a dichotomy here — while PLHIV need to breathe and leave the closet (this is good for them), they are pushed by a discriminatory society to stay in the closet and be left to die. Through these assumptions, we can notice that this participant challenged serophobia by disarticulating and rearticulating its discourse. He did not accept what hegemonic groups tried to impose on him. He participated in this campaign and gave his testimonial. Although he talks about himself in an ‘individual’ way, his testimonial has the potential to achieve social spheres and contribute to change. This is what we need to do in order to push for changes and transformations — not only consider our ‘individual responsibilities’, such as taking the medication and regular tests, for instance, but also taking social and political positions to create new possibilities.

> But, on the other hand, I was already very rooted with people and I was very afraid of losing them. This is not easy. I received a lot of ‘nos’. A lot of ‘nos’ from friends. People who used to see me almost every week and suddenly never even called to know if everything was ok or not.

[44]Example 37: Leonardo

In this passage there is an ideological assumption. The participant was afraid of losing those people due to the sense of naturalization that constructs PLHIV as impure, dirty, and pathological. Those people who get away from PLHIV reproduce common sense ideas that naturalize exclusion and even violence, which expect PLHIV to be in the closet and, consequently, be left to die. Through this assumption, the message conveyed reinforces that this is a common situation faced by sexually marginalized social groups, leading many of them to hide and only later decide to leave the closet. After leaving the closet, they realize that some people who used to interact with them were only interested in specific ‘ways of being’ allowed by the hegemonic social order, which does not care whether or not the closet they were in lacked oxygen and they needed to breathe.

---

[44] Original: “Mas por outro lado, eu já tava muito enraizado com pessoas e eu tinha muito medo de perder elas. Não é fácil isso. Eu recebi muito não. Muito não de amigos. Pessoas que conviviam comigo quase toda semana e de repente nunca nem sequer ligaram pra saber né, se tá bem se não tá.”

But this made me find out I have a strength that I never in life knew I had it. And I only got it with the support of my family and by having a good adherence to the treatment.

[45]Example 38: Leonardo

The passage *I only got it with the support of my family and by having a good adherence to the treatment* firstly assumes that if his family did not support him, he would not be able to stand this situation (of leaving the closet and facing prejudice). Here, there is an ideological assumption which naturalizes and reinforces that the difficulties faced by social subjects should be solved in the private sphere — such as by receiving family support. Through this assumption we can perceive the reproduction of a neoliberal discourse. Neoliberalism is mainly interested in (re)producing norms to increase profit. Nuclear families are convenient to be maintained not only to ‘organize’ society, but also to make family members spend money and keep the markets active. There are a lot of examples we could list, such as mother´s and father´s day, and many other dates that members of families will spend money to get together, while the markets profit. Also, this discourse excludes other voices — the ones who have other types of families (non-blood relations, such as friends, for example), the ones who do not have families at all, and the ones whose families do not support them, for example. In the passage *I only got it [...] by having a good adherence to the treatment* there is a value assumption, which assumes the treatment is recommended — otherwise the participant would not resist. Through this assumption, we can notice the regularity of the focus on the biological sphere, which is also seen in the discourse of this participant, since he only moved on with his life because he started the treatment.

---

[45] Original: “Mas isso me fez eu descobrir que eu tinha uma força que eu nunca na vida sabia que eu tinha. E eu só consegui isso com o acolhimento da minha família e por ter tido uma boa adesão ao tratamento.”

The first thing I thought when I received that diagnosis was that I might not be able to see her [my goddaughter] grow up. And every time I look at the medication, today I think that this is what allows me to see her every day and allows me to see my parents and allows me to continue working with what I love and allows me to have dignified quality of life, that if it weren´t for that, I wouldn´t have it.

[46]Example 39: Leonardo

In this passage the participant continues to privilege the biological sphere. Via assumption, the message conveyed is that he is only alive and can see people he loves because he started the treatment. There is a value assumption, which assumes the use of ARVs is vital and also an ideological assumption[47], since it continues to give the floor to the biological sphere — presenting it as all PLHIV need — and somehow diminishes the psychosocial issues and the need for political positioning.

Participant 9: Jacqueline

I am a transsexual woman. I have been living with aids for 24 years. When I discovered aids, it was terrifying — at the beginning of the pandemic, in 1994. I went through that very difficult process at that time.

[48]Example 40: Jacqueline

This passage shows that the participant confuses hiv and aids. There is a propositional assumption here, since it assumes what is the case — that the participant is living with aids rather than hiv. This also happened with the participant 6. However, hiv and aids are completely different. She may have suffered from aids, since she faced the epidemic from its very beginning, but after taking the medication regularly, a person lives with hiv, not with the disease called aids. It is urgent that we learn to make this distinction. Nevertheless, part of society is interested in

---

[46] Original: "A primeira coisa que eu pensei quando eu recebi aquele diagnóstico foi que eu talvez não pudesse vê-la crescer. E toda vez que eu olho o medicamento, hoje eu penso que isso que me tá me dando a possibilidade de eu ver ela todo dia e poder olhar para os meus pais e poder seguir trabalhando com o que eu amo e poder tendo uma qualidade de vida digna, que se não fosse por isso, eu não teria."

[47] Now I am highlighting the biological sphere as an ideological assumption due to this recurring situation — focus on medicalization — be seen repeatedly among the participants in this campaign.

[48] Original: "Sou uma mulher transexual. Vivo com aids há 24 anos. Quando eu descobri a aids, foi um terror. No início da epidemia, foi em 94. Passei por aquele processo bastante difícil à época."

blurring this difference and preventing the spread of careful reliable information and explanations about the epidemic. This is done through serophobic discourses based on fears, threats and produced by symbolic elites, which are mainly composed by conservative social actors who aim at standardizing behaviors and ways of living and being. They are also intrinsically related to religious and economic forces — that is why maintaining the centrality of typical nuclear families is important for them. After the election of Luiz Inácio Lula da Silva in in 2022, many far-right people organized antidemocratic acts in front of military barracks. They asked for military intervention to overturn the just elected new president. They claimed to miss the dictatorship period in Brazil (1964-1985). People who did not fit the standard model of that regime, such as having right-wing profile, religious and nuclear family, being racist, classist, sexist, would be left to die. The same logic occurred in other dictatorships around the world, as well as in war periods. Currently, some marginalized groups are legally protected in Brazil, but there are different strategies to circumvent the law, such as producing discrimination in subtle and hidden discourses. Through this assumption, the message conveyed contributes to reproducing serophobic discourses. For obvious reasons, I believe the participant did not mean to blur the difference between hiv and aids to maintain these discourses. However, the lack of information even among PLHIV wind up reproducing hegemonic discourses which are allied to biopolitics.

> From that time on, I never stopped taking the medication. The first thing that I think to discuss about adherence to aids treatment is that you adhere to you own aids. What does it mean? It means accepting your hiv or aids and not fighting against it. Adherence will imply a series of factors: good nutrition, the healthiest lifestyle you can have, good mental health.

[49]Example 41: Jacqueline

In the passage *from that time on, I never stopped taking the medication. The first thing to discuss about adherence to aids treatment is that you adhere to your own aids* there is a propositional assumption, since the participant, again, blurs the difference between hiv and aids, as previously discussed. Later, the participant says *adherence will imply a series of factors: good nutrition, the healthiest lifestyle you can have, good mental health*. When she talks about mental

---

[49] Original: "E a partir daí, eu nunca deixei de tomar medicamento. A primeira coisa que eu acho pra gente falar em adesão a tratamento de aids é você aderir a sua própria aids. O que que é isso? É aceitar o seu hiv ou a sua aids e não brigar contra. Adesão vai implicar numa série de fatores: uma boa alimentação, uma vida mais saudável que você puder ter, uma saúde mental minimante boa."

health, there is a bridging assumption, since it is connected to the previous passage where she says *adhere your own aids*. Through this assumption, the message conveyed is that since the 'aids' is ours, it is our problem to try to have good mental health. Also, it is possible to perceive, again, the influence of a neoliberal discourse. As Safatle (2021) argues, neoliberalism is not only an economic model, but a whole social engineering. Here, subjects are shaped to think and act in a more or less standard way. In order to be effective, the neoliberal rationality aims at correcting, adjusting and manipulating subjects according to the economic environment and demands (Avelino, 2016). This logic is mainly driven by individualist purposes. It is a powerful social order that prevails in many nations, as we see in Brazil. When it comes to the echoes of a neoliberal discourse in this testimonial, it is based on an individual stance, since PLHIV have to face their own 'aids', they need to look for help, they are responsible and blamed for having or not having *good mental health*, rather than blaming an unfair system maintained by violent discourses. It important to highlight that the participant represents the campaign producers who represent MS and the federal government. The message conveyed here, therefore, is that PLHIV should be responsible for themselves — at the individual level — and this exempts the State from major responsibilities. Also, in the participant´s discourse, it is possible to perceive the regularity of the focus on the biological sphere, since she talks about good nutrition and healthy lifestyle (mainly regarding biological aspects).

> There are a lot of issues that push me to live. I have my family, I have my husband, I have my children. I want to do my best as the mother of my children. I did not have much of a choice. Either I would allow the world and the people to slave and swallow me or I would face the truth […] a woman who has been living with aids for 24 years. […] Well, I decided to move on. Choose the treatment too.

[50]Example 42: Jacqueline

In the passage *there are a lot of issues that push me to live. I have my family, I have my husband, I have my children. I want to do my best as the mother of my children*, there is a bridging assumption that connects her family with remaining her alive. Through this assumption,

---

[50] Original: "Tem uma porção de questões que me alavancam pra viver. Eu tenho minha família, eu tenho meu marido, eu tenho os meus filhos. Quero fazer o melhor que eu puder como mãe dos meus filhos. Eu não tinha muita escolha. Ou eu deixava me escravizar e ser engolida pelo mundo, pelas pessoas ou eu vivia com a verdade [...] uma mulher que vive com aids há 24 anos [...]Bom, eu escolhi seguir em frente. Escolha você o tratamento também."

the message conveyed is that she was only able to survive because of her family. Also, and again, this resonates the neoliberal discourse. In order to deal with hiv related issues, the private and individual spheres (e.g. family support) prevail. Although this participant does not belong to a traditional family — since she is a transsexual woman —, she reproduces a discourse that universalizes the traditional family model as a source of protection, love, and security.

The passage *I did not have much of a choice. Either I would allow the world and people to slave and swallow me or I would face the truth [...] a woman who has been living with aids for 24 years* assumes that if she did not accept her condition nor position herself about living with hiv, she would not have been able to resist oppression. Here, there is a value assumption, since it is assumed that accepting a condition and taking a stand about it are essential, and there is also an ideological assumption, since living with hiv is difficult due to the lack of acceptance resulting from discourses that associate PLHIV with pathology and abnormality, when stigmatized social identities are attributed to them. Through these assumptions, we can see that the participant naturalizes serophobic discourses. By naturalizing these discourses, the floor is given to the biopolitical technology that will manage those ‘aberrations’. Either PLHIV adhere to treatment and keep ‘healthy’ in order to be active and productive to the markets, remain silent and pretend that nothing has happened, or they will be left to die. In the passage *I decided to move on. Choose the treatment too*, there is a value assumption, since it assumes that individual ‘choices’ are desirable. Through this assumption, it is also possible to perceive the reproduction a neoliberal discourse. The use of the first and second person singular and the possibility of moving on — as being only a matter of choice — characterize the neoliberal discourse, due to its meritocratic and ‘happycratic’ features. Also, while saying *Choose the treatment too*, again, the biological sphere is foregrounded.

Participant 10: Américo

> When I got the results, it was a death sentence. A social death, because talking about the diagnosis, obviously, I would have to talk about my sexual orientation too. […] when we talk about treatment, it is important to say that two, three decades ago, there was a very violent load of medications. […] Today, with the advent of new technologies, it has changed a lot. There are people who take a maximum of three pills and then, we also have to talk about the young population, it is important that they know there is a wide range of forms of prevention, treatments, opportunities, so that they really do not become an aids patient. I am a winner. It has been 30 years since my infection. Today I have an undetectable viral load. The person living with hiv for more than 6 months in treatment with an undetectable viral load has a lot of good things to transmit, except hiv.

[51]Example 43: Américo

The passage *when I got the results, it was a death sentence* assumes that at the beginning of the epidemic, most people believed that a person living with hiv was also living with aids, and consequently would soon die. This was very strong in the first two decades of the epidemic (1980s/1990s). Here we have a logical assumption, due to the discourse of fear that was established in people´s memory. However, as I already discussed, even when people do not believe that PLHIV will die soon because of the complications of aids, many of them think that PLHIV have a much shorter lifespan and lots of complications biologically speaking, such as heavy side effects caused by the medication, as well as a slow destruction of their bodies. When the participant says *a social death, because talking about the diagnosis, obviously, I would have to talk about my sexual orientation too*, there is also a logical assumption that relates PLHIV to being gay. As Caetano, Nascimento and Rodrigues (2018) argue, the hiv/aids epidemic was intrinsically related to a homosexual identity, as well as to a great stain to hegemonic masculinity. The participant feared that, by revealing his diagnosis, he would be classified in two stigmatized

---

[51] Original: "Quando eu recebi o resultado, foi sentença de morte. A morte social, porque falar do diagnóstico, obviamente, eu teria que falar sobre a minha orientação sexual também. [...] quando a gente falar de tratamento, é importante relatar que há duas, três décadas atrás, era uma carga muito violenta de medicamentos. [...] Hoje, com o advento das novas tecnologias, isso mudou bastante. Tem pessoas que tomam no máximo três comprimidos e aí, há que se falar também da população jovem, é importante que eles saibam que tem um leque grande de prevenção, de tratamento, de oportunidades pra que realmente eles não se tornem uma pessoa doente de aids. Eu sou um vencedor. São 30 anos de infecção. Hoje eu estou com carga viral indetectável. A pessoa vivendo com hiv há mais de 6 meses em tratamento com carga viral indetectável, ela tem muitas coisas boas pra transmitir, menos o hiv."

social identities at the same time and, consequently, due to prejudice and discrimination, would be left to die, both symbolically and materially.

In the passage *today, with the advent of new technologies, it has changed a lot. There are people who take a maximum of three pills and then, we also have to talk about the young population, it is important that they know there is a wide range of forms of prevention, treatments, opportunities, so that they really do not become an aids patient*, there is a value assumption, since it is assumed what is recommended — the young population should know the biological and medical advances regarding hiv. Through this assumption, again, there is an emphasis on the biologically sphere, a regularity observed in the participants´ discourses — a prevalence of a biological over a psychosocial stance. It is important to highlight that many people do not even start the treatment due to psychosocial issues, as I discussed before. For example, they do not want to be seen in the health centers where ARVs are distributed, they are also afraid of the side effects ARVs may trigger, in addition to those people who do not even get tested because of the serophobic discourses established from the 1980s that associate hiv with a death sentence, either literally or symbolically.

In the passage *I am a winner. It has been 30 years since my infection. Today I have an undetectable viral load. The person living with hiv for more than 6 months in treatment with an undetectable viral load has a lot of good things to transmit, except hiv*, there is a bridging assumption, since a connection is assumed among the treatment, the undetectable viral load, and the nontransmissibility of the virus. There is also a propositional assumption, since it is assumed ‘what is the case’ — once PLHIV make use of ARVs (for at least 6 months), they do not transmit the virus anymore. Different from other participants and the official discourse of the campaign, through these assumptions, the participant clarifies that by being undetectable PLHIV will no longer transmit the virus. To be more pedagogical, MS should also explain, in detail, how that happens, and provides a link to the audience to visit their website, for instance, since this was a campaign that focused specifically on people who are undetectable and do not transmit the virus anymore. This should be done in a non-technical language as people in general do not easily understand what ‘Undetectable = Untransmittable (U = U)’ means.

Participant 11: Cida

> In 2000, I received a positive hiv diagnosis and it had nothing to do with me. No doctor had ever requested me to take an anti-hiv test, even because they said it was not my profile. […] The most difficult thing for me was when, in 2001, the cytomegalovirus, CMC, attacked my retina and I completely lost my sight. Hiv [positive] and still go blind? I practically lost the right to come and go alone. I looked for an institution and there I discovered that what I was looking for, I could help more than the help I needed for myself. I met people who did not have family support, who did not have homes. The more I told other people they would get over it, I also got over it and got better.

[52]Example 44: Cida

The passage *in 2000, I received a positive hiv diagnosis and it had nothing to do with me. No doctor had ever requested me to take an anti-hiv test, even because they said it was not my profile* assumes that there were specific risk groups, such as the '5H'— homosexuals, hemophiliacs, Haitians, heroin users, and hookers — and others would be supposedly safe from the hiv/aids epidemic. There is a logical assumption, since it is assumed that at that moment (2000s) of the epidemic, people in general — including the medical community — would believe there was a specific profile of people who lived with hiv and aids and this profile was associated to these specific risk groups, the '5H'. The term 'risk group' is not used in the health community anymore, mainly because it reproduces the stigma against those groups, as well as it has a dramatic increase in the number of cases among other groups. However, there is still a strong association between gay/bisexual people and hiv — it is not by chance that at the beginning of the epidemic, aids was called the 'gay cancer'.

In the passage *I met people who did not have family support, who did not have homes*, she refers to what she saw in that institution. Here, there is a value assumption which assumes that family support is something essential and vital. Through this assumption, the participant reproduces a neoliberal discourse, which associates the nuclear family with protection, love, and security. Nevertheless, many times this is not what happens. Houses and families are also spaces

---

[52] Original: "Em 2000, eu recebi um diagnóstico de hiv positivo e não tinha nada a ver comigo. Nenhum médico nunca me pediu um teste anti-hiv até porque diziam que não era o meu perfil. [...] O que foi mais difícil pra mim foi quando em 2001, o citomegalovírus, CMV atacou minha retina e eu perdi totalmente a visão. Hiv e ainda ficar cega? Eu perdi praticamente o direito de ir e vir sozinha. Eu procurei uma instituição e lá eu descobri que o que eu fui buscar, eu podia ajudar mais do que eu fui buscar. Eu conheci pessoas que não tinham apoio da família, que não tinham casas. Quanto mais eu falava para as outras pessoas que elas superariam, eu também fui superando e melhorei."

where different types of violence happen, such as gaslighting, humiliation, beatings, and rapes. The victims may come to think they suffer it because there is something wrong with them, mainly because their subjectivities and identities were shaped by hegemonic discourses, which manipulate people into thinking that the typical nuclear family is the most precious thing one could have, as we see in the neoliberal discourse.

In the passages *the more I told other people they would get over it, I also got over it and got better*, there is a bridging assumption, which assumes a relation of cause/effect between telling people to get over the bad moments they had experienced, and ending up getting over bad moments yourself. There is also a value assumption implicit in the verb 'get over', which assumes this is something required and expected, as it is desirable to leave what is bad behind. It is also possible to identify an ideological assumption in this passage. Although terrible things happen to people, it is naturalized that it is their responsibility to 'get over it', rather than looking at the causes of the many hardships faced by marginalized social groups, such as lack of assistance from the government, no access to social rights, which aggravate their social vulnerability. Through the assumption that 'it's everyone for themselves', the participant, again, reproduces the neoliberal discourse, which dominates not only the economic sphere, but a whole standard for the modeling of social subjects, focused on the individual stance. Biopolitics is a technology that is allied to the neoliberal logic and works to produce active, 'happy', workable, 'normal', and healthy subjects for the capitalist social order. This is why, regardless of their circumstances, people are pushed to 'get over it' — as it was seen in the messages conveyed via assumptions —, otherwise they will be left to die. Nevertheless, we should resist hegemonic discourses that are allied to the neoliberal logic and strengthen the biopolitical technology. Rather than reproducing these discourses and 'accepting' that social issues should be solved at the individual level, PLHIV should mobilize themselves in order to be heard, socially speaking, as it happened at the beginning of the epidemic (1987) with a group of people, such as the members of the previously mentioned ACT UP organization.

Participant 12: Beatriz

> It was said that having hiv was a death sentence and I took almost two years to have my diagnosis. I went to get the results of my test by myself. […] I got home and called my husband and told him: "Carlos, the test came back positive". He told me: "I´m going home". I imagined that he would come home and hug me and say "this is going to pass" or anything like that. But I didn´t imagine the fear. And he got so mad about it that he called me a murderer. The one who had the positive result was me. But at that time the idea was that simply touching a person with hiv was enough to transmit the virus.

[53]Example 45: Beatriz

The passage *it was said that having hiv was a death sentence* assumes that common-sense discourses are taken into consideration and reproduced. We can notice the use of passive voice to omit the agent, who did the action, in which indicates lack of reliable source for this information. Here, there is a bridging assumption, since it connects the (re)production of common-sense discourses with 'the truth'. As I discussed before, at the beginning of the epidemic, there were not ARVs, after a combination of precarious medications and, as time went by, new and more sophisticated medications came up. Indeed, many people were victims of the epidemic and died due to complications caused by aids. Sontag (2001) argues that one of the reasons metaphors related to aids patient were created was their closeness to death. Aids patient were seen as pathological, impure, dirty, and as destructive as bombs in a war, for instance. From a biopolitical perspective, therefore, they should be left to die.

In the passage "*I imagined that he would come home and hug me and say 'this is going to pass' or anything like that. But I didn´t imagine the fear. And he got so mad about it that he called me a murderer. The one who had the positive result was me. But at that time the idea was that simply touching a person with hiv was enough to transmit the virus*, the participant talks about how her husband reacted after she told him about her diagnosis. It assumes that the participant, at that time, understood and accepted the naturalization associated PLHIV with murderers, as well as accepted the naturalization of the prejudice and the discrimination she

---

[53] Original: "Se dizia que ter hiv era uma sentença de morte e eu levei quase dois anos pra ter meu diagnóstico. [...] Eu fui buscar o resultado do meu teste sozinha. Eu cheguei em casa e liguei pro meu marido e disse pra ele: "Carlos, o exame deu positivo". Ele disse: "eu tô indo pra casa". Eu imaginei que ele chegasse em casa e fosse me abraçar e dizer "isso vai passar" ou qualquer coisa assim. Só que eu não imaginei o medo. E ele ficou tão nervoso com isso que me chamou de assassina. Quem tinha o exame positivo era eu. Mas naquela época a ideia de simplesmente encostar a mão numa pessoa com hiv era suficiente pra passar o vírus."

suffered from her own husband when she says *but I didn´t imagine the fear* and *at that time the idea was that simply touching a person with hiv was enough to transmit the virus*. Here, there is an ideological assumption, since it is considered normal to associate PLHIV with a murderer. Murderers commit crimes and will be punished for that. Through these assumptions, this is the way PLHIV were seen back then (and accepted it), as criminals. From a biological perspective, they cannot be seen as 'murderers' anymore, considering that if they take the medications and have an undetectable viral load for at least 6 months, they cannot transmit the virus. Nevertheless, from social and discourse perspectives, hiv is still quickly conflated with aids by the common-sense discourses aforementioned, and people living with the virus are usually reduced to stigmatized social identities, associated with guilt, abnormality, pathology, and some still believe that they should be isolated as murderers, and if ill left to die. In the passage, there is also intertextuality when the participant says *he called me a murderer*. This is an 'indirect speech' because the participant does not use the exact words of her husband, but paraphrases them. By using intertextuality, the participant aims at conveying the message of how strong common-sense discourses are. In other words, her husband legitimizes her assumptions related to 'the truth' behind common-sense discourses. By reproducing this common-sense discourse (as her husband did) that associates PLHIV with murderers, PLHIV continue to be left to die. Here, therefore, we can notice the (ideological) contribution of common-sense discourses to the biopolitical technology. As Fairclough (1989) argues, when people realize what lies behind common-sense discourses, such as an interest in maintaining unequal power relations, it is not common sense anymore. Thus, it is vital not only for PLHIV, but also for people in general, to be aware of common-sense discourses and stop reproducing them, as well as to correct these discourses when they hear them in any social context. To increase awareness of how common-sense discourses let PLHIV die, communication plays an important role. Sexuality, the hiv/aids epidemic, as well as other STIs must be broadly debated, starting in school and reaching different social arenas.

Then I thought: “but now he will leave me”. [...] New medications arrived and I started taking them and, in 1999, I was able to become undetectable, after three years of treatment. […] So, the message I leave, those who can, do not hide, it is worth it. Hidden people create monsters and we accept being marginalized by society.

[54]Example 46: Beatriz

In the passage *then I thought: ‘but now he will leave me’*, there is intertextuality with direct speech, since she includes her thoughts in the text by using the exact words. Also, there are both logical and ideological assumptions. A logical assumption is seen because of the apparent obvious condition that relates PLHIV to isolation and loneliness. An ideological assumption is perceived, since it ‘explains’ the logical assumption by normalizing the idea that as PLHIV are monstrous creatures, they should be isolated, left alone to die, either literally or symbolically. Through these assumptions, therefore, the participant shows the reproduction of discourses in a cycle. First, her husband reproduced the common-sense discourse that associates PLHIV with pollution and undesirability. Afterwards, she internalizes this discourse and also mentally reproduces it, when she included her thoughts in her text. Here, we can notice, again, how hegemonic and dangerous common-sense discourses are to maintain discriminatory social practices that affect PLHIV.

The passage *so, the message I leave, those who can, do not hide, it is worth it. Hidden people create monsters and we accept being marginalized by society* assumes that the participant has changed and challenged serophobic discourses, which she accepted at first. There is a value, a bridging, and an ideological assumption in this passage. A value assumption is seen due to what is recommended — leaving the closet —; a bridging assumption is seen when the participant connects the closet with creating monsters and accepting living at the margins of society, which is also an ideological assumption, since it is ‘natural’ — for marginalized groups — to accept their marginalization. However, through these assumptions, she disarticulates the discourses that reduce PLHIV to stigmatized social identities, as marginal creatures and rearticulates new

---

[54] Original: “Aí eu pensei: ‘mas agora ele vai me deixar’. [...] Chegaram medicações novas e eu comecei a tomar e, em 1999 eu consegui ficar indetectável, depois de 3 anos de tratamento. [...] Então, o recado que eu dou, quem puder não se esconder, vale a pena. A gente escondido cria monstros e a gente vai assumindo a marginalidade que a sociedade quer nos impor.”

combinations based on the challenge and resistance of hegemonic and serophobic discourses, since discourse systems are open to change.

Participant 13: Wladimir

The people I used to interact with, the people I used to go out with, the people I used to have beer with, started to disappear from my life. I had aids, right? Done! It was for me the most difficult result of my life. Wherever I went with the certificate saying I was living with hiv, people asked me: "when will you die? Are you dying?" Prejudice and discrimination killed us much more than the lack of medication. The people I worked with asked me: "can you be here near us? Can you eat at the same time we eat?"

[55]Example 47: Wladimir

The passage *the people I used to interact with, the people I used to go out with, the people I used to have beer with started to disappear from my life. I had aids, right? Done!* assumes that people started to disappear from the participant´s life because he had aids. There is a logical assumption here, since the participant takes it as expected that people would react like this. Also, there is an ideological assumption, since people reacted like that because it was naturalized — produced by common-sense discourses of the 1980s — that people who had 'aids' were polluting and could destroy other lives, therefore, they should be isolated, punished, and left to die. Through these assumptions, the participant shows he was aware of the reproduction of these common-sense discourses, as well as their strength.

In the passage *wherever I went with the certificate saying I was living with hiv, people asked me: 'when will you die? Are you dying*?' there is intertextuality with direct speech, since the participant uses people´s exact words in his text. There are also two types of assumptions: propositional and ideological. A propositional assumption is seen, since other voices assume that his death is a matter of short time. These voices exclude other possibilities with their questions — which are just related to when and if the person would die. Although one may argue that those voices are only reproduced because of biological evidences, since people at that time frequently

---

[55] Original: "As pessoas que eu convivia, as pessoas que saia, as pessoas que eu tomava cerveja, elas começaram a desaparecer da minha vida. Eu estava com aids, né? Pronto! Isso pra mim foi o resultado mais difícil da minha vida. Aonde eu ia com o atestado dizendo que eu vivia com hiv, as pessoas perguntavam: 'Quando vai morrer? Tu tá morrendo?' O preconceito e a discriminação nos matavam muito mais do que a falta de remédio. As pessoas que eu trabalhava me perguntavam: 'você pode tá aqui perto da gente? Você pode comer na mesma hora que a gente come?'"

could die soon because of the lack of (effective) medications, there is also an ideological assumption. For example, by asking these questions, those people were legitimizing and expecting someone´s death. Since PLHIV are left to die, those voices were somehow materializing this 'fact' with their discourses, as well as attempting to remind PLHIV that their place was not among 'normal' people. Therefore, those voices were only reproducing an ideological discourse — efficiently used in neoliberal societies —, which is seen in the use of the biopolitical technology. Through intertextuality, the participant shows the strength of ideological discourses, as well as their fast and efficient reproduction.

The passage *prejudice and discrimination killed us much more than the lack of medication* assumes that the participant was aware of the biopolitical logic, even without naming them. There are propositional and ideological assumptions, as well. A propositional assumption is seen here, since it is assumed what is/was the case — for this participant, the psychosocial stance played a much more important role than the biological sphere, as seen with the use of the comparative form *much more than*. An ideological assumption is noticed, since it assumes that the biggest problem of the epidemic is that it is a social and discourse epidemic, in which violent discourses are naturalized and the focus on the biological sphere somehow contributes to maintaining it as the only/main protagonist of the epidemic.

In the passage *the people I worked with asked me: "can you be here near us? Can you eat at the same time we eat?"* there is intertextuality and other voices are included in the text with direct speech, since the participant uses the exact words of those voices. There is also an ideological assumption, since these voices assume that the participant is abnormal, strange, and an enemy. Therefore, through intertextuality, the participant demonstrates what other people think about PLHIV — by being close to 'normal' people, PLHIV would pollute and destroy them, by isolating 'dangerous creatures', 'normal' people would not take risks. This is how biopolitics works.

> Today I take one medication a day! Folks, this is a great advance. We get first-line, second-line drugs from the public health service. Today, I am an undetectable person. We have all the opportunities today to move on with our lives, talk about sex […] The importance of medication adherence is the importance of the continuity of life.

[56]Example 48: Wladimir

Although the participant demonstrates to be aware that the epidemic is mostly affected by social and discursive issues, this campaign encourages a movement in relation to the biological sphere. For example, in the passage *today I take one medication a day! Folks, this is a great advance. We get first-line, second-line drugs from the public health service. Today, I am an undetectable person [...] the importance of medication adherence is the importance of the continuity of life* there is a bridging assumption, since it connects being alive with starting the treatment. There is also a value assumption, since it is assumed that the biological sphere will make PLHIV continue their lives normally and, therefore, the treatment is everything they need to live a normal life. Here, again, through these assumptions, we see a discourse that gives prevalence to the biological sphere and maintains the regularity found in other participants´ discourses, as discussed before. Although the participant said that prejudice and discrimination killed much more than lack of medication, now the only focus is on adhering to the treatment, and then PLHIV would supposedly live 'normal' lives again. ARVs are available from SUS for Brazilian PLHIV; nevertheless, there are PLHIV who do not take the medications or start the treatment, neither get tested because they are afraid of being exposed, a fear which comes from the stigma, prejudice, and discrimination against PLHIV. Both types of PLHIV may continue infecting others, since their viral loads will not be undetectable, as well as they may develop aids. Therefore, from a biological perspective, in order to eradicate new cases of hiv or reduce them dramatically, everyone should be tested and get treatment. But in order for that to happen, the reduction from a whole person to a 'polluting', 'impure', and dangerous creature, which 'contaminate' his/her social identity, as discussed by Goffman (1963), must be eradicated first. Thus, effective public policies and education need to be urgently implemented in different social

---

[56] Original: "Hoje, eu tomo um medicamento por dia! Gente, isso é um avanço muito grande. A gente consegue medicamentos de primeira, de segunda linha no serviço público de saúde. Hoje, eu sou uma pessoa indetectável. Temos todas as oportunidades hoje de dar uma continuidade à nossa vida, conversar sobre sexo [...] A importância da adesão ao medicamento é a importância da continuidade da vida."

levels, and psychosocial issues should become the main protagonist in the fight to destroy overturn violent discourses and rearticulate new ethical discourse moments.

In the passage *we have all the opportunities today to move on with our lives, talk about sex* there are both propositional and ideological assumptions. An ideological assumption is perceived, since it is assumed that besides sophisticated medications, now there is an open and friendly social order, which 'allows' people to talk about things that are/were considered a taboo. As Foucault (2021) argues, when it comes to sexuality, nowadays there is an openness to talk about it even in public; however, there are restrictions, which include talking only about what is considered 'normal'. For a long time homosexuality was considered a disease (biologically speaking). Also, in many countries, living a homosexual life is not allowed not only by orders of discourse but also legally speaking. Therefore, there are symbolic elites, represented by hegemonic conservative social groups that still see homosexuality as pathological and control these restrictions that affect not only homosexuals, but the LGBTQI+ community as a whole. When it comes to talking about sex within specific marginalized groups, such as the LGBTQI+ community, as a gay man, I noticed that 'the act of sex' is mostly open to talk, mainly with jokes. Nevertheless, deeper and more complex issues that involve sexuality and encompass mental and emotional issues are still a taboo for people to talk. Also, there is a logic that mainly welcomes 'positive' topics, such as the good things sex provides. We do not often see PLHIV talking about the virus openly, and neither are other ISTs commonly seen in these social conversations. Therefore, I disagree with the participant regarding all the openness and opportunities that he says, via assumptions, we have to move on with our lives — as if hiv and aids relates issues were no longer present in our society.

4.4 World Aids Day Campaign — 2018

As I explained before, although this campaign was produced by MS, it was not available on its official website. Therefore, there was no introductory explanation of what the campaign was about. Nevertheless, the videos with PLHIV (real participants) were available on the official Youtube channel of MS. Thus, it is an official campaign by the federal government, in which the participants give their testimonials, as the other campaigns already analyzed.

Individual testimonials:

Participant 1: Ariadne

> Hiv at that time was a death sentence. And nowadays, the medications do not have those side effects that are so strong. Talking about treatment is talking, especially, about prevention. Any opinion that is outside from the parameter of science is prejudice.

[57]Example 49: Ariadne

The passage *hiv at that time was a death sentence* assumes that in 1999, PLHIV were expected to die rapidly. There are both propositional and ideological assumptions here. A propositional assumption is perceived, since it assumes 'what was the case' — in 1999 PLHIV would die not long after getting the virus. An ideological assumption is also seen, since in 1999, although there were already medications, there was also a great stigma that was naturalized and comes from the very beginning of the epidemic. Although the greater risk of death was created by supposedly using biological evidence to ground and reinforce it (hiv = a death sentence), serophobic discourses created and maintained by symbolic elites took advantage of that 'evidence' and discursively dislocated PLHIV to aids patients and to death.

In the passage *talking about treatment is talking especially about prevention* there are value and bridging assumptions. A value assumption is the implicit association that the best treatment is still prevention. A bridging assumption is the connection the participant makes

---

[57] Original: "O hiv na época era uma sentença de morte. E hoje em dia, as medicações elas não tão com esses efeitos colaterais tão fortes. Falar sobre tratamento é falar, principalmente, sobre prevenção. Qualquer opinião que fique fora do parâmetro da ciência, ela é preconceito."

between treatment and prevention. Although the participant does not mention any specific type of prevention, and as the treatment can lead a person to become undetectable, we can notice that, via assumption, she is presenting undetectability as a form of prevention, considering that once they are undetectable, they no longer transmit the virus via any type of sexual practice. It is important to highlight that the participant does not explain the relationship between treatment and prevention and previous knowledge is necessary to understand her message. Also, she represents the campaign producers, who do not give further explanations about it either. Again, we could perceive that the biological sphere is the protagonist (prevention/treatment), however, people do not know how this works, why treatment is a form of prevention. This should be explained in a pedagogical way, considering that the audience is looking for information in the campaigns. Therefore, here we have a problem, the single and the superficial focus in the biological sphere. As I have already explained, the criteria for selecting the data for this research were the campaigns that involve people who already live with hiv, rather than prevention campaigns. There were only a few campaigns that dealt with the challenges people face after getting the virus. Prevention is essential, but there should also be more campaigns with open discussions about sexuality, social challenges, as well a stronger commitment of how to deal with these challenges, which mainly affect people who already live with the hiv, as the ones I selected to analyze.

The passage *any opinion that is outside from the parameter of science is prejudice* assumes that science is something precise and objective that always produces unquestionable truths. Here, it is possible to see propositional, value, and ideological assumptions. A propositional assumption is perceived when it is assumed ‘what is the case’ — opinions are prejudiced. A value assumption is noticed, since it is assumed what is not desirable — ‘lay’ opinions. An ideological assumption is seen when there is an attempt of discarding other types of knowledge that are not recognized as part of the scientific field, such as arts and philosophy, for instance. Through this assumption, therefore, the participant depicts science as something unquestionable that always brings a precise and an objective truth. Also, since she is talking about treatment, we can assume that the science she mentions encompasses the biological sphere. By making the biological sphere ‘sacred’, other voices and discussions that do not belong specifically to this sphere are excluded. It is important to highlight that science is complex, subjective, and made of attempts that are regularly (re)visited, contested, and reconsidered. For example, what was considered ‘true’ from a biological perspective 40 years ago has changed over these years. At the beginning of the epidemic, there were no medications at all and science had to do something about it. The truth was that PLHIV would get aids due to the lack of medications. Nowadays, from a biological perspective, the truth is that if PLHIV take ARVs (which are sophisticated medications) they can have the same life expectancy of people who do not live with hiv. As Foucault (2014a) argues, economic, ideological, and political issues play important roles in defining what is more or less scientific, since there are power relations behind the politics of truth.

Participant 2: Blenda

> I consider the World Aids Day extremely important, because it is when the campaign has greater visibility, because many people today, even with all the information, are unaware of aids, unaware of hiv. Also, it is important to highlight that hiv-positive people follow their treatment and take their medications, zero their viral loads, become undetectable, and no longer transmit the virus. My message for the new hiv-positive ones is that they should stop caring about what society will think about them and adhere to the treatment, which is the only way we have today to continue living normally, as any other person.

[58]Example 50: Blenda

The passage *many people today, even with all the information, are unaware of aids, unaware of hiv* assumes that these people are not interested in hiv and aids related discussions. There are two types of assumptions here: propositional and ideological. A propositional assumption is perceived, since it is assumed ‘what is the case’ — people do not have information about the epidemic. An ideological assumption is noticed related to the reasons why those people are unaware of hiv/aids related issues. Through these assumptions, the participant shows how difficult it is to raise topics that encompass hiv/aids related issues because people do not want to

---

[58] Original: “Eu considero extremamente importante o Dia Mundial, porque é quando a campanha tem maior visibilidade, porque muitas pessoas hoje, ainda com toda a informação, desconhecem a aids, desconhecem o hiv. Também vale ressaltar que as pessoas que são soropositivas, realizam seu tratamento e tomam suas medicações, zeram a sua carga viral, ficam indetectáveis e já não transmitem mais o vírus. O meu recado para os novos soropositivos é que eles deixem de se importar com que a sociedade vai pensar a seu respeito e façam a adesão ao tratamento, que é a única forma que hoje nós temos de continuar vivendo normalmente, como qualquer outra pessoa.”

talk about it. For example, although sexuality belongs to the field of pleasure and health, people mostly talk about the act of sex in close groups or in specific contexts, as I discussed before. It is still seen as a taboo to talk about sexuality, when compared with other topics. That is why jokes are also welcomed when talking about sex, in order to somehow 'soften' the topic and break the taboo, also related to shame. When it comes to STIs, another frame comes into play, which is quite the opposite of pleasure and health, since this frame disturbs people as it is associated with disease and pain. The pleasure that sexuality provides may be turned into shame, blame, and (self) oppression, for instance, because it was a 'matter of choice' to be infected. In addition, religious discourses play an important role in manipulating people. As soon as I discovered I was living with hiv, I felt dirty, embarrassed and I somehow (at least in the beginning) started to see sex as something bad and dangerous. Also, if we resort to the concept of biopolitics, essential to neoliberal societies, we will notice that health and happiness are generally seen as desirable conditions, especially if we consider the type of social, political, economic, and psychological subject demanded by these societies — 'happy', prosperous, who tries to be rich, as well as follows standards of beauty and health. Therefore, STIs are not commonly welcomed in discourses in which the neoliberal logic prevails, since people must be 'happy' and 'healthy' all the time to produce and be accepted, otherwise they are left to die.

In the passage *it is important to highlight that hiv-positive people follow their treatment and take their medications, zero their viral load, become undetectable, and no longer transmit the virus* there is a bridging assumption when the participant talks about a series of events that are connected — follow the treatment, take the medication, zero the viral load, become undetectable and no longer transmit the virus. A propositional assumption is also seen here, since it is assumed 'what is the case' — to start the treatment in order to stop transmitting the virus. Through these assumptions, we can notice that the participant, who said that people are not aware of hiv and aids discussions, does not explain what is the relationship between the treatment and no longer transmitting the virus. To understand that, it is necessary to have previous knowledge. Here, again, the participant represents the campaign producers, who are conveying the message in a superficial way. In the continuing passage *my message for the new hiv-positive ones is that they stop caring about what society will think about them and adhere to treatment, which is the only way we have today to continue living normally, as any other person*, two types of assumptions are seen. There is a value assumption, since it is assumed what is recommended — stop caring about others and adhere to treatment, and a bridging assumption, since the participant connects adherence to treatment to the only way to continue living normally. It is also possible to notice that, via assumptions, again, the discourse privileges the biological sphere (mostly explained in a superficial way). In this discourse, the participant assumes that all that PLHIV need is medications, so that they can have a 'normal' life as any other people — such as the ones who do not live with hiv, for instance. The regularity of the biological discourse was also found in this participant discourse. Reducing the challenges that PLHIV face to the biological field contributes to maintaining crystalized discourses that are only interested in keeping people biologically alive. In this logic, subjective issues should be dealt with in the private sphere, and individually. As long as people are biologically able to work and produce, nothing else is needed. This erasure of political and social stances is crucial for neoliberalism (which has biopolitics as a powerful ally), since unequal power relations and different types of explorations will not be perceived and pointed out, for example.

Participant 3: Walter

> Talking about hiv was talking directly about aids, which was talking directly about death. Nowadays, we can only talk about PLHIV who will not and do not even need to get sick with aids if they do not want to. […] So, if we can protect ourselves, this is the best way. I think the biggest virus nowadays, the virus that kills the most, is prejudice, because it destabilizes people, it weakens people. Let´s change hate for love.

[59]Example 51: Walter

The passage *talking about hiv was talking directly about aids, which was talking directly about death* assumes that in an undefined past, PLHIV would die soon after the diagnosis. Three types of assumptions are seen here. There is a bridging assumption, since it is possible to perceive a connection (mostly coming from the 1980s) between hiv and aids, and between aids

---

[59] Original: "Falar em hiv era falar diretamente em aids, que era falar diretamente em morte. Hoje em dia, a gente consegue falar apenas em pessoas que vivem com hiv e que não vão e nem precisam adoecer de aids se não quiserem. [...]Então, se a gente pode se prevenir, é o melhor caminho. Eu acho que o maior vírus que tem hoje em dia, o vírus que mais mata, tá sendo o preconceito, porque ele desestabiliza as pessoas, ele enfraquece as pessoas. Vamos trocar o ódio pelo amor."

and death. There is a propositional assumption, since it is assumed ‘what was the case’ — all PLHIV would die soon after the diagnosis. There is also an ideological assumption, since the idea of a death sentence is naturalized and maintained. The passage *nowadays, we can only talk about PLHIV who will not and do not even need to get sick with aids if they do not want to* assumes that things have changed in science — as I discussed before, science cannot be seen as an immutable territory with unquestionable truths —, as well as it assumes that getting sick or not depends on people´s choices. Here, there are two types of assumptions. There is a propositional assumption, since it assumes ‘what is the case’ — that it depends on PLHIV whether or not they will get sick. An ideological assumption is also noticed, since adhering to treatment is considered a matter of individual choice. Through these assumptions, we can notice the participant also reproduces the biological and the neoliberal discourses. In other words, medication is everything PLHIV need to be healthy and alive and this is merely a matter of individual choice. As I have already discussed, many times PLHIV will not adhere to the treatment because of the stigma — they are afraid of the side effects, of being seen at the health center and being ‘discovered’, and they may also have problems to store their ARVs at home, for instance. When the participant says *if they do not want to*, again, he reproduces the neoliberal discourse, since, via a propositional assumption (‘this is the case’), he puts the entire responsibility on PLHIV, who should also solve social-political problems in the private sphere and at the individual level. It is important to highlight, as I discussed before, that neoliberalism is not only an economic system, but also an entire semiotic project that aims at inciting, manipulating, and correcting specific behaviors in order to always increase productivity and profits. Therefore, from this logic, it is up to PLHIV to take the medication (or get sick) and move on with their lives and work, as if nothing had happened.

The passage *so, if we can protect ourselves, this is the best way* assumes that the biological sphere is the best way to deal with the epidemic. Here, a value assumption is noticed, since there is a judgment of what is good (or not) for people. Through this assumption, the participant also reproduces the biological discourse, and the regularity that was seen in other testimonials is also perceived here. Prevention and treatment are essential, but as already discussed, there are other issues and struggles PLHIV face that urge to be discussed. The participant himself says *I think the biggest virus nowadays, the virus that kills the most, is prejudice, because it destabilizes people, it weakens people. Let´s change hate for love*. If the virus that kills the most is prejudice, why do the campaigns not focus on psychosocial issues, rather than merely giving the floor to the biological sphere (mostly explained in a superficial way) or suggesting that mental and emotional aspects of the hiv/aids epidemic are managed in the private sphere and at the individual level — mainly emphasized by the participants?

4.5 Overall discussions

In this chapter, I present the overall discussions. I show the regularity in the discourses found and from this regularity, I developed my discussions that are demonstrated in the following paragraphs. As previously stated, I analyzed four campaigns that involve people who already live with hiv. The first campaign was delivered in 2006 for the World Aids Day and there are texts both on the website and on the videos, with two participants. The second campaign analyzed was delivered in 2012 for the World Aids Day and there are also texts on the website and on the video, with one participant. The third campaign analyzed was delivered in 2018, and for this one there is a text on the website and there are 13 participants/videos. This campaign is named 'undetectable campaign'. And the fourth campaign analyzed was also developed for the World Aids Day, but there is no information/text on the website, only the videos with three participants.

As I explained in the methodology, for the textual and social analysis I used the categories of intertextuality and assumptions. I interpreted, discussed, and explained them in connection to the concept of biopolitics, when I carried out the social analysis. In this way the tridimensional model, firstly proposed by Faiclough (1992) and afterwards revisited by Chouliaraki and Fairclough (1999), was taken into consideration.

Regarding the concept of intertextuality, Fairclough (2003) argues that there is a close relationship between the 'original' speech and the reported one, which can trigger several different discourses. Here, I could notice a close relationship between the campaign producers and the participants. In other words, the participants represent the campaign producers, in which convergences of discourses and ideas were perceived, since the participants were carefully selected to compose campaigns that deal with specific purposes and themes. For example, the first campaign presented the concept of posithive prevention (*prevenção posithiva*), in which the biological treatment is portrayed as a way to fight against the stigma, prejudice, and discrimination that PLHIV face. In this campaign, the producers selected two participants to give testimonials. Both the participants had similar discourses, as well as use identical sentences, such as “You don´t need to have aids to get informed. Understand the disease and help end prejudice”. In the campaign of 2012, the purpose of the campaign producers was to encourage hiv testing. They also selected the participants to reinforce this message (get tested), in which the participant analyzed said (via assumptions) that he was only alive because he did the hiv test. In the undetectable campaign, delivered in 2018, the theme is the undetectability of PLHIV and the purpose is to encourage PLHIV to be undetectable. The introductory part of this campaign, seen on the website, stated: “All the characters tell in their stories how they received the diagnosis, the struggle for acceptance, and the difficulties for adhering to the treatment”. Therefore, we can notice that the participants were asked and guided concerning what to talk about. Most of the participants reproduced similar discourses and I could also perceive that participants 2, 3, 4, 7, 8 end their testimonials with identical sentences: “I´m hiv positive, I´m undetectable”, as shown in the slogan. In the last campaign analyzed, delivered in 2018, and developed for the World Aids Day, the first two participants selected also talk about the treatment and the last one about prevention. Therefore, the participants were selected to represent the campaign producers in the four campaigns in order to reinforce the campaign´s purposes and the discourses of the campaign producers on the website (as seen in the first three campaigns). Since the participants live with hiv, they gave the campaigns more credence as ‘role models’. In other words, we could notice an idealization of PLHIV.

Concerning the concept of assumptions, what was not explicitly said (Fairclough, 2003), all the six types of assumptions (existential, value, propositional, bridging, logical, and ideological) were found in the campaigns and, through these assumptions, and also through the statements, different discourses were identified, such as: biological, hygienist, neoliberal, serophobic, conservative, racist, authoritarian, homophobic, common sense, heteronormative, meritocratic, religious, discourses of happiness (‘happycratic’), discourses of fear, and an ‘aids’ discourse.

These echoes of voices (the discourses reproduced) — expressed through assumptions (and statements) — demonstrate that the campaign producers and the participants, who accepted to participate in these campaigns, believe that PLHIV face different challenges that encompass the biological, social, and discursive spheres of the hiv/aids epidemic. When it comes to the biological challenges, the discourses analyzed demonstrated the difficulties PLHIV face to start the treatment, as well as the possible side effects (especially at the beginning of the epidemic).

These discourses also approached the social and discursive difficulties that encompass the epidemic, such as the stigma, prejudice, and discrimination. However, through the discourses analyzed, I could perceive that, in general, the campaign producers and the participants believe that the difficulties concerned with social and discursive stances should be handled individually and can also be solved with the biological treatment, by adhering to ARVs. In general, I could notice they believe that after starting the treatment, PLHIV will have the same life as they used to before they discovered they had hiv, since they will be undetectable and 'normal' again and if they have any social/discursive issue to manage, they will find support in the private sphere (especially their families). Also, in the discourses analyzed, I could notice that the biological sphere was explained superficially, as if people do not have to know exactly how the treatment process works — and their possibilities, such as becoming undetectable and untransmittable. Here, due to the prevalence in the biological sphere and at the individual level, I highlight two discourses: the biological and the neoliberal discourses.

When it comes to undetectable PLHIV, they are also considered impure and destructive, as people in general do not know exactly how the virus and the treatment work and may not even believe in the scientific evidence of 'Undetectable = Untransmittable' (U=U), as I have heard myself, due to the lack of access to reliable information. Also, even among people who know about this scientific evidence, undetectable PLHIV are still seen as 'unreliable soldiers', since they were 'polluters' (before becoming undetectable) one day, therefore, they have low moral values, and have come to 'destroy' people in this war named hiv/aids epidemic, as discussed by Sontag (2001), and from now on their social identities are 'contaminated'.

Due to the regularity of the biological discourse seen in the analysis, the 'normal' and the 'pathological' are quickly established, and medical and biological science will ground this dichotomy. In other words, this discourse is seen as scientific and thus a truth is established. If PLHIV are not able of being 'saved' by the biological sphere and by their self-discipline and return to 'normalcy', they are left to die. However, as I have already discussed, the biological sphere is only one aspect of the hiv/aids epidemic. The ARV medications do not solve (all) social and discursive problems PLHIV face, as proposed by the biological discourse. As Caponi (2014) argues, from the moment that the ethical and political domain is reduced to the biological field, we are merely managed by therapeutic intervention and prevention, which are interested in classifying human beings as merely ‘normal’ or ‘pathological, and there is a moral obligation to keep healthy.

In addition, the discourses of the campaigns propose that, if in some cases the ARV medications cannot solve all the psychosocial problems PLHIV face, they should deal with them at the individual level and in the private sphere, which show the regularity of the neoliberal discourse. As Fairclough (2000) argues, within the neoliberal discourse there are different narratives and one of them is related to opportunity for ‘growth’, which demands some actions. For example, we can associate the opportunity for growth with the idea of resilience and also the discourse of happiness, according to which PLHIV must overcome the different types of fears and concerns they experience after they discover they live with hiv. Another neoliberal narrative discussed by the author is that of ‘progress’. Here, we can think about resilient PLHIV who are seen as ‘superior’ and ‘winners’, since they were able to make ‘progress’. All this articulation can be seen in discursive projects, in which new social relations, values, and identities are created, also, the neoliberal discourse affects other discourses such as the economic, the educational, and the political, and gives rise to new discourses, such as the discourse of 'insecurity' (Fairclough, 2000). In other words, within the neoliberal discourse, we can see the emergence of other discourses: those that support neoliberalism, associated with resilience, growth, and progress and in our context, those which are concerned with psychosocial issues PLHIV face, such as the discourse of ‘fear’, the discourse of ‘threat’, the discourse of ‘loneliness’, the discourse of ‘blame’, and the discourse of ‘sexuality’ (which is expected to be private, related to blame and promiscuity).

I also highlight that many PLHIV cannot solve psychosocial problems by themselves, as shown in other studies, such as Pelton *et al*. (2021). Here, biopolitics works at their highest level of efficiency — everything is managed. For example, PLHIV who do not get tested, do not start the treatment, or have difficulties to adapt to some medication, as well as PLHIV who are in the closet but need/want to talk about living with hiv because they cannot stand this weight alone anymore, are quickly left to die (either symbolically or literally).

By reducing the hiv/aids epidemic to the biological, private, and individual sphere, the State, here represented by the campaign producers and MS, and by extension society as a whole, is excused from responsibilities over the psychosocial problems caused by the epidemic. I am aware governments have limitations and cannot solve all social problems overnight.

Nevertheless, by reducing the hiv/aids epidemic to the individual sphere and expecting psychosocial issues to be handled in the private sphere and at the individual level, the discourse of the campaigns strengthens neoliberalism, overshadows the collective nature of society, and contributes to the logic of biopolitics.

When it comes to the prestige of some scientific discourses, such as the biological/medical one, Hyland and Salager-Meyer (2008) points out that the term ‘scientific’ itself implies the idea of a universal truth. Nevertheless, since science is complex and subjective, statements, considerations, and arguments in research may also be contested. For example, regarding the prestige of ‘hard science’ in comparison to ‘soft science’, Hyland and Salager-Meyer (2008) claim that in some fields — such as those that belong to ‘hard science’ — the text is solely a channel for ‘facts’ which is described in a precise and ‘unquestionable’ method — “of what the natural and human worlds are actually like” (p. 4). On the other hand, as the authors argue, in ‘soft science’ — mostly connected to social fields —, the discourses of the authors play a more observable and necessary role in achieving ‘the truth’, since these fields are considered ‘less reliable’ forms of knowledge. This is intrinsically related to power relations — what fields have more prestige — and the prevalent biological discourse seen in this study belongs to the ‘hard sciences’, while the social aspects of the epidemic is related to the ‘soft sciences’, which is sometimes not even seen or recognized as science, for example. Therefore, the critiques and problematizations produced by the ‘soft sciences’ is commonly blurred with common sense ideas and understood as ‘opinions’, rather than being respected as a field that requires rigor and deep research, as mainly seen in the ‘hard sciences’.

Thus, the reproduction of the biological discourse is also associated with the prestige of the field and naturalized as the most important (or the only) sphere to be considered. Also, it is important to highlight that ‘the truth’ (expected in science) does not exist without power and each society comprises its politics of truth — which depends on economic, ideological, and political issues (Foucault, 2014a). In advanced capitalist societies, ‘the truth’ is dictated by the economy and the markets. Therefore, we can see how the neoliberal discourse affects the biological discourse. For the neoliberal discourse, people must work, produce, be ‘healthy’, ‘happy’, and adapted to particular ‘ways of being’, while biology (and its discourses) is in charge of fulfilling these demands — by separating what is ‘normal’ and what is ‘pathological’. In neoliberalism, unemployed people can be invited to work in precarious situations; employees may be required to have the same political and ideological biases of their employers — many cases were seen in Brazil´s last presidential election, in which bosses/employers coerced employees in different ways to vote in their candidates; gays are required to reproduce standard heterosexual practices and behaviors — only in 1990 did the World Health Organization remove homosexuality from the International Classification of Disease (ICD) — ; women are expected to accept lower wages, as well as harassment of different types due to their gender; PLHIV are expected to take the medication, keep quiet, and move on with their lives.

Nevertheless, over history, the ‘soft sciences’ have played an enormous and significant role in embracing new possibilities of living and being, by resisting, challenging, and contesting violent social practices. New epistemologies, theories, concepts, and arguments were developed to point out and mitigate social problems. As Caetano, Nascimento and Rodrigues (2018) argue, our health has left the fixed territory of medicine to become a concern of educational and social policies.

As I discussed above, the hiv/aids epidemic started being associated with homosexual practices (gay plague/cancer) and heterosexual people were considered immune to the virus (the ones who occasionally had it could be quickly associated with homosexual practices). Therefore, one may assume that prejudice is not exactly because of the virus and against PLHIV in general, but against gay/bisexual people and hiv is only an excuse to let them die. One may also assume that, at the beginning of the epidemic (1980s), gay/bisexual people would not talk about living with hiv or aids due to the close association to their homosexuality/bisexuality (which produced more prejudice and discrimination and the ‘closet’ was more frequent than nowadays) and heterosexual people would not talk about it due to the fear of being associated with homosexual practices. However, time went by and other social groups started being dramatically infected (heterosexual men, married heterosexual women etc.). Although homophobic discourses played an important role in the reproduction of prejudice against PLHIV, we cannot only associate the stigma, prejudice, and discrimination against PLHIV with these discourses, mainly because homosexuality (and bisexuality) nowadays is much more broadly discussed and opened in our society — at least at the informational and superficial level, for example, more people say they are gay/bisexual.

Also, I would like to highlight that not only hiv, but also other STIs are not commonly brought about in conversations either. Thus, we can perceive that nowadays, hiv and other STIs, even though affecting many different social groups, are not part of the main social debates due to crystallized conservative and hegemonic discourses that associate STIs to dissident and 'promiscuous' sexual practices and, therefore, must be hidden. In this way, the 'impureness' (or dirt) attributed to PLHIV is also associated with dissident, perverted, immoral sexuality, which require silence. Since sexuality is not commonly debated in its fullness, hiv and other STIs also end up being silenced. In addition, although some people talk about the act of sex, mostly in a 'mocking way' and with jokes, which are allowed in orders of discourse, due to its 'positive' and 'healthy' aspect — "I had a wonderful sex last night, that guy is amazing, made me go to heaven" —, sexuality involves deeper and more complex issues, such as knowing our bodies, experiences, attempts, discoveries, and sensations that encompass mental and emotional aspects of ourselves. Thus, when it comes to vulnerability, sadness, and lack of health related to sexuality, people do not usually talk, mainly because they do not really talk about sexuality, but rather they may aim at communicating something different, such as affirming their virility or 'potency' (including winning someone over), as I discussed above. Thus, lack of communication regarding sexuality (in its fullness), leaving this topic to the exclusively private sphere (in general parents do not talk openly about it with their children), is one of the origins of the stigma, prejudice, and discrimination that PLHIV face, and conservative social groups are in charge to produce and maintain hegemonic discourses, which are ideologically naturalized and reproduced.

In this chapter, therefore, the results previously discussed allow us to perceive the prevalence in the biological and the neoliberal discourses in the campaigns, which are also connected to other discourses. With this regularity in the discourse of the campaigns, other understandings and discussions emerged, such as the prestige of some scientific discourses, which is based in politics of 'truth' and power; and sexuality, which is one of the issues that have affected the hiv/aids epidemic. I highlight, again, that I am not criticizing the participants (PLHIV) of the campaigns personally, since they are reproducing discourses that they may not be even aware of. Also, since I analyzed campaigns from different governments, I am not criticizing any specific government. Although Brazil was a reference worldwide in the fight against the hiv/aids epidemic by providing medication to all PLHIV, for example, there has been a decline, as previously discussed. Also, despite all the public policies and programs our country has proposed, such as the campaigns analyzed in my research, there is still a long way to go, full of challenges, struggles, and achievements. My intention, therefore, is to contribute to this fight and show how discursive this virus and this epidemic are. In order to broaden this contribution, in the following subchapter I present some proposals to engage in the fight against the hiv/aids epidemic.

4.5.1 Some proposals

As argued by Fairclough (2010, p.11), CDA "[…] is not just descriptive, it is also normative. It addresses social wrongs in their discursive aspects and possible ways of righting or mitigating them". After carrying out a critical analysis of the discourses proposed and discussed the results, in the following paragraphs, I propose alternatives and suggestions to counterpoint some of the discourses reproduced in the campaigns.

1. Communication and representation: hiv, as well as other STIs, must be clearly debated in our society. To be included in different types of discourses, sexuality must be discussed in different arenas — starting at schools and continuing in different social spheres of social life. As I discussed above, sexuality involves broad and complex issues, such as affections, experiences, senses, knowledge of our bodies, pleasure etc. that also encompass deep mental and emotional issues. I propose, therefore, that a subject on gender, sexuality, and discourse studies be implemented in school for the young population to understand not only the biological aspects of sexuality, but also to understand and debate all the subjective issues that surround it, and how sexuality is discursively constructed in our society. This is the first step to strengthen the fight against the epidemic. As communication and representation start to change, people will not only get tested and use forms of protection against hiv and other STIs (exactly what MS so much emphasizes in most of its campaigns), but also hiv and other STIs will start to be seen as any other health issues people might face in their lives. Education and information would help to avoid many of the psychosocial problems that cause human suffering.

Recently, there was the COVID-19 pandemic that reminded us that the hiv/aids epidemic is intrinsically affected by conservative and serophobic discourses. Different from what we have seen with PLHIV since the beginning of the pandemic, COVID-19 patients talked openly about the virus without being stigmatized as impure creatures that should be left to die. Public policies were created worldwide and in spite of the inability of the former government in dealing with the pandemic, different spheres (medical, scientific, psychosocial etc.) joined forces to fight against the pandemic. Because of clear and open communication and representation (globally speaking), the COVID-19 pandemic was controlled in many countries and in several aspects — biological: avoiding new cases and dealing with the physical discomfort and pain of the affected patients; psychosocial: encouraging people to stay home by providing resources for such. In addition, different discussions about the COVID-19 pandemic were raised with everything that encompasses the virus.

2. Struggles: I am aware it is not an easy task to change discourse systems overnight. When it comes to the communication and representation previously proposed, it means resisting and fighting against conservative groups who have control over hegemonic discourses and genres. Nevertheless, it is important to bear in mind that discourse is an open system and subjects are able to articulate new combinations. The LGBTQIA+ community (where gay and bisexual men were mostly affected by the hiv/aids epidemic in the beginning) should engage in talks about sexuality, hiv and other STIs. It is time to stop pretending that nothing happened and reducing sexuality to the act of sex itself, as many people do — only report the pleasure (and positive aspects) they felt while having sex, commonly in a ‘mocking way’. We are humans and being healthy, vigorous, happy, positive, and grateful all the time is not only a fallacy, in reality these discourses of happiness also contribute to strengthening the biopolitical technology. PLHIV in general should talk about hiv — of course, respecting everyone´s moment, but it is important to think about this issue and, again, stop pretending that nothing happened. People who do not live with hiv should also talk about it — as well as about sexuality with all its complexities — by contesting and fighting against serophobic and conservative discourses seen in the biopolitical technology — which decide who is ‘(ab)normal’ enough to live and to die. Therefore, resistance and collective activism are essential to produce discourse and social change.

3. MS: regarding MS itself, the institution must urgently change the focus of the campaigns that deal mostly with the biological aspect of hiv and aids, as well as stop suggesting and expecting the psychosocial aspects of the epidemic to be solved at the individual level, as I found in this study. While the biological sphere remains the protagonist, dictating and reducing public discussions about the epidemic to that sphere, conservative and hegemonic discourses that repress behaviors and discussions (such as talking about sexuality and STIs) will continue being reproduced. Here, neoliberal discourses are strengthened, since the psychosocial aspects of the epidemic, such as having to deal with prejudice and discrimination, are reduced to the private

sphere. These conservative and hegemonic discourses quickly stigmatize and hide these subjective discussions by associating them with embarrassment and blame that should not be brought into the public arena. Therefore, the single focus on the biological sphere, with the psychosocial issues to be solved at the individual level and privately, as seen in the campaigns analyzed, is a palliative action to deal with the epidemic in its fullness. Biological and social aspects must walk together and, at this moment, more campaigns involving PLHIV should be produced. The PLHIV giving their testimonials should also talk about sexuality — with all the complex issues it encompasses —, as well as propose public discussions and activism to deal with the ‘private’ and hidden aspects of the epidemic

5. Never-ending words

Carrying out this research was not an easy path, firstly because it was triggered by a personal issue and secondly because of the topic itself, in general not easily accepted in different social settings. This study allowed me to perceive the protagonism of the biological discourse when the theme is hiv/aids — as complete and sufficient to deal with the subjectivities of human beings, in the case of my research, PLHIV. Here, I would also like to emphasize once again that at no time was it my intention to discourage the use of ARVs medications. The drug treatment is essential for PLHIV. But as this research addressed the social and the discursive problems that encompass the epidemic, my concern was with those issues, mostly ignored by social groups in general. This study also allowed me to notice the presence of the neoliberal discourse in the campaigns, which reproduced the idea of solving social problems at the individual level and in the private sphere. Again, what I criticized was neither the participants personally, nor a specific government, also, it is important to emphasize that SUS has done a great job in providing ARVs to all Brazilians who live with hiv. Rather, what I criticized in the analysis were the messages conveyed in the campaigns, through the discourses reproduced, which were delivered by MS, an official federal governmental organization. The campaigns had different purposes, themes and, therefore, different messages. However, by carrying out the analysis I could find regularities in the discourses of the participants and the campaign producers, which allowed me to develop the discussions, as well as to achieve my objectives and answer the research questions.

To write this dissertation, I created a structure and followed its moves and steps. In the introduction, I started by presenting research findings from studies on the stigma, prejudice, and discrimination against PLHIV; I also explained the first reason why I have chosen this research, as well as the significance of the study; then I presented my research and the organization of the dissertation. In the review of the literature, I contextualized anti-aids programs, which encompassed Brazil as a reference in the fight against the hiv/aids epidemic, as well as the decline of this much-praised anti-aids program; I also discussed a timeline of activism and campaigns. Here, I would like to get back in time and point out the struggles PLHIV have faced over the epidemic. At the beginning of the epidemic, in the 1980s, as soon as hiv and aids started to appear, the biological sciences had to do something about the aids patients, since they would not only die, but also infect others. Medications emerged and, in the following decade, people stopped dying in great numbers and began to survive. Although nowadays there are effective ARVs, and PLHIV can have the same life expectancy and quality of life (from a biological perspective) as anyone else, as well as do not transmit the virus anymore considering they are undetectable for at least 6 months, there are still deaths, which are also triggered by social and discursive reasons. Therefore, as I discussed in the proposals, resistance and collective activism are essential for a community, a cause, and 'social wrongs' to be heard, responded to, and changed; afterwards I discussed the close relationship between the LGBTQIA+ community and the hiv/aids epidemic in its beginning; biopolitics and neoliberalism were the following discussions and through the concept of biopolitics, intrinsically related to neoliberalism, I could build the social analysis of this study; and last but not least I explain that through CDA, the theoretical-methodological approach I used for this research, I could show my epistemological position, which encompasses a critical perspective with lenses on discourse and social change; through CDA, I could also develop the methodology, as well as use the concepts of intertextuality and assumptions, which allowed me to carry out the textual analysis to ground my interpretation, and explanation in the social analysis.

5.1 Objectives and research questions

Regarding my objectives 1) Investigate discourses in four campaigns about hiv produced by MS, from the years 2006 to 2018; 2) Understand the use of the analytical categories of intertextuality and assumptions in the textual analyses, as well as their functioning in the social analyses; 3) Discuss whether there are relationships between the discourses selected for the analysis and the biopolitical technology; and the research questions developed for this research, I could achieve and answer all of them. In the first research question: 1) Do the campaigns maintain the sense of naturalization of PLHIV — determined by hegemonic discourses — or contribute to transform and change the stigma that triggers prejudice and discrimination? Overall, the campaigns contribute to maintaining the sense of naturalization of PLHIV, determined by hegemonic discourses, as previously discussed. Although the undetectable campaign (2018) no longer addresses PLHIV as being 'impure', its contribution was not robust enough to transform and change the stigma. For example, presenting PLHIV who take the medication and become undetectable as 'role models' in the fight against the epidemic, a power relation is established.

Nevertheless, regardless of being undetectable, from a biopolitical perspective, at the moment PLHIV talk about their condition — and go beyond the biological aspects of the epidemic (publicly speaking) —, they are seen as more inferior (not ideal and a failure) than people who do not live with hiv, since their social identities will be 'contaminated' (a stigma prevails) and associated to pathology, abnormality, lack of purity, promiscuity, blame, lower moral values, and so on. Also, this evidence (Undetectable=Untransmittable) discovered by science is not broadly discussed and people do not know exactly how it works, as well as some people do not even believe in it due to lack of discussions and education. This campaign itself did not clarify what to be undetectable means. Thus, undetectable PLHIV were 'impure' one day, they are not 'cured', they are 'under control'. Overall, therefore, the campaigns did not contribute to transform and change the stigma that triggers prejudice and discrimination. .

The second research question was: 2) How are intertextuality and assumptions seen in the textual analysis and how do they work in the social analysis? Intertextuality was seen in the textual analysis. Through reported speech, participants (PLHIV) were included in the official campaigns delivered by MS and, we could notice a close relationship between the campaign producers and the reported voices. This relationship was seen in the regularity of discourses, for example. Also, these discourses allowed me to carry out, interpret and discuss the social analysis. Participants were selected and seen as 'role models' to strengthen the discourses of the campaign producers, mainly overvaluing biological concerns and ignoring psychosocial aspects of the epidemic or expecting them to be dealt with and solved individually. Regarding the assumptions (what is not explicit said), they were also seen in the textual analysis and allowed me to interpret what was implicit — the hidden discourses. As Fairclough (1992) argues, hegemonic discourses use hidden strategies to naturalize ideologies. One of these strategies is the use of assumptions, which, by taking meaning as given, make particular ideologies universal and ideas 'unquestionable' (Fairclough, 2003). By interpreting these hidden strategies (which can also be reproduced unconsciously since they are naturalized), I could discuss and explain the assumptions in the social analysis. For example, the value assumptions were used to establish (implicitly) what is desirable for PLHIV, i.e. adhering to the treatment and moving on with their lives. Here the State is exempted from other responsibilities except that of providing medication. Propositional assumptions were used to affirm what is the case, i.e. either PLHIV get tested or they die. Here, the hidden assumption forces (with threats) PLHIV to get tested and start the treatment with no support, and sometimes they are not able to handle this weight by themselves.

The third research question was: 3) Is there a relationship between the biopolitical technology and the discourses identified in the campaigns? There is a relationship between biopolitics and the discourses analyzed in the campaigns, as regularity was found in the discourses analyzed in the campaigns, which are mainly seen in biopolitics. With the main focus on the biological aspect of the virus and suggestions for psychosocial issues to be solved individually, seen mostly in the discourses analyzed, the biopolitical technology works at its highest level of efficiency — makes the ones who take the medications and have private supports networks (and keep silent) live and lets those who do not follow the drug protocol and want/need to talk about how the virus affected them mentally and emotionally die. By taking the medication, PLHIV may become undetectable and come to be seen as 'role models' in the fight against the epidemic. Nevertheless, as I discussed above, even undetectable PLHIV have their social identities 'contaminated' and, therefore, are still seen as 'dirty', 'impure', and 'unreliable' creatures. As Foucault (2003) states, the more inferior or abnormal a person is considered, the more attempts to be eliminated (in real and symbolic ways) by hegemonic social groups. One example was the occasion when the former president of Brazil claimed that a person who lives with hiv is an expense for all Brazilian citizens. For discourses that value neoliberal 'ways of being' over anything else, the elimination of 'extra expenses' and 'inferior' bodies is profitable. As Caponi (2014) argues, it is a moral obligation to be healthy and certain values, such as beauty and happiness, for instance, are almost a condition for a person to be considered normal and deserving to live. Therefore, the discourse of the campaigns, mostly focusing on the biological aspects of the virus and suggesting psychosocial issues to be solved at the individual level, are intrinsically related to biopolitics as it tends to either ignore subjectivities that pervade human beings, such as affections, sexuality, mental and emotional concerns, or to propose that these issues be addressed in the private sphere.

5.2 Limitations, suggestions, implications, reflections

Regarding the limitations of my study, the first one is the focus on PLHIV as a general social group. Although there were some gender dissidents in the campaigns, I did not take this into consideration for the analysis, so that it did not interfere in my results. Also, there was not a specific focus on class, race, and region (which is linked to more or less access to the health centers and other support groups). Another limitation was the number of campaigns. As I have already explained, my first idea was to analyze a larger number of campaigns on a timeline to see if/how they developed (socially and discursively speaking) over the years. However, due to the large number of materials I thought it would not be viable for this research. Also, I wanted to work with campaigns that involved people already living with hiv. Therefore, the first suggestion for future research is to focus on a specific social group, i.e. transsexual people who live with hiv. Another possibility for future research is to interview the participants in order to ask them if and how they were ‘briefed’ to represent the campaign producers. I also suggest researchers to explore the resource of intertextuality from different perspectives and in different settings. For example: to what extent do the reported voices reproduce the ‘original’ ones and to what extent can the reported voices break free from this relationship? And finally, other aspects of the hiv/aids epidemic can be explored, such as the use of PrEP[60] and PEP[61], what they represent and mean, how these new possibilities have affected the hiv/aids epidemic, and so on.

Although this study is not focused on linguistic education, we can see some pedagogical implications in the proposals I have made. For example, changes in curricula by including a subject on gender, sexuality, and discourse studies in school for the young population, who may start perceiving how issues related to gender and sexuality work in society, particularly in discourse.

When it comes to the concept of biopolitics discussed throughout the research, I would like to highlight that they comprise the discursive and social scope of the hiv/aids epidemic, and not the personal one with individual/isolated cases. Therefore, there may be people who live well in the 'closet’. However, since we are talking about sophisticated and violent discourse strategies,

---

[60] *Profilaxia Pré-Exposição* to hiv: is the use of ARV medications before the possible contact with hiv, reducing the probability of the person get infected (Brasil, 2019).

[61] *Profilaxia Pós-Exposição*: is the use of ARV medications after a possible contact with hiv: unprotected sexual relations, sexual violence, among others, and the treatment takes 28 days and should start from 2 to 72 hours after the risk exposure (Brasil, 2019).

at some point, the ‘closet’ may be extremely suffocating. Also, at some point, every person living with hiv will have experienced symbolic deaths in their lives**.**

Despite the attempt of the biopolitical technology to govern PLHIV, I would like to end this dissertation by emphasizing its tragic management. For example, there is a large number of PLHIV who do not get treated either because they do not know they are living with hiv (they do not get tested) or because of the fear of being associated with such stigmatized social identities. Thus, these PLHIV may continue transmitting the virus to other people, since their viral load are not undetectable, as well as can develop aids. Here, biopolitics already ‘fails’ to make people live, since new infections and deaths can happen, which can trigger more psychosocial problems and deaths (either symbolic or real) in an endless cycle. We are not only talking about people who already live with the virus. We are talking about people who did not live with hiv and can get infected because of the biopolitical governance (the stigma prevents testing or treatment, which produces new deaths and infected people who will face new psychosocial problems and deaths that strengthen the stigma).

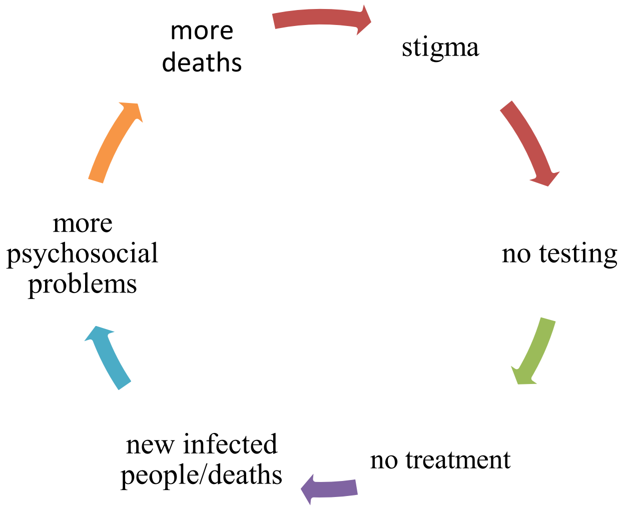

Figure 1: the biopolitical technology
Source: created by the author

Also, some of these people may not be able to work, to produce, to ‘cooperate’ for the neoliberal contemporary society. From a biopolitical perspective, the idea is to ‘make people live’ (creating more workers and more consumers, for example), and if this is not possible, then ‘let them die’. Thus, we can notice that the biopolitical technology is ‘losing’ more and more people who could be alive and producing. However, in our contemporary society, so far, it does not seem to be a concern for this technology. Then some questions may be posed: 1) Will biopolitical governance — and all the discourses that work for this technology — realize the increasing loss of these people, expand its perspective, and start being concerned with psychosocial aspects of the epidemic (taking into consideration that hegemonic social groups are behind this logic and these discourses)? What if psychosocial issues start affecting the markets in a considerable way (for example, large numbers of people are no longer able to handle social issues individually, get sick, and stop working)? Will more and more medications emerge to ‘manage’ these bodies, generating profits for the pharmaceutical industry, and maintain old social structures? If so, what if biopolitics still ‘fails’ to ‘save’ large numbers of people to work and produce and the markets start having major problems due to the absence (and/or the awareness) of these people? I do not intend to answer these questions in this study, but rather to invite readers to think about the future of advanced capitalist societies, the ‘management’ of PLHIV (and other marginalized groups), as well as to tease and invite them to join ‘resistance networks’ so that we do not depend on external forces to ‘manage’ us.

References

AGAMBEN, G. *Estado de exceção*: homo sacer, II, I. São Paulo: Boitempo, 2011.

AGAMBEN, G. *Homo Sacer*: o poder soberano e a vida nua I. Belo Horizonte: UFMG, 2010.

ANJOS, F. D.; FONSECA, J. H. M.; SILVA, J. K. O. *Sentidos de jovens vivendo com HIV frente aos estigmas, preconceitos e vulnerabilidades em ambiente educacional*. Revista Prática Docente. v. 3, n. 1, p. 279-294, jan/jun 2018.

ARAÚJO, L. F.; CARVALHO, C. J. ; OLIVEIRA, J. V.; CORDEIRO, A. V. *Concepções psicossociais acerca do conhecimento sobre a AIDS das pessoas que vivem com o HIV*. Revista Colombiana de Psicología,26(2), 219-230, 2017.

ARANCIBIA, K. Rima Discordante. In: MELLO, R. N. (Org). *Tente entender o que tento dizer*: poesia + HIV/AIDS. Ilustrações Felipe Stafani. Rio de Janeiro (RJ): Bazar do Tempo: 2018.

ATANÁZIO, E. A. S. *A mão que afaga é a mesma que apedreja:* preconceitos e percepções de vulnerabilidades de profissionais de saúde frente às pessoas que vivem com hiv/aids. Tese de doutorado em Psicologia Social. UFPB: João Pessoa, 2017.

AVELINO, N. *Foucault e a racionalidade (neo)liberal*. Revista Brasileira de Ciência Política, n. 21, pp 227 — 284. Brasília, setembro — dezembro, 2016.

BAKHTIN, M. *The DialogicalImagination*. Austin: Universityof Texas Press, 1981.

BATISTA JR, J. R. L.; SATO, D. T. B.; MELO, I. F. *Análise de discurso crítica para linguistas e não linguistas*. 1. ed. São Paulo: Parábola, 2018.

BAUMAN, Z. *Identidade*. Rio de Janeiro: Zahar, 2005.

BAZZICALUPO, L. *Biopolítica*: um mapa conceitual. Tradução: LuisaRabolini. São Leopoldo, RS: Ed. UNISINOS, 2017.

BRASIL. Ministério da Saúde. *Departamento de DST, Aids e Hepatites Virais*. História da Aids. Brasília: Ministério da Saúde, 1982. Disponível em: http://www.Aids.gov.br/pt-br/centrais-deconteudos/historia-Aids-linha-do-tempo.

BRASIL, M.S. *Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais do Ministério da Saúde*. NOTA INFORMATIVA Nº 5/2019-.DCCI/SVS/MS. Brasília (DF): Ministério da Saúde, 2019.

BRASIL, M.S. *Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis*: Campanhas — Linha do tempo. Brasília (DF): Ministério da Saúde, 2021.

BRITO, F. L. C. B.; ROSA, J. M. *"OS LEPROSOS DOS ANOS 80", "CÂNCER GAY", "CASTIGO DE DEUS"*: homossexualidade, AIDS e capturas sociais no Brasil dos anos 1980 e 1990. Revista Observatório, Palmas, v. 4, n.1, p. 751-778,jan-mar. 2018.

CABANAS, E.; ILLOUZ, E. *Happycracia*: fabricando cidadãos felizes. Tradução Humberto do Amaral. São Paulo: Ubu Editora, 2022.

CAETANO, M.; NASCIMENTO, C.; RODRIGUES, A. Do caos re-emerge a força: AIDS e mobilização LGBT, in J. A. Green e t al. (orgs.), *História do movimento LGBT no Brasil*, São Paulo, Alameda, 2018.

CALDAS-COULTHARD, C. R.; FIGUEIREDO, D. C. (Orgs.). *Análise crítica do discurso*. Revista Linguagem em (Dis)curso, v. 4 (Especial), 2004.

CAPONI, S.. *Corpo, população e moralidade na história da medicina*. Esboços: histórias em contextos globais, v. 9, n. 9, p. 69-86, 2001.

CAPONI, S. *Viver e deixar morrer*: Biopolítica, risco e gestão das desigualdades Live and Let Die Biopolitics, risk management and inequalities. Revista Redbioética/Unesco, p. 27, 2014.

CASTIEL, L. D. *Previna-se quem puder!?* Epidemiologia dos desastres e gestão hiperpreventiva de riscos catastróficos. Cadernos de Pesquisa Interdisciplinar em Ciências Humanas, v. 15, n. 107, p. 116-136, 2014.

CHOULIARAKI, L. FAIRCLOUGH, N. *Discourse in late modernity:* Rethinking critical discourse analysis. Edinburgh: Edinburgh University Press, 1999.

COURTINE, J.-J. *Decifrar o corpo:* pensar com Foucault. Trad. de Francisco Morás. Petrópolis: Vozes, 2013.

CUETO, M.; LOPES; G. *Blacklash in global health and the end of AIDS´ exceptionalismin Brazil, 2007 – 2019*, Global Public Health, 2021.

DEFERT, D. *Uma vida política*: entrevistas com Philippe Artières e Eric Favereau com a colaboração de Josephine Gross. Traduzido por Ernani Chaves. São Paulo, SP: N-1 edições, 2021.

DREYFUS, H.; RABONOW, P. *Michel Foucault, uma trajetória filosófica (Para além do estruturalismo e da hermenêutica).* Trad. Vera Porto Carrero. Rio de Janeiro: Forense Universitária, 1995.

FAIRCLOUGH, N. *Critical Discourse Analysis*: The Critical Study of Language. London and New York: Routlege, Taylor & Francis Group, 2010.

FAIRCLOUGH, N. *Analysing discourse:* Textual analysis for social research. London: Routledge, 2003.

FAIRCLOUGH, N. (2000). *Language and Neoliberalism*. London; Discourse and Society, nº 11, pp. 147–148.

FAIRCLOUGH, N. *Discourse and social change.* Oxford: Polity Press, 1992.

FAIRCLOUGH, N. *Language and power*.London: Longman, 1989.

FIGUEIREDO, D.C. Do tormento ao perdão: Representações do crime de estupro em decisões de apelação britânicas. In: MARTINS, M.J; HAGEMEYER, C.A.P. (Orgs.) *A Linguagem e a Lei*: Trajetórias em homenagem ao professor e pesquisador Dr. Malcolm Coulthard. Ananindeua : Editora Itacaiúnas, 2023.

FIGUEIREDO, D. C. *A disputa discursiva em torno dos conceitos de 'estupro', 'consentimento' e 'violência' em um acórdão do TJRS-Brasil.* RALED, v. 22, n. 1, p. 25-36, 2022.

FIGUEIREDO, D. C. *Discurso, gênero e violência*. Language and Law / Linguagem e Direito, 1, pp. 141-158. Universidade do Porto, 2014.

FIGUEIREDO, D. C. *Context, register and genre*: implications for language education. Revista Signos (Impressa), 43, 119-141, 2010.

FIGUEIREDO, D. C. *Linguagem e gênero social*: contribuições da análise crítica do discurso e da linguística sistêmico-funcional. DELTA - Documentação de Estudos em Linguística Teórica e Aplicada, 25, 732-754. São Paulo: PUCSP, 2009.

FIGUEIREDO, D. C; MACEDO, L. B.; RIEGER, P. G. (orgs.). *Estudos Críticos do Discurso, Interseccionalidades e Mudanças Sociais*. Revista Ilha do Desterro, v. 75, n. 3, 2022.

FOUCAULT, M. *A ordem do discurso:* aula inaugural no collège de France, pronunciada em 2 de dezembro de 1970. Trad. Laura Fraga de Almeida Sampaio. 24. edicão. São Paulo: Edições Loyola, 2014a.

FOUCAULT, M. *Discipline and Punish*: the birth of prison. Harmondsworth: Penguin Books, 1979.

FOUCAULT, M. *Microfísica do poder.* 14. ed. Tradução. Roberto Machado. Campinas, SP: Mercado de Letras, 2014b.

FOUCAULT M. *Security, Territory, Population*: Lectures at the Collège de France 1977–1978. New York: PalgraveMacmillan, 2007.

FOUCAULT, M. *Sobre a sexualidade*: cursos e trabalhos de Michel Foucault antes do Collège de France. Tradução Vera Ribeiro — 1ª ed. — Rio de Janeiro: Zahar, 2021.

FOUCAULT, M. *Society must bedefended:* LecturesattheCollège de France*, 1975–76*. Picador, 2003.

FOUCAULT, M. *The history of sexuality*: An Introduction: 1. Vintage Books, 1990.

FRANCO, F.; CASTRO, J. C. L.; MANZI, R.; SAFATLE, V.; AFSHAR, Y. O sujeito e a ordem do mercado: gênese teórica do neoliberalismo. In: SAFATLE, V.; SILVA JUNIOR, N.; DUNKER, C. (Orgs). *Neoliberalismo como gestão do sofrimento psíquico*. 1. ed.; 2. reimp. Belo Horizonte: Autêntica, 2021.

FUZER, C.; CABRAL, S. R. S. *Introdução à gramática-sistêmico funcional em língua portuguesa.*

GIDDENS, A. *Modernity and Self-Identity*.Self and Society in the late modern age. California: Standford University Press, 1991.

GOFFMAN, E. *Stigma:* notes on the management of spoiled identity. Englewood Cliffs, New Jersey: PrenticeHall, 1963

HALLIDAY, M.A.K. *An introduction to functional grammar.* 3rd ed. London: Edward Arnold, 2004.

HARDT, M. NEGRI, A. *Império*. Rio de Janeiro: Record, 2006.

HARDT, M. NEGRI, A. *Multidão*: guerra e democracia na era do império. Rio de Janeiro: Record, 2005.

HEBERLE, V. M. *Texto, discurso, gêneros textuais e práticas sociais na sociedade contemporânea*: tributo a José Luiz Meurer. Cadernos de Linguagem e Sociedade, 12, 155-168, 2011.

HEBERLE, V. M.. *Revistas para mulheres no século 21*: ainda uma prática discursiva de consolidação ou de renovação de idéias?. Linguagem em (Dis)curso (impresso), Tubarao, v. Especi, p. 40-55, 2004.

HEBERLE, V. M.. *Critical Reading*: Integrating Principles of Critical Discourse Analysis and Gender Studies. Ilha do Desterro (UFSC), Florianópolis, v. 38, p. 115-139, 2000.

HEBERLE, V. M.. *A representação das experiências femininas em editoriais de revistas para mulheres*. Revista Iberoamericana de Discurso y Sociedad, Barcelona - Espanha, v. 1, n.3, p. 73-86, 1999

HYLAND, K.;SALAGER-MEYER, F. Science writing. In Cronin, B. (ed) *Annual Review of Information Science and Technology*. Vol 42: 297-338, 2008.

LAZZARATO, M. Fascismo ou revolução? O neoliberalismo em chave estratégica. São Paulo: N1, 2019.

LEMKE, T. *Biopolitics: An Advanced Introduction*. Translated by Eric Frederick Trump. New York: New York University Press, 2011.

LIMA, V.M. A subversão pelos dejetos: o movimento queer interrogou o ideal de normalização que permitira a incorporação de parte da comunidade gay aos padrões estadunidenses. *Revista Cult*. São Paulo: Editora Bregantini, ano 24, n. 270, jun. 2021, p. 19-23.

LIRA, L. C. E; ALVES, R. B. C. Teoria social do discurso e evolução da análise de discurso crítica. In: BATISTA JR, J. R. L.; SATO, D. T. B.; MELO, I. F. (Orgs). *Análise de discurso crítica para linguistas e não linguistas*. 1. ed. São Paulo: Parábloa, 2018.

LOPES, P. O. *HIV e AIDS, passado e presente*: os gays como representação social da doença. Brazilian Journal of Development, Curitiba, v. 7, n.5, p. 50122-50134, may, 2021.

LYOTARD, J. F. *A condição pós-moderna*. Tradução: Ricardo Corrêa Barbosa. 17. ed.Rio de Janeiro: José Olympio, 2018.

MACEDO, L. B. *Enegrecendo os Estudos Críticos Discursivos*: Contribuições Epistemológicas Afroperspectivistas para o campo da análise crítica do Discurso no Brasil. Trabalhos Em Linguística Aplicada, Campinas, v. Ilha do Desterro v. 75, nº 3, p. 009-013, Florianópolis, set/dez 2022 13 61, n. 1, p. 251-264, 2022.

MACEDO, L. B. *Gender studies in african contexts*: a critical discourse analysis of gender narratives from female Cape Verdean researchers. Tese de doutorado em Inglês: Estudos Linguísticos e Literários. Área de concentração: Estudos da Linguagem. PPGI/UFSC: Florianópolis, 2018.

MAGALHÃES, C. (org.). *Reflexões sobre análise crítica do discurso*. Belo Horizonte: FALE-UFMG, 2001.

MARTIN, J. R. *English text*: System and Structure. Amsterdam: Benjamins, 1992.

MEURER, J. L. *Role prescriptions, social practices, and social structures: a sociological basis for the contextualisation of analysis in SFG and CDA*. In L. Young, & C. Harrison (Eds). Systemic Functional Linguistics and Critical Discourse Analysis. Studies in Social Change (pp. 85-99). London; New york: Continuum, 2004.

MIRANDA, J. A. S.; SANTOS, A. I. *"Desafinar do coro dos contentes"*:o uso biopolítico do discurso de felicidade. Fórum Linguístico, v. 19, p. 8320-8324, 2022

MOTT, L.; MICHELS, E. Relatório 2018: Assassinatos de LGBT no Brasil. Brasil: Grupo Gay da Bahia — GGB, 2019.

OLIVEIRA, C. B. B. *(Re)construção de si:* significados discursivos em torno de viver com HIV/aids. Tese de Doutorado, apresentada à Escola de Enfermagem de Ribeirão Preto/USP. Área de concentração: Enfermagem em Saúde Pública. Ribeirão Preto, 2017.

OLIVEIRA, L. A. *Estudos do discurso*: perspectivas teóricas. 1. ed. São Paulo: Parábola Editorial, 2013.

PELTON, M.; CIARLETTA, M. WISNOUSKY, H; *et al. Rates and risk factors for suicidal ideation, suicide attempts and suicide deaths in persons with HIV*: a systematic review and meta-analysis. General Psychiatry, 2021.

PINHEIRO, R. K. *Beaten, Broken and Burnt-The Violence Against the Bodies of the Female Protagonist in Three 21st Century Bestsellers Written by Women*. Ilha do Desterro, v. 68, p. 147, 2015.

RESENDE, V. M.; RAMALHO, V. *Análise de discurso crítica*. São Paulo: Contexto, 2021.

RESENDE, V. M. (org.). *Estudos do discurso*: relevância social, interseccionalidade, interdisciplinaridade. Campinas, SP: Pontes Editores, 2022.

RESENDE, V. M. A análise excessiva de discurso crítica: reflexões teóricas e epistemológicas quase excessivas de uma analista obstinada. In: RESENDE, V; REGIS, J.F.S. (Orgs.) *Outras perspectivas em análise de discurso crítica*.Campinas: Pontes, 2017.

SAFATLE, V. A economia é a continuação da psicologia por outros meios: sofrimento psíquico e o neoliberalismo como economia moral. In: SAFATLE, V.; SILVA JUNIOR, N.; DUNKER, C. (Orgs). *Neoliberalismo como gestão do sofrimento psíquico*. 1. ed.; 2. reimp. Belo Horizonte: Autêntica, 2021.

SAFATLE, V.; SILVA JUNIOR, N.; DUNKER, C. (Orgs). *Neoliberalismo como gestão do sofrimento psíquico*. 1. ed.; 2. reimp. Belo Horizonte: Autêntica, 2021.

SILVA JUNIOR, N. O Brasil da barbárie à desumanização neoliberal: do "Pacto edípico e pacto social", de Hélio Pellegrino, ao "E daí?", de Jair Bolsonaro. In: SAFATLE, V.; SILVA JUNIOR, N.; DUNKER, C. (Orgs). *Neoliberalismo como gestão do sofrimento psíquico*. 1. ed.; 2. reimp. Belo Horizonte: Autêntica, 2021.

SONTAG, S. *Ilness as Metaphor and AIDS as Its Metaphors*.Picador. USA. Firstedition, 2001.

UNAIDS. *GUIA DE TERMINOLOGIA DO UNAIDS*. Programa Conjunto das Nações Unidas sobre HIV/AIDS. Casa da ONU. Setor de Embaixadas Norte (SEN). Brasília/DF, 2017.

VAN DIJK, T. A. *Discurso e Poder*. Judith Hoffnagel, Karina Falcone, organização. — 2. Ed. 5ª reimpressão.— São Paulo: Contexto, 2020.

VAN DIJK, T. A.*Handbook of Discourse Analysis.* 4 vols. New York: Academic Press, 1987.

VAN DIJK, T. A. *Ideology*: An Interdisciplinary Approach. London: Sage, 1998.

VAN DIJK, T. A. *News as Discourse*. Erlbaum, 1988.

VINHAS, L. I. *Discurso, corpo e linguagem:* processos de subjetivação no cárcere feminino. 2014. Tese (Doutorado em Letras) – Universidade Federal do Rio Grande do Sul., Porto Alegre, 2014.

WODAK, R. Introduction, in: WODAK, R (ed.), *Language, Power and Ideology*. Amsterdan: Benjamins, pp. i — ix, 1989.

WODAK, R. Critical linguistics and critical discourse analysis, in: VERSCHEREN, J. (ed), *Handbook of Pragmatics*. Amsterdam: Benjamins, pp. 207 — 210, 1996.

WODAK, R. Does sociolinguistics need social theory? New perspectives on critical discourse analysis. Keynote speech at SS 2000, Bristol, April 2000 (shortened and published in Discourse & Society, 2 (3): 123 — 147).

WODAK, R. What CDA is about – a summary of its history, important concepts and its developments. In R. WODAK, R.; MEYER, M. (Eds.), *Methods of critical discourse analysis* (pp. 1-13). London: SAGE Publications, 2001.

Appendix

Data da campanha: 2006

A campanha do Dia Mundial de Luta contra a Aids deste ano terá como foco as pessoas que vivem com HIV/aids, com base no conceito de *Prevenção Posithiva*.

A Prevenção Posithiva é a prevenção voltada para as pessoas que vivem com HIV/aids. A partir do tratamento, elas têm uma maior qualidade de vida, novas perspectivas, o desejo de relacionar-se afetivamente, trabalhar, estudar, ter filhos, enfim, ter projetos de vida. Isso se tornou uma questão importante, não só para essas pessoas, mas para toda a sociedade.

Daí a importância de combater a discriminação, o preconceito e o estigma que envolve a doença por meio do protagonismo das pessoas que vivem com HIV. Essa é a proposta para o Dia Mundial de Luta Contra a Aids. Devemos destacar que é a primeira vez que adotamos tal estratégia.

O 1° de dezembro é o momento político que irá colocar o tema viver com HIV e aids, e suas consequências, na agenda da sociedade. Mas será apenas o começo de uma série de ações de comunicação que, pretendemos, dará continuidade ao tema ao longo de todo o próximo ano.

Seguem abaixo mais informações sobre a ação do dia 1° de dezembro:

Tema:

Viver com HIV/Aids

Slogan:

"A vida é mais forte que a aids."

Materiais:

1. Filme de 30" - Com o objetivo de reforçar o protagonismo e diminuir o estigma, uma pessoa que realmente tem o vírus irá dar o seu depoimento ao público. Veiculação prevista para a semana do dia 1° de dezembro.

2. Cartaz e folder para distribuição por meio dos estados - Será um material com uma pessoa que vive com HIV como protagonista. A distribuição destes materiais estão previstas para a semana do dia 1° de dezembro. O material gráfico não será datado para que possa ser usado de forma contínua.

Beatriz Pacheco: Você deve saber que quem tem aids segue ao rigoroso tratamento. Mas você sabia que as pessoas com aids podem trabalhar, estudar, amar e ter uma família? Eu também não sabia. Só descobri quando soube que tava com aids. Você não precisa ter aids para se informar. Entenda a doença e ajude a acabar com o preconceito. Dia Mundial de Luta contra a Aids. Ministério da Saúde. Brasil: um país de todos.

Cazu Barroz: Pessoas que vivem com aids tomam muito remédio, o tratamento não é fácil. Mas podem trabalhar, estudar, transar – com camisinha, claro como todo mundo. O que atrapalha mesmo é o preconceito. Eu só aprendi tudo isso quando descobri que tinha aids. Você não precisa ter aids pra se informar. Entenda a doença e ajude a acabar com o preconceito. Dia Mundial de Luta contra a Aids. Ministério da Saúde. Brasil: um país de todos.
Fonte: Ministério da Saúde

World Aids Day Campaign – 2006
Date ofthecampaign: 2006
The World Aids Day Campaign of this year will focus on people who live with hiv/aids, based on the concept of ‘Posithive Prevention’.
‘Posithive Prevention’ is the prevention aimed at people who live with hiv/aids. After the treatment, they have a better quality of life, new perspectives, the desire to relate emotionally, work, study, have children, in short, have life projects. This has become an important issue, not only for these people, but for society as a whole.
Therefore, the importance of combating discrimination, prejudice, the stigma surrounding the disease through the protagonism of PLHIV. This is the proposal for World Aids Day. We should highlight this is the first time we have adopted this strategy.

December 1st is the political moment that will place the issue of living with hiv and aids, as well as their consequences, on society´s agenda. But it will be only the beginning of a series of communication actions that we intend to continue the theme throughout next year.
Below, there is more information about the action of December 1st.
Theme:
Living with hiv.
Slogan:
“Life is stronger than aids.”
Materials:

1. 30” movie — with the aim of reinforcing the protagonism and reduce the stigma, a person who really lives with the virus will give his/her testimonial to the public. Placement scheduled for the week of December 1st.
2. Poster and folder for distribution across the states — It will be a material with a person who lives with hiv as the protagonist. The distribution of these materials are scheduled for the week of December 1st. The graphic material will not be dated so that it can be used on an ongoing way.

Beatriz Pacheco: You must know that who has aids follows a strict treatment. But did you know that people with aids can work, study, love and have a family? I didn´t know either. I only found out when I knew I had aids. You don´t need to have aids to get informed. Understand the disease and help end prejudice.

Cazu Barroz: People who live with aids take a lot of medication, the treatment is not easy. But they can work, study, have sex — with a condom, of course, like everyone else. What disturbs is prejudice. I only learned all this when I found out I had aids. You do not need to have aids to get informed. Understand the disease and help end prejudice.
Source: *Ministério da Saúde*

Dia Mundial de Luta contra a Aids - 2012

Data da campanha: 2012

Com o slogan "Não fique na dúvida, fique sabendo", a campanha do Dia Mundial de Luta contra a Aids 2012 enfatiza e incentiva o diagnóstico precoce do HIV, o sigilo e confidencialidade do teste, além do respeito aos direitos humanos. Ela está aliada à estratégia de mobilização nacional de testagem Fique Sabendo, que ocorrerá de 20 de novembro à 1º de dezembro. O público a ser alcançado em mídias de massa é população geral das classes sociais C, D e E, e as populações segmentadas são profissionais e gestores de saúde, homens que fazem sexo com outros homens (HSH), travestis, mulheres profissionais do sexo.

A estratégia prevê a veiculação das mensagens em internet, TV, rádio e salas de cinema, com mensagens de promoção ao diagnóstico de HIV com base nos direitos humanos e combate ao estigma e ao preconceito.

Veja, abaixo, as artes produzidas e assista aos vídeos.

Vídeo de veiculação na internet:

1. Depoimento de Silvia Almeida (o vídeo desta participante não estava mais disponível no momento da seleção dos dados)
2. Depoimento de João Geraldo Netto

João Geraldo Netto: Há 10 anos eu vivo com hiv. Eu trabalho, pratico esportes, vou ao cinema, viajo, namoro, saio com meus amigos. Não abro mão de me divertir. Levo uma vida com qualidade. Tudo isso porque eu fiz o teste de aids e descobri a tempo de me cuidar.

Outra voz: O governo federal garante o teste de aids. Não fique na dúvida. Fique sabendo. Faça o teste. Procure uma unidade de saúde. Melhorar sua vida, nosso compromisso.

Fonte: Ministério da Saúde

World Aids Day Campaign – 2012

Date of the campaign: 2012

With the slogan “Don’t be in doubt, find out”, the World Aids Day 2012 Campaign emphasizes and encourages early hiv diagnosis, secrecy and confidentially of the test, besides respect for human rights. It is allied with the national mobilization strategy of ‘Get informed’ test, which will happen from November 20th to December 1st. The target public in mass media is the general population of C, D, and E social classes and the segmented populations are health managers and professionals, men who have sex with men (MSM), transvestites, woman sex workers.

The strategies foresees the dissemination of messages on the internet, TV, radio, movie theaters, with messages promoting the hiv diagnosis, based on human rights, combating the stigma and prejudice.

See, below, the artwork produced and watch the videos.

Video broadcast on the internet:

1. Testimonial by Silvia Almeida (the video broadcast by this participant was no longer available when I selected the data)
2. Testimonial by João Geraldo Netto

João Geraldo Netto (real testimonial): I have been living with hiv for 10 years. I work, practice sports, go to the movies, travel, date, go out with my friends. I do not give up having fun. I lead a quality life. All this because I did the aids test and found out in time to take care of myself.

Another voice: The federal government guarantees the aids test. Do not be in doubt. Find out. Do the test. Look for a health center. Improving your life, our commitment.

Source: *Ministério da Saúde*

Campanha indetectável — 2018

A campanha indetectável retrata as histórias de 13 pessoas que vivem com HIV e se tornaram indetectáveis após adesão ao tratamento está dividida em duas etapas, sendo a primeira com pessoas que vivem com HIV e receberam o diagnóstico recentemente e outras que descobriram ser HIV positivo nos anos 80 e 90, logo no início da epidemia de AIDS no mundo. Todos os personagens contam em suas histórias como receberam o diagnóstico, a luta pela aceitação e as dificuldades para aderirem ao tratamento.

Undetectable Campaign — 2018

The undetectable campaign portrays the stories of 13 PLHIV and have become undetectable after the adherence to treatment. It is divided into two parts: the first with people living with hiv who were recently diagnosed and others who found out they were hiv positive in the 80s and 90s, right at the beginning of the hiv/aids epidemic in the world. All the characters tell in their stories how they received the diagnosis, the struggle for acceptance, and the difficulties for adhering the treatment.

Campanha indetectável 2018 (Transcrição vídeos)

1- Rafuska Queiroz

O hiv na minha vida começou desde que eu era pequena, no caso. Eu sou de transmissão vertical. Eu nasci com hiv. Naquela época ainda não tinha tratamento. Então eu fazia acompanhamento no hospital de referência do Rio de Janeiro. O tratamento eu comecei mais ou menos com 4, 5 anos, quando as primeiras medicações chegaram no Brasil, então eram adaptadas para criança. Só que eu nunca tive uma noção sobre ser indetectável. Era uma coisa que não era falado pra gente, que é muito pequeno. E como eu fui sempre uma pessoa curiosa, eu busquei entender porque eu precisava daquele medicamento. Então eu entendi como que funcionava, o porquê que eu tinha que tomar, o porquê que tinha que ser de 12h em 12h. Tem mais ou menos 4 anos que eu sou indetectável. Então eu acho que foi mais do que entender o porquê daquilo, foi colocar o remédio de forma do meu dia a dia. Como eu preciso comer, como eu preciso beber, eu também precisava tomar o remédio para ficar bem e me sentir melhor. Então, teve uma hora que eu percebi que aquilo era tão parte de mim, que não fazia diferença se as pessoas aceitassem ou não aceitassem, que eu simplesmente falei, expus. Eu revelei pra turma num trabalho de turma. E eu me senti leve, como se não tivesse mais vivendo aquelas duas vidas, né, percebendo que eu não era só o hiv, né. Eu era Rafaela e que tinha o hiv porque aconteceu isso na minha vida, né. Não é só tomar a medicação, né? Eu acho que a somatização das coisas positivas que acontecem na nossa vida, não só de relacionamento, mas de amizade, de família mesmo, de sexualidade, enfim de outras coisas. Porque a gente precisa de um apoio pra falar sobre isso. Não é simplesmente falar e ficar exposto a todo tipo de discriminação, que infelizmente ainda acontece.

It´s just that I never had a notion about being undetectable. It was something that was not spoken to us, which are little. And as I´ve always been a curious person, I tried to understand why I needed that medication. So I understood how it worked, why I had to take it, why it had to be every 12 hours. It´s been about 4 years since I´ve been undetectable. So, I think it was more than understanding the reason for that, it was putting the medicine in my everyday life. As I need to eat, as I need to drink, I also need to take the medication to get well and feel better. So, there was a moment when I noticed that it was so much a part of me that it made no difference if people accepted it or not, so that I simply talked, exposed. I told the class in a class work. And I felt light, as if I weren´t living those two lives anymore, you know, realizing that I was not only hiv, you know. […] It is not just the medication, you know. I think that the somatization of the positive things that happen in our lives, not only in the relationship, but about friendship, about family itself, about sexuality, anyway about other things. Because we need support to talk about it. It is not only to talk and to be exposed to all kinds of discrimination, which unfortunately still happens.

2- Geovanni e Jeandro:

Geovanni Henrique (vive com hiv há 4 anos): Eu descobri o diagnóstico após fazer exame de rotina. Eu tinha algumas informações de Ensino Médio, assim sobre palestras de DST/aids. Mas a gente nunca foi entrado na questão de “e depois que você contrai o hiv, como é viver com isso?” E o que eu não sabia era que muita gente à minha volta também tinha. Só que as pessoas se escondem por conta do medo do preconceito. Quando eu abri a minha sorologia numa rede social, a minha postagem ficou muito conhecida. Eu participei de um programa de TV. Isso foi legal porque até nos meus aplicativos de relacionamento, eu tinha liberdade de falar que eu era soropositivo. Só que eu senti que, mesmo assim, as pessoas começaram a vir falar comigo pelos aplicativos, mas não por quererem se relacionar comigo. Elas queriam tirar informação, porque na verdade muita gente que convive com hiv, infelizmente, também, muita gente se esconde, porque tem medo do preconceito. E eu pensava: agora não vou mais arrumar ninguém, né? Mas foi bem pelo contrário, assim. Foi quando eu conheci o Jeandro, que quebrou essa barreira dentro de mim. Eu tinha um preconceito. A gente mesmo tem um preconceito: “ah, porque eu tô assim, ninguém vai me querer mais, né?”

I had some information from High School, like lectures on STD/aids. But we never asked the question: “and after you take hiv, what is it like to live with it? And what I didn´t know was that a lot of people around me had it too. But people hide themselves because of fear of prejudice. When I opened up my serology on a social networking site, my post became very well known. I participated in a TV show. This was nice because even on my dating apps, I was free to say that I was hiv positive. But I felt that even like this, people started to talk to me through the apps, but not because they wanted to have a relationship with me. They wanted to get information, because in fact, a lot of PLHIV, unfortunately, also, a lot of people hide because they are afraid of prejudice. And I thought: “now I´m not getting anyone else, you know”. But it was quite the opposite. It was when I met Jeandro, who has broken this barrier inside me. I had prejudice. We have prejudice: “because I´m like this, nobody will want me anymore, you know”.

Jeandro Borba (não tem hiv e mantém um relacionamento sorodiferente): Faz parte da qualidade de vida tu te relacionar com uma pessoa. Por exemplo, eu não tenho hiv, eu não vivo com hiv. Eu convivo com hiv porque o Geovanni é uma pessoa que vive com hiv e a gente tem um relacionamento sorodiferente. E já faz um ano que a gente tá junto e a minha sorologia é negativa e vai continuar negativa, porque a gente tem várias opções de prevenção. A gente escolhe a mais

adequada pro nosso relacionamento e cada pessoa pode escolher a sua. O que a gente precisa é acabar com o estigma, acabar com o medo, acabar com o preconceito.
[…] What we need is to end the stigma, end fear, end prejudice.

Geovanni: A medicação evolui, mas a cabeça das pessoas não.
The medication evolves, but people´s minds don´t.

Jeandro: Continua um estigma, né?
There is still a stigma, right?

Geovanni: Exatamente.

Jeandro: Muito forte.

Geovanni: Eu acho que depois que você descobre a sua sorologia, você tem que transar muito, você tem que namorar muito, você tem que se permitir, você tem que continuar sua vida do jeito que é. Vamos mostrar que é diferente, que é possível sim. Eu tomo a medicação, ela me deixa indetectável. Não é somente esse fator, não é somente a medicação que a gente precisa, não. O que me fez chegar a indetectável foi uma construção disso tudo. Foi o primeiro acolhimento, foi o profissional da saúde que se disponibilizou a me ajudar, foi o carinho dos meus pais, foi o carinho dos meus amigos, de eu não ter sofrido essa exclusão por conta de eu ser hiv. E o que as pessoas não sabem é que o estar indetectável é uma forma de prevenção.

[…] you have to continue your life the way it is. Let´s show that it´s different, that it´s possible. I take the medication, it leaves me undetectable. It´s not only this factor, it´s not only the medication we need, no! What made me undetectable was a construction of all that. It was the first welcome, it was the health professional, who was willing to help me, it was the affection of my parents, that I didn´t suffer this exclusion for living with hiv. And what people don´t know is that being undetectable is a way of prevention.

Jeandro: E o fato do Geovanni estar com a carga viral indetectável, além dele tá cuidando da saúde dele, ele tá cuidando da saúde do nosso relacionamento. É por ele, pormim e por nós.
And the fact that Geovanni has an undetectable viral load, besides taking care of his health, he is taking care of the health of our relationship. It´s for him, for me, and for us.

Geovanni: Meu nome é Geovanni, sou hiv positivo, estou indetectável.(representação do discurso da campanha)
My name is Geovanni, I´m hiv positive, I´m undetectable.

3- Lucas Martins

Eu sou portador do hiv há exatamente 4 anos e 2 meses, né? Quando eu descobri o meu diagnóstico, eu comecei na verdade a ter umas crises convulsivas. Eu morava sozinho, né, e naquele momento pra mim ali, eu perdi o chão. Eu não tinha na verdade caído a ficha ainda de que eu tinha recebido o diagnóstico do hiv que pra mim era que eu estava com aids. E até então a médica não tinha me falado dessa diferença. Eu não tinha iniciado o tratamento porque os médicos não tinham me falado nada. Se era pra eu iniciar o tratamento, se eu procurar. Eu nem sabia que existia o CTA, que o SUS disponibilizava a medicação. Eu não tinha essa informação. Fui pra casa então, aí, dia 1º de agosto, de madrugada, às 5 horas da manhã, eu tive outra crise convulsiva. Eu fui descobrir porque uma tia minha foi atrás, correu e falou: “olha, existe um CTA aqui em Maringá, onde trata pessoas com hiv, com hepatites, com sífilis. Aí eles viram a minha situação e falaram: “nossa, como que o Lucas tá nessa situação, sem tomar medicação, sem fazer o tratamento”. Num certo dia, estava eu e minha mãe assistindo televisão e eu vi um jovem ali falando sobre a sua sorologia, publicamente, assim. Aquilo ali me inspirou muito, me motivou, né! Eu me lembrei daquele entrevista que eu vi daquele jovem, né, e eu tornei aquilo ali público. Eu escrevi tudo aquilo que eu estava sentindo, tudo que eu tinha passado. E o bacana foi o apoio que eu recebi das pessoas nas redes sociais. Ter adesão ao tratamento me fez, assim, ter qualidade de vida. A minha saúde, a minha autoestima hoje, assim, é totalmente diferente. Então quer dizer que a minha vida não parou. Eu posso fazer tudo o que eu fazia antes do diagnóstico. A minha vida era muito ativa, eu posso ter isso também. Faz eu passar por cima de tudo. É o meu sorriso, minha felicidade. Lá na minha família o meu apelido é risadinha porque eu tô sempre sorrindo, né? Tem até uma prima que fala: “nossa, eu vi o Lucas chorando 3 vezes só, porque ele leva tudo no sorriso, na alegria”. Eu sou o Lucas, sou hiv positivo e estou indetectável.

When I found out about my diagnosis, I actually started having some seizures. I lived by myself, you know, and at that moment for me there, I lost the ground. I didn´t actually realize that I had received the HIV diagnosis, which for me was that I had aids. And up until then, the doctor didn´t tell me about that difference. I didn´t start the treatment because the doctors didn´t tell me anything — if I was supposed to start the treatment, to look for it. I didn´t even know CTA existed, that SUS provided the medication. I didn´t have this information. […] I found out because an aunt of mine looked for it and said: “look, there is a CTA here in Maringá, where they treat people with hiv, with hepatitis, with syphilis. Then they saw my situation and said: “Wow, how is Lucas in this situation? Without taking the medication, without making the treatment? [...] Having adherence to the treatment made me, you know, have quality of life. My health, my self-esteem today, you know, is totally different. So, it means my life hasn´t stopped. I can make everything I used to do before the diagnosis. My life was very active, I can also have that. It makes me go over everything. It´s my smile, my happiness. In my family, my nickname is giggle because I´m always smiling, you know. There is even a cousin who says: “wow, I saw Lucas crying only three time, because he takes everything with a smile, with joy.” I´m Lucas I´mhiv positive and undetectable.

4- Márcio Ricardo

Meu nome é Márcio Ricardo, eu tenho 28 anos, vivo com hiv há 3 anos e há 2 anos e 7 meses eu sou indetectável. Eu tive uma ótima adesão à medicação e a vida continua da maneira mais tranquila possível. É claro que a gente tem que voltar no médico, fazer as nossas consultas, ter um controle do nosso CD4, da nossa carga viral. Eu considero o preconceito como falta de informação. As pessoas olham para você muitas vezes diferente. Elas têm certas atitudes porque elas não têm conhecimento. E nós não devemos reprimir essas pessoas, a gente tem que chegar e conversar com elas. E eu me previno muito, não só por causa de ser hiv positivo, mas existem outras ISTs. O autocuidado é muito importante e essencial para vida de todos nós. Então, se informe a todo momento sobre IST, hiv/aids e hepatites virais. Isso é muito importante. Nós temos a PEP hoje dentro do SUS. Atualmente também foi implantada a PrEP. Todos esses mecanismos de prevenção não substituem o uso da camisinha. Eles vêm pra complementar. Por isso que se chama prevenção combinada. Vá ao Centro de Saúde, a um CTA. Faça o teste. É super rápido. É indolor. É melhor viver sabendo. Descobriu o hiv, só procure a adesão ao tratamento. O tratamento é super simples, é prático. Você tem inúmeras possibilidades na vida. Não se limite a um simples vírus. A vida continua. Pode beijar, pode namorar, pode viver, pode se dar, pode viajar o mundo todo. Como eu já disse, eu sou o Márcio, eu tenho 28 anos, super jovem, sou hiv positivo e estou indetectável.

[...] I have been living with hiv for three years, two months, and seven weeks and I am undetectable. I had a great medication adherence and life goes on as smoothly as possible. Of course, we have to go back to the doctor, make our appointments, have a control of our CD4, of our viral load. I consider prejudice as lack of information. People look at you many times differently. They have certain attitudes because they lack knowledge. And we shouldn´t repress these people, we have to go and talk to them. […]
Self-care is very important and essential to everyone´s life. So inform yourself, all the time, about STI/ hiv/aids, and viral hepatitis. This is very important. We have PEP today in SUS. Currently, PREP has also been implemented. All these prevention mechanisms do not replace the use of condoms. They come to complement. That's why it´s called combination prevention. Go to the the Health Center, to a CTA. Do the test. It´s very fast.It´s painless. It´s better to live knowing. Discovered hiv, just look for adherence to treatment. The treatment is super simple, it´s practical. Don´t limit yourself to a simple virus. Life goes on. [...] I´m Márcio, I´m 28 years old, very young, I´m hiv positive and I´m undectable.

5- Ariadne Ribeiro

Eu sou uma mulher trans, hiv positivo e na minha vida o que mais faz sentido é poder ser a mão amiga que tantas vezes me acolheu, seja quando eu descobri meu diagnóstico de hiv, quando eu tinha 18 anos de idade, depois de ter sido estuprada, ou até mesmo quando eu fiz meu processo transexualizador. Tudo isso foi possível por conta de pessoas que fizeram dos serviços de saúde, fizeram do serviço público de saúde, algo que poderia dar significado a outra vida. Eu fui uma usuária de crack e acredito que eu não conseguiria ter um estilo de vida que me permitisse ter qualidade de vida e até mesmo uma regra com a minha medicação se eu não tivesse conseguido um tratamento adequado e até a abstinência total do crack. Transformar parte dessa minha história em uma fonte propulsora de motivação para levar acolhimento e cuidado às populações mais vulneráveis. Principalmente uma das populações chaves que mais sofrem com o estigma. E o fato de tomar minha medicação em dia permitiu que eu me tornasse indetectável. E a indetectabilidade hoje me confere a segurança de estar também carregando um vírus que não precisa mais ser tratado por mim, nem pelas outras pessoas que se relacionam comigo. Porque indetectável – no meu caso – como eu estou indetectável, hoje eu não transmito hiv.

[...] All of this was possible because of people who made health services, made the public health service, something that could give meaning to another life. [...] I believe that I wouldn’t be able to have a lifestyle that allowed me to have quality of life and even a rule with my medication if hadn´t gotten proper treatment. […] And the fact of taking my medication on time allowed me to become undetectable. And the undetectability today gives me the safety of also carrying a virus that no longer needs to be treated by me, nor by other people who relate to me. Because undetectable — in my case — as I am undetectable, today I don´t transmit hiv.

6- Vanessa Campos

Então, eu sou a Vanessa Campos, pessoa vivendo com hiv e aids há 26 anos. Sou uma mulher que buscou lutar pelos seus direitos sexuais e reprodutivos. Eu acho isso importantíssimo para todas as pessoas vivendo, que elas tenham esse direito. Eu me lembro eu era uma criança, uma menina de 13, 14 anos e eu já sonhava em ter filhos. Porque eu fui diagnosticada com 19 anos. Quando o meu diagnóstico veio, a minha maior dor foi achar que eu não ia poder ser mãe. E eu sofri muito, eu dizia: como? Eu quero ter 3 filhos, eu sempre quis ter 3 filhos. E hoje eu tenho 3 filhos, então isso pra mim diz tudo que vale a pena de verdade. Os profissionais de saúde que me acolheram muito bem e isso foi fundamental pra mim e a gente precisa dizer que pra ter saúde, pra ter adesão ao tratamento, a gente precisa de mãos amigas. Desde aquela porta aberta do serviço de saúde no primeiro diagnóstico e toda a caminhada. O tratamento com os antirretrovirais me trouxeram qualidade de vida. Uma qualidade de vida que no início do meu diagnóstico eu não visualizava. Eu não tinha acesso a esse tratamento. Ele é fundamental pra que eu possa estar com a minha carga viral indetectável, que também o hiv não seja transmitido sexualmente e isso garante ainda mais dignidade pra pessoa vivendo com hiv/aids. Saber que ao se relacionar com o seu parceiro, ao querer engravidar e ter filhos, ela vai trazer crianças sem hiv para a vida e que também não vai colocar em risco a saúde do seu parceiro. Quando eu coloco o meu rosto dizendo eu sou uma mulher há 26 anos vivendo com hiv, eu sei que tem outras meninas, que tem outros sonhos, outras mulheres, inclusive da terceira idade hoje, que precisam continuar sonhando e ouvem isso e elas vão dizer: “se ela conseguiu e está aqui hoje, eu também posso”. Faça adesão ao tratamento. Acredite que é eficaz, que é necessário. Pra que caminhe junto com você com o planejamento e a construção dos seus sonhos. Que você possa também daqui 26, 30 anos depois estar dizendo como eu: vale a pena se cuidar, vale a pena se amar, vale a pena ter qualidade de vida. Aderir ao tratamento é fundamental pra isso. Sou Vanessa Campos, sou hiv positiva e estou indetectável.

[...] I am Vanessa, Campos, a person living with hiv and aids for 26 years. I am a woman who has sought to fight for her sexual and reproductive rights. I think this is extremely important for all people living, that they have this right. […] I was diagnosed at age 19. When my diagnosis came, my greatest pain was to think I wouldn´t be able to have children. I suffered a lot, I said: how? I want to have three children, I have always wanted to have three children. And today I have three children, so that for me says all that really worth. The health professionals who welcomed me very well and that was fundamental for me and we have to say that to be healthy, to adhere to treatment, we need friendly hands. Since that open door of the health service in the first diagnosis and the whole journey. The treatment with ARVs brought me quality of life. A quality of life that at the beginning of the diagnosis I could not visualize. I did not have access to this treatment. It is fundamental for me to have an undetectable viral load, for hiv not to be sexually transmitted and this guarantees more dignity for people living with hiv/aids. Knowing that by having a relationship with her partner, by wanting to get pregnant and have children, she will bring children without hiv to life and also that she will not put her partner´s health at risk either. […] “if she got it and she is here today, I also can”. Adhere to treatment. Believe that it is effective, that it is necessary, so that it walks with you, with your plans and with the construction of your dreams. May you also, 26, 30 years later, be saying like me: it is worth taking care of yourself, it is worth loving yourself, it is worth having quality of life. Adhering to treatment is essential for this.

7- Rafael Bolacha

Eu sempre lembro que acho que o segundo pior dia pra mim foi o dia que eu ia iniciar os remédios. Por isso é que eu sei que não é fácil. Eu lembro que eu chorava, chorava, com medo que isso fosse mudar minha liberdade, enfim, a capacidade de ter um dia a dia mais comum. Na pesquisa, eu ia cair num grupo que ia tomar medicação antes do que era determinado antes e um grupo que ia ser só acompanhado. E aí eu caí no grupo que ia tomar a medicação e foi a melhor coisa que aconteceu. Foi que eu tive tempo pra entender como que isso ia atingir meu corpo, como que eu ia poder hoje tá aqui, conversando. Não perdi a minha liberdade, eu apenas entendi como é que eu me cuido. Com a minha exposição, muita gente veio falar comigo, quase que diariamente e as pessoas sempre me perguntam: "devo começar o tratamento?" Minha dica sempre é: escolha você. E para escolher você, você tem que escolher se cuidar. E é a melhor maneira que a gente tem. Então a adesão é extremamente importante pra você ficar indetectável, estar indetectável. Porque isso, vou te falar que reduz tantas questões psicológicas que a gente tem. E era muito tenso o medo de poder transmitir pra alguém. Isso me deixava muito, muito mal. Então, estar indetectável, além de fazer bem para o meu corpo, faz bem pra minha mente. Adesão sempre. Sempre é o melhor caminho. Eu sou hiv positivo e eu estou indetectável.

[...] the second worst day for me was the day I would start the medications. That´s why I know it is not easy. I remembered that I cried, I cried, afraid that would change my freedom, anyway, the possibility of having a common daily life. […] It was when I have the time to understand how this would affect my body, how I would be able to be here, talking. I didn´t lose my freedom, I only understood how I take care of myself. With my exposure, many people came to talk to me, almost every day and people always ask me: "should I start the treatment?" My tip is always: choose yourself. And to choose yourself, you have to choose to take care of yourself. And this is the best way we have. So the adherence to treatment is extremely important for you to stay undetectable, to be undetectable. That´s why, I will tell you that it reduces so many psychological issues we have. And the fear of being able to transmit it to someone was very tense. This made me feel very bad, very bad. So, being undetectable, in addition to be good for my body, it is good for my mind. Adherence, always. This is always the best path.

8- Leonardo Cezimbra

Eu vim de uma cidade pequena do Rio Grande do Sul, interior, na fronteira oeste, chamada Uruguaiana e sofrendo bullying pela minha sexualidade todo tempo. E depois dos 30 anos, eu me descobri soropositivo. Consegui sair do armário lá pelos 27 anos e de repente nos 30 me vi dentro de um outro armário. E eu achei que eu não ia conseguir suportar isso mais. Então eu decidi que eu tinha que abrir essa porta. Mas por outro lado, eu já tava muito enraizado com pessoas e eu tinha muito medo de perder elas. Não é fácil isso. Eu recebi muito não. Muito não de amigos. Pessoas que conviviam comigo quase toda semana e de repente nunca nem sequer ligaram pra saber né, se tá bem se não tá. Mas isso me fez eu descobrir que eu tinha uma força que eu nunca na vida sabia que eu tinha. E eu só consegui isso com o acolhimento da minha família e por ter tido uma boa adesão ao tratamento. Eu tenho muita força assim e uma das coisas que me faz eu querer ficar (pausa para comoção) indetectável é a possibilidade de eu seguir convivendo com as pessoas que eu amo. Pouco antes do meu diagnóstico foi o aniversário (pausa para choro). Pouco antes do meu diagnóstico foi aniversário de um ano da minha afilhada e a primeira coisa que eu pensei quando eu recebi aquele diagnóstico foi que eu talvez não pudesse vê-la crescer. E toda vez que eu olho o medicamento, hoje eu penso que isso que me tá me dando a possibilidade de eu ver ela todo dia e poder olhar para os meus pais e poder seguir trabalhando com o que eu amo e poder tendo uma qualidade de vida digna, que se não fosse por isso, eu não teria. Hoje, eu pensando em todo o medo que eu tive numa cidade pequena do interior de me expor e toda vez que eu olho alguma pessoa dali da cidade, mesmo que anonimamente chegando até mim e dizendo assim: “Léo, eu preciso ir até o COAS, eu preciso que tu me ajude”. Então mostra que todo o trabalho tá sendo gratificante e me faz seguir em frente. Por isso tudo que eu sou soropositivo e sempre faço o máximo que eu posso pra ficar indetectável. Eu sou o Léo, sou hiv positivo e estou indetectável.

[...] suddenly at 30, I saw myself inside another closet. And I thought I wouldn´t be able to stand it anymore. So I decided that I had to open that door. But, on the other hand, I was already very ingrained with people and I was very afraid of losing them. This is not easy. I received a lot of 'no'. A lot of 'no' from friends. People who used to live with me almost every week and suddenly never even called to know if everything is ok or not. But this made me find out that I have a strength that I never knew I had in my life. And I only got it with the support of my family and for having a good adherence to the treatment. […] I thought, when I received that diagnosis, I might not be able to see her grow up. And every time I look at the medication, today I think that this is what allows me to see her every day and allows me to see my parents and allows me to continue working with what I love and allows me to have a dignified quality of life, that if it weren´t for that, I wouldn´t have it. Today, thinking about all the fear I had in a small city in the countryside of exposing myself and every time I see a person from there in the city, even if anonymously coming up to me and saying: "Leo, I need to go to COAS, I need you to help me". So it shows that all the work is being rewarding and makes me move forward. That is why I am hiv positive and I always do my best to remain undetectable.

9- Jacqueline Rocha Côrtes

Meu nome é Jacqueline Rocha Côrtes. Sou muito conhecida por Jacque. Sou uma mulher transexual. Vivo com aids há 24 anos. Quando eu descobri a aids, foi um terror. No início da epidemia, foi em 94. Passei por aquele processo bastante difícil à época. Eu fiz parte de um protocolo clínico, de um ensaio clínico, que testavam inibidores da protease na ocasião. Por sorte minha, eu estava tomando os antirretrovirais. Era uma quantidade enorme de medicamento. Eu tomava, sei lá, 28 comprimidos por dia. Era muita coisa. E isso foi muito bom porque deu uma subida nos meus níveis de defesa de CD4 e uma caída na carga viral. E a partir daí, eu nunca deixei de tomar medicamento. A primeira coisa que eu acho pra gente falar em adesão a tratamento de aids é você aderir a sua própria aids. O que que é isso? É aceitar o seu hiv ou a sua aids e não brigar contra. Adesão vai implicar numa série de fatores: uma boa alimentação, uma vida mais saudável que você puder ter, uma saúde mental minimante boa. Então tem uma porção de questões que me alavancam pra viver. Eu tenho minha família, eu tenho meu marido, eu tenho os meus filhos. Quero fazer o melhor que eu puder como mãe dos meus filhos. Eu não tinha muita escolha. Ou eu deixava me escravizar e ser engolida pelo mundo, pelas pessoas ou eu vivia com a verdade que é o meu ser, que sou eu. Uma mulher transexual, que é uma característica, um detalhe apenas, mas que pra sociedade ainda é um grande mito. Uma mulher que vive com aids há 24 anos, que tem uma adesão ao seu tratamento e tem muita vontade de concretizar uma porção de coisas ainda nessa vida. Bom, eu escolhi seguir em frente. Escolha você o tratamento também.

[…] I am a transsexual woman. I have been living with aids for 24 years. When I discovered aids, it was a terrifying — at the beginning of the pandemic, in 1994. I have been through that very difficult process at that time. […] Luckily for me, I was taking ARVs. It was an enormous amount of medication. I used to take, I don´t know, 28 pills per day. It was a lot. And that was very good because it increased my levels of CD4 defense and reduced the viral load. From that time on, I never stopped taking the medication. The first thing that I think for us to talk about adherence to aids treatment is that you adhere to you own aids. What is this? It is accepting your hiv or aids and not fighting against it. Adherence will imply a series of factors: good nutrition, the healthiest life you can have, minimally good mental health. So, there are a lot of issues that push me to live. I have my family, I have my husband, I have my children. I want to do my best as the mother of my children. I did not have much of a choice. Either I would allow the world and the people to slave and swallow me or I would face the truth, that is my being, who I am — a transsexual woman, which is a characteristic, only a detail, but for the society is still a great myth; a woman who has been living with aids for 24 years, who adheres to her treatment and really wishes to achieve a lot of things in her lifetime. Well, I decided to move on. Choose yourself the treatment too.

10 - Américo Nunes

Descobri minha sorologia, em 1988 e de uma maneira muito inesperada. Estava a caminho do trabalho – na época eu trabalhava com decoração de interiores e vitrinista também – e resolvi passar numa unidade de saúde pra fazer o exame. Porque até então eu tinha um companheiro e alguns amigos dele estavam falecendo de aids na época. E quando eu recebi o resultado, foi sentença de morte. A morte social, porque falar do diagnóstico, obviamente, eu teria que falar sobre a minha orientação sexual também. Eu só fui iniciar o tratamento com os antirretrovirais a partir de 8 a 10 anos. Até então o AZT era um medicamento que trazia muitos efeitos colaterais e como eu já convivia com outras pessoas e percebia todos esses efeitos, então eu não queria aquilo pra mim. Claro que chegou um determinado momento, a carga viral estava alta e aí o médico falou: “você precisa iniciar o tratamento com antirretroviral”. E quando a gente falar de tratamento, é importante relatar que há duas, três décadas atrás, era uma carga muito violenta de medicamentos. Tinha pessoas que tomavam em torno de 16 a 24 medicamentos por dia. Hoje, com o advento das novas tecnologias, isso mudou bastante. Tem pessoas que tomam no máximo três comprimidos e aí, há que se falar também da população jovem, é importante que eles saibam que tem um leque grande de prevenção, de tratamento, de oportunidades pra que realmente eles não se tornem uma pessoa doente de aids. Eu sou um vencedor. São 30 anos de infecção. Hoje eu estou com carga viral indetectável. A pessoa vivendo com hiv há mais de 6 meses em tratamento com carga viral indetectável, ela tem muitas coisas boas pra transmitir, menos o hiv.

[...] And when I received the result, it was a death sentence. A social death, because talking about the diagnosis, obviously, I would have to talk about my sexual orientation too. I only started the treatment with ARVs from 8 to 10 years. Until then, AZT was a medication that brought a lot of side effects and since I already interacted with other people and noticed all these effects, I did not want that for me. Of course, there was a certain moment, the viral load was high and then the doctor said: “you need to start the treatment with ARV”. And when we talk about treatment, it is important to say that two, three decades ago, there was a very violent load of medications. There were people who used to take around 16 to 24 medications per day. Today, with the advent of new technologies, it has changed a lot. There are people who take a maximum of three pills and then, we also have to talk about the young population, it is important that they know there is a wide range of prevention, treatment, opportunities, so that they really do not become an aids patient. I am a winner. It has been 30 years of infection. Today I am with an undetectable viral load. The person living with hiv for more than 6 months in treatment with an undetectable viral load has a lot of good things to transmit, except hiv.

11- Cida Lemos

Meu nome é Maria Aparecida Lemos. Sou conhecida com Cida Lemos. Em 2000, eu recebi um diagnóstico de hiv positivo e não tinha nada a ver comigo. Nenhum médico nunca me pediu um teste anti-hiv até porque diziam que não era o meu perfil. Até que eu comecei a ter febre de hora constante. Aí procurei uma reumatologista porque me foi dito que eu poderia estar tendo uma febre reumática. Depois de todos os exames, também, que vieram negativos, ela me perguntou se eu faria um teste anti-hiv. Eu fiz e quando eu estive no consultório, essa médica me deu a notícia. Eu não tinha lúpus, não tinha febre reumática, o que eu tinha era aids. E me disse também uma coisa que eu nunca mais esqueci. Ela falou: "olha, Aparecida, você pode procurar o que você acreditar, mas você precisa de médico e de medicamento". Eu comecei a fazer o tratamento, isso já se passaram 18 anos. No início foi muito difícil porque eram muitos comprimidos. Eram comprimidos ruins, com gostos ruim, ruim de tomar. Mas hoje eu tomo um comprimido. Estou indetectável há 16 anos. O que foi mais difícil pra mim foi quando em 2001, o citomegalovírus, CMV atacou minha retina e eu perdi totalmente a visão. Hiv e ainda ficar cega? Eu perdi praticamente o direito de ir e vir sozinha. Eu procurei uma instituição e lá eu descobri que o que eu fui buscar, eu podia ajudar mais do que eu fui buscar. Eu conheci pessoas que não tinham apoio da família, que não tinham casas. Quanto mais eu falava para as outras pessoas que elas superariam, eu também fui superando e melhorei. Eu, como toda a cegueira, com todas as dificuldades que eu possa ter, a minha responsabilidade com o meu corpo, com a minha medicação, é minha. O compromisso é meu. E eu tenho feito isso e tenho dito resultados, levando minha vida com naturalidade, sendo feliz, brincando, rindo, chorando quando se faz necessário os meus lutos. Porque eu acho que a gente precisa vivenciar o nosso luto, sim. Na hora que você tá mal, vivencie o seu luto, mas depois levante a cabeça e vá em frente.

[…] In 2000, I received a positive hiv diagnosis and it had nothing to do with me. No doctor has ever requested me an anti-hiv test, even because they said it was not my profile. […] I started doing the treatment, it´s been 18 years. In the beginning it was very difficult because there were a lot of pills. They were bad, with bad tastes, bad to take. But today I take one pill. I have been undetectable for 16 years. What was most difficult for me was when, in 2001, the cytomegalovirus, CMC, attacked my retina and I completely lost my sight. Hiv and still go blind? I practically lost the right to come and go alone. I looked for an institution and there I discovered that what I went for, I could help more than what I went for. I met people who did not have family support, who did not have homes. The more I told other people they would get over it, I also got over it and got better. I, as the whole blindness, with all the difficulties I can have, my responsibility with my body, with my medication, is mine. The commitment is mine. And I have done it and have had results, leading my life naturally, being happy, playing, laughing, cryingwhen my grief is necessary. Because I think we have to experience our grief, indeed. When you are feeling bad, experience your grief, but after lift your head and move on.

12- Beatriz Pacheco

Eu me chamo Beatriz Pacheco, eu tenho 70 anos. Eu fui advogada. Hoje eu sou só uma velhinha folgada. Uma velhinha vivendo com hiv há mais de 26 anos. Se dizia que ter hiv era uma sentença de morte e eu levei quase dois anos pra ter meu diagnóstico. Eu fui buscar o resultado do meu teste sozinha. Era um dia lindo de sol, como hoje. Eu cheguei em casa e liguei pro meu marido e disse pra ele: “Carlos, o exame deu positivo”. Ele disse: “eu tô indo pra casa”. Eu imaginei que ele chegasse em casa e fosse me abraçar e dizer “isso vai passar” ou qualquer coisa assim. Só que eu não imaginei o medo. E ele ficou tão nervoso com isso que me chamou de assassina. Quem tinha o exame positivo era eu. Mas naquela época a ideia de simplesmente encostar a mão numa pessoa com hiv era suficiente pra passar o vírus. Ele foi fazer o exame, 90 dias depois veio o resultado do exame e ele entrou em casa e disse: “te arruma que nós vamos sair”. Quando eu olho pra ele, ele tá chorando. Eu disse: “o que que houve?” E ele puxa do bolso e me alcança o exame dele: negativo. Gente, foi um dos momentos mais felizes da minha vida. Eu não tinha infectado o homem que eu amava. Eu tinha vontade de sair gritando pela rua. Aí eu pensei: “mas agora ele vai me deixar”. Mas aquele homem maravilhoso não me deixou, não me abandonou nunca. Chegaram medicações novas e eu comecei a tomar e, em 1999 eu consegui ficar indetectável, depois de 3 anos de tratamento. E ano que vem eu tenho que fazer uma festa. Eu completo 20 anos de carga viral indetectável. Então, o recado que eu dou, quem puder não se esconder, vale a pena. A gente escondido cria monstros e a gente vai assumindo a marginalidade que a sociedade quer nos impor. O tratamento tá aí e a gente merece viver e ser feliz. E eu garanto pra vocês que felicidade existe até pra quem vive com hiv. Eu mantenho o sorriso. Eu me cuido. Eu me trato.

[...] It was said that having hiv was a death sentence and I took almost two years to have my diagnosis. I went to get the result of my test by myself. […] I got home and called my husband and told him: “Carlos, the test came back positive”. He told me: “I´m going home”. I imagined that he would come home and hug me and say “this is going to pass” or anything like that. But I didn´t imagine the fear. And he got so mad about it that he called me a murderer. The one who had the positive result was me. But at that time the idea of simply touching a person with hiv was enough to transmit the virus. […] Then I thought: “but now he will leave me”. [...] New medications arrived and I started taking them and, in 1999, I was able to become undetectable, after three years of treatment. […] So, the message I leave, who can, do not hide, it is worth it. Hidden people create monsters and we accept the marginality that society wants to impose on us. The treatment is there and we deserve to live and be happy. And I guarantee you that happiness exists even for those who live with hiv. I keep the smile. I take care of myself. I treat myself.

13- Wladimir Reis

As pessoas que eu convivia, as pessoas que saia, as pessoas que eu tomava cerveja, elas começaram a desaparecer da minha vida. Eu estava com aids, né? Pronto! Isso pra mim foi o resultado mais difícil da minha vida. Aonde eu ia com o atestado dizendo que eu vivia com hiv, as pessoas perguntavam: “Quando vai morrer? Tu tá morrendo?” O preconceito e a discriminação nos matavam muito mais do que a falta de remédio. As pessoas que eu trabalhava me perguntavam: “você pode tá aqui perto da gente? Você pode comer na mesma hora que a gente come?” Então, quando eu comecei a tomar medicamentos, eu tomava 10 a 12 medicamentos por dia. Tu imaginou como é tomar 10 a 12 medicamentos? Olha, toma 3 de manhã, toma 4 de meio-dia, toma 6 à noite. Eu ficava: “como é que eu tenho que fazer pra conseguir tomar essas medicações?” Hoje, eu tomo um medicamento por dia! Gente, isso é um avanço muito grande. A gente consegue medicamentos de primeira, de segunda linha no serviço público de saúde. Hoje, eu sou uma pessoa indetectável. Temos todas as oportunidades hoje de dar uma continuidade à nossa vida, conversar sobre sexo, porque a maioria pega através da relação sexual. Muitas pessoas têm dificuldade de usar camisinha, né? Alergia, dificuldade em colocar. Hoje tem uma série de alternativas, estratégias de prevenção combinada ao hiv. A importância da adesão ao medicamento é a importância da continuidade da vida. Viver requer que a gente se fortaleça, que a gente se reconheça e que a gente dê continuidade à vida. Então, viver a vida. Viva a vida!

The people I used to interact with, the people I used to go out with, the people I used to have beer started to disappear from my life. I had aids, right? Done! It was for me the most difficult result of my life. Wherever I went with the certificate saying I was living with hiv, people asked me: "when will you die? Are you dying?" Prejudice and discrimination killed us much more than the lack of medication. The people I worked with asked me: "can you be here near us? Can you eat at the same time we eat?" Then, when I started to take the medications, I used to take 10 to 12 medications per day. Can you imagine what it is like to take 10 to 12 medications? Look, take 3 in the morning, take 4 at noon, take six at night. I was like: "how do I have to do to be able to get all these medications?" Today I take one medication per day! Folks, this is a great advance. We get first-line, second-line drugs from the public health service. Today, I am an undetectable person. We have all the opportunities today to move on with our lives, talk about sex […] The importance of medication adherence is the importance of the continuity of life. Living requires that we strengthen ourselves, that we recognize ourselves, and that we give continuity to life.

Dia Mundial de Luta contra a Aids — 2018

Vídeo individual dos participantes e tradução:

1- Ariadne Ferreira (mulher trans, vive há 20 anos com hiv): Me chamo Ariadne. Sou mestra e doutoranda de psiquiatria. Vivo com hiv há 20 anos. Eu me infectei em 1999, eu tinha 18 anos, tinha muito pouca informação a respeito do hiv. Então o hiv na época era uma sentença de morte. E hoje em dia, as medicações elas não tão com esses efeitos colaterais tão fortes. Falar sobre tratamento é falar, principalmente, sobre prevenção. Qualquer opinião que fique fora do parâmetro da ciência, ela é preconceito.

[…] hiv at that time was a death sentence. And nowadays, the medications do not have these side effects that are so strong. Talking about treatment is talking, especially, about prevention. Any opinion that is outside from the parameter of science is prejudice.

2- Blenda Silva Meu nome é Blenda Silva e eu vivo há 1 ano e 6 meses com hiv. Eu considero extremamente importante o Dia Mundial, porque é quando a campanha tem maior visibilidade, porque muitas pessoas hoje, ainda com toda a informação, desconhecem a aids, desconhecem o hiv. Também vale ressaltar que as pessoas que são soropositivas, realizam seu tratamento e tomam suas medicações, zeram a sua carga viral, ficam indetectáveis e já não transmitem mais o vírus. O meu recado para os novos soropositivos é que eles deixem de se importar com que a sociedade vai pensar a seu respeito e façam a adesão ao tratamento, que é a única forma que hoje nós temos de continuar vivendo normalmente, como qualquer outra pessoa.

I consider the World Aids Day extremely important, because it is when the campaign has greater visibility, because many people today, even with all the information, are unaware of aids, unaware of hiv. Also, it is important to highlight that hiv-positive people, have their treatment and take their medications, zero their viral load, become undetectable, and no longer transmit the virus. My message for the new hiv-positive ones is that they stop caring about what society will think about them and adhere to treatment, which is the only way we have today to continue living normally, as any other person.

3- Walter Sabino: Meu nome é Walter Sabino e eu vivo com hiv. Falar em hiv era falar diretamente em aids, que era falar diretamente em morte. Hoje em dia, a gente consegue falar apenas em pessoas que vivem com hiv e que não vão e nem precisam adoecer de aids se não quiserem. Existem "n" formas de se prevenir que vão além da camisinha. Existe em todos os postos de saúde uma Mandala de prevenção que a gente pode procurar. Então, se a gente pode se prevenir, é o melhor caminho. Eu acho que o maior vírus que tem hoje em dia, o vírus que mais mata, tá sendo o preconceito, porque ele desestabiliza as pessoas, ele enfraquece as pessoas. Vamos trocar o ódio peloamor.

Talking about hiv was talking directly about aids, which was talking directly about death. Nowadays, we can only talk about people living with hiv who will not and do not even need to get sick with aids if they do not want to. […] So, if we can prevent ourselves, this is the best way.

I think the biggest virus nowadays, the virus that kills the most, is prejudice, because it destabilizes people, it weakens people. Let´s change hate for love.