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Necropolitics in the field of HIV: some reflections from the stigma of AIDS

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Abstract *The article aims to raise reflections about the necropolitics directed to HIV/AIDS in Brazil from a set of rationalities that permeate the processes of configuration of the governmental agenda, treatment of the disease, and the policies and technologies involved. For this purpose, a non-systematic theoretical review was carried out from a threefold aspect: the stigma of AIDS, necropolitics, and life politics. We concluded that life politics, as opposed to necropolitics, contributes to the defense of human rights and health, above all, to the demystification of stigma and the politics of enmity historicized in AIDS.*
Key words *Death, Life, Public Policy, HIV, AIDS*

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Introduction

Approximately 966,058 HIV cases have been reported in Brazil[1] since the beginning of the emergence of HIV/AIDS in the 1980s. During this period, in different governments, different policies and public actions were developed to face the disease.

Through Bourdieu[2], Agostini et al.[3] argue that a crisis is marked by power imbalances, typical of agents and institutions in a given field, established as a non-linear, multi-dimensional event with at least three interdependencies – economic, political and social. Temporally, some authors[3,4] demarcate 2013 as a point of significance for the Brazilian crisis and show the reemergence of the AIDS epidemic from its growing tendency towards mortality, and from the political crisis that intervenes, without, however, discussing the stigma process as the central axis for this crisis and its relationship with the underpinning power dynamics.

In this sense, we will try to untangle this crisis from the AIDS stigma and its power typology for contemporary reemergence, because as stated by Simone Monteiro and Wilza Villela[5]: "research on the consequences of stigma and discrimination in health problems is scarce".

We reiterate the weakening of social policies and the incentive for their privatization that has been articulated since the 2016 coup – a process that deposed the democratically elected President Dilma Rousseff[6] – producing contingencies and suppressions on health policies. In the case of HIV, such articulation further reduces the possibilities of comprehensive care and maintenance of the national STI/HIV/AIDS policy[3].

We cannot ignore, also, the 2018 presidential election that contributed to the exacerbation of this crisis, marked by a dispute of narrative and media repertoires. On the one hand, advocating for human rights, which had been consolidating the Brazilian response to HIV since its onset. On the other hand, obscure right-wing statements that devised a "moral values agenda" in group representations, establishing themselves as an "anti-agenda" that has questioned and sought to ban categories such as "gender", "sexual diversity", "racism" and "harm reduction", historically central to HIV prevention in Brazil[7-9].

Thus, in economic interdependence, we are addressing the development and access of potent ARV therapy, portraying one of the tensest and complex aspects of the interaction between civil society, companies, financing agencies, governments, and their regulatory agencies, as this is a field of negotiations of different interests, traversed by a broad process of capitalist accumulation and aggravated by a particular multifaceted and financial-speculative universe, especially for the pharmaceutical industry, its competition system and patents[10].

Finally, in the social sphere, we witness the (re) production of political antagonisms and affections based on hatred and fear, segregating people symbolically from their political positions, and triggering the re-emergence of the AIDS stigma that blur understandings about the disease, (re)configure the dystopian AIDS that we are experiencing and impose challenges. In this scenario, the Unified Health System (SUS) has been the most affected along with Education, highlighting the approval of Constitutional Amendment N° 95[11] that froze health and education investments for 20 years, which affects the quality of the service offerings explicitly and brings about several dismantling actions to the fore.

Therefore, the fourth decade of the epidemic in the country has been marked by changes in the discourses and HIV/AIDS prevention, treatment, and care strategies. These interventions seem to respond to a logic of technocratic and highly biomedical interest, to the detriment of the perspective based on human rights and the prevalent vulnerability in the 1990s and 2000s[12,13].

That said, we bring the concept of necropolitics that has been triggered and understood as a theoretical, political, epistemic and methodological concept to explain the sovereignty of a contemporary neoliberal state that subjugates life to the power of death and, as such, profoundly reconfigures the political and social relationships to create existences and worlds from death.

We borrowed this concept developed by Cameroonian philosopher Achille Mbembe[14,15], a version of Foucault's biopolitics, which contributes to (re) thinking the current political processes in Brazil, and the Caribbean and Latin American contexts, whose countries carry, reiterate and modernize elements of coloniality. Necropower is intimately involved in the power of managing the lives of the populations and is an integral part of it, as Michel Foucault warned[16].

Without denying the existing advances, it is essential to draw attention to the challenges of the new scenario, in technical, scientific, ethical, aesthetic, and political terms. In this sense, this concept becomes a vital ally to question and reflect on the directions and meanings attributed

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by the contemporary Brazilian government to the HIV/AIDS epidemic.

Thus, this paper aimed to reflect on the relationship between the crisis of the current epidemic and the Brazilian response to HIV, focusing on the reemergence of the stigma of AIDS as a necropolitical instrument.

This is a theoretical essay derived from reflections and literature reviews, which was produced from the state of the art of qualitative, social, and constructionist research at the master's level in Psychology and entitled *Posit(HIV)e Histories of Gays and Trans People: From Stigmas to Citizenship*[17]. It is linked to the fields of humanities and social and health sciences, particularly the sociology of health from a perspective that questions society's biopolitical relationship with the health-disease process.

Thus, the referred text brings theoretical and political elaborations with the leading role of a black, gay, and seropositive male researcher, therefore intimately traversed by the field. On the other hand, a white, heterosexual and seronegative female researcher, who experienced, as a psychologist, the onset of the epidemic, and has been involved, since then, with the lives of these people. Finally, a transvestite, heterosexual, and seronegative female researcher and psychologist who has felt and experienced the discriminatory treatment that some institutions relegate to her gender identity conceived as an HIV transmission vector.

The reemergence of AIDS stigma as a necropolitical tool

Given the journalistic-biomedical-mediatic articulation in the emergence of AIDS that validated the disease as gay cancer/plague, based on the scientific slogan Gay-Related Immune Deficiency (GRID)[18], we see a set of developments that worked to hold HIV and AIDS accountable for specific groups routinely stigmatized, combated and murdered. As a result, we see HIV moralization, racialization, and homosexualization process[19] of promoting social exclusion, stigma, and discrimination, thus showing potential for disease colonization.

In her book *AIDS and Its Metaphors*, Susan Sontag[20] sought a more political and sociological understanding of the metaphorical constructions that accompanied AIDS and found that its prevalence was directly associated with stigmas and prejudices than with the signs and symptoms of the virus.

AIDS has a dual metaphoric genealogy. As a micro-process, it is described as cancer is: an invasion. When the focus is transmission of the disease, an older metaphor, reminiscent of syphilis, is invoked: pollution[20].

In this sense, Sander Gilman[21] points out that the categorization of AIDS did not occur as that of viral infection as it was with hepatitis B, but that of a sexually transmitted infection such as syphilis.

The psychosocial reactions at the time were the most diverse at that level, such as the removal of HIV-positive people from their cities, especially small-sized and rural ones, since the understanding, notably, concerning Christian beliefs, was that of divine justice at "deviant sexualities" or an evil incarnate in the body that had to be purged to cleanse society[19,22].

This process evidences a detachment from this "other", which is often the depository of what we reject. However, alienation takes life away from it. [...] and consists of an attitude of detachment, in which the disqualification of the subject replaces hostility as a moral being. It means not seeing him as someone who should be respected in his physical and moral integrity[23].

Therefore, when testing positive for HIV, these people would need to face the societal credibility of whether they are criminals, victims, promiscuous, prostitutes, or their days are numbered, and so on. Thus, the diagnosis transcends the clinical field and also becomes a criminalistic moral rooted in extensive State structural violence.

At the same time, through an analysis of the HIV/AIDS dynamics in Haiti and its political and social context, Paul Farmer[24] reveals the disease as a pathology of power reiterated by the absence of human rights and social vulnerability: "Human rights violations are not accidents, and violations and their effects are not randomly distributed. Rights' violations are symptoms of profound pathologies of power and are closely linked to the social conditions that generally determine who will be abused, and who will be protected from harm"[24].

Other diseases have been stigmatized throughout human history: black plague in the 14th century, and cholera in the 19th century[25]. However, addressing the issue of HIV is also to raise old (and new) stigmatization processes in which its dynamics and breadth, specific and moral characteristics involved, demand active forces in the design of strategies to combat stigma and its consequences for health problems.

Beforehand, it is necessary to understand that stigma is not a fixed quality, but a social and individual differentiation element resulting from a socio-cultural construction whose process is historical, changeable and established in the relationships of depreciating the other[25].

Like the disease itself, stigma is a central issue for the health-disease process, given that the stigmatization artifice accompanied (and still accompanies) some social groups, acting as a promoter of illness and psychological and social suffering.

As brought to us by *People Living with HIV Stigma Index*[26], carried out in 2019 in 7 Brazilian capitals, 81% of the people interviewed, mostly black, believe it is still challenging to reveal that they live with HIV, and almost half of the respondents (47.9%) reported having been diagnosed with a mental health problem in the past 12 months.

The Stigma Index is a global tool applied in more than 100 countries and used to detect and measure the changing trends of HIV-related stigma and discrimination from the perspective of people living with HIV.

The study[26] pointed out that 15.3% of the people interviewed claimed to have suffered some type of discrimination from health professionals because they were HIV-positive and that 51.9% have doubts or are sure that the confidentiality of their information registered in the medical records is being violated. Moreover, one in three respondents stated that they were ashamed of being HIV-positive and felt guilty about their health condition.

As a result, we can conceive of stigma as a psychosocial event and a psychological and social suffering vector, since it triggers intense violence and violations because it allows viewing HIV under the lenses of risk only, removing the different collective and individual aspects that underpin people, that is, without understanding them in their entirety and supported by rights.

Erving Goffman[27], a recognized theorist on the concept of stigma, considers it as a profoundly deprecating socio-historical phenomenon and that, in relationships, while allowing to depreciate one person, can admit the "normality" of another from a brand of negative valuation.

However, Richard Parker[28] critically challenges the Goffminian concept of stigma and invites us to advance in the understanding of this individualizing concept in order to think of it "as a kind of social process, fundamentally linked to power and domination"[25]. That is, it shifts from a compression barely focusing on the possibilities of agency of subjects and social groups to one that relates to issues of social inequality and considers cultural processes, power structures, opening space for the possibilities of resistance.

Stigma and stigmatization work at the point of intersection between *culture*, *power*, and *difference* – and it is only by exploring the relationships between these different categories that one can understand stigma and stigmatization not merely as isolated events, or expressions of individual attitudes or cultural values, but as central to the establishment of social life[28].

This perspective prevents one from falling into the traps of confusing vulnerability with victimization. Victimization breaks down principles such as equality and solidarity and feeds on the memory of inferiority and the theatricalization of unhappiness[29]. Therefore, vulnerability takes a perspective of equality and dignity, contextualizing them in the structural and social outlooks of injustice, discrimination, exploitation, and violence that exacerbate HIV expansion[30].

If we observe that the disease is defined from its trend in the U.S. and Europe, based on a first-world model, we can understand the "exceptions to the rule" of third world models and the Brazilian "neglect"[31].

Paradoxically, in recent years, a global trend committed to "ending AIDS" has emerged, which is transiently based between the strengthening of scientific initiatives, the discovery of a possible cure and the recrudescence of biomedicalization and its innovations (PEP-Prophylaxis Post-Exposure, PrEP-Prophylaxis Pre-Exposure, Combined Prevention, among others), with to UNAIDS (90-90-90) ambitious goal in the background, namely, 90% diagnosed; 90% in treatment for HIV without interruption; and 90% with viral suppression[32].

Despite this, we have seen an increase in the incidence of new HIV cases, illness from AIDS in oppressed social strata and higher unemployment, hunger, and poverty levels. This pauperization in itself exposes the contradiction of having advanced in the scientific field with the most powerful new technologies since this progress has not reached the vulnerability processes that traverse several people.

The 2019 epidemiological bulletin 2019[1] highlights this contradiction when it shows that the black population (59.8%) continues to die from AIDS more than the white population (39.5%). In this ethnic selection, when speaking among women, we notice that the mortality from

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AIDS is higher among black women (proportion of deaths among black women was higher than that of black men: 61.5% and 59.0%, respectively). This selection also shows that trans and gay population is at the top of the incidence of new HIV cases (51.3% of cases).

Statistically, we note that such populations, which have already been treated by terms overflowing with discrimination such as "risk groups", or "softer", as "key population", are historically oppressed populations with rights systematically denied or neglected, and suffering from various forms of discrimination associated with HIV as a supplementary contraction.

A simple example is the carnival prevention campaign of 2019[33], which eliminated any reference to LGBT people, a population especially vulnerable to the epidemic. By not intervening on these dimensions, the State is applying its necropolitics, dividing between those who can and has the conditions to live and those who will be let to die[34]. This is applied necropolitics because the neoliberal project of the current government tends to concentrate income even more and curtail social policies, increasing poverty and even death. Isn't this a health issue?

It appears, then, that axes of stigma, vulnerability, and social inequality are strictly determinants for HIV infections, mainly by silencing the debate on discrimination and stigma that, coupled with the gradual dismantling and contingency of the SUS, place access and the permanence to the treatment in ruins, and hinder the STI/HIV/AIDS prevention actions.

Understanding stigma as an intersection of power, we can perceive the necropolitical process that accompanies it from setbacks at the macro level: Decree N° 9,795, of May 17, 2019[35] that modifies the structure and name of the Department of STIs, AIDS and Viral Hepatitis which changes its name to "Department of Chronic Conditions and Sexually Transmitted Infections", making the complexity and specialty of the disease even more invisible; Decree N° 9,759, of April 11, 2019[36] that terminates the channels of social participation and social entities in public policies; and Decree N° 9,761, of April 11, 2019[37] that extinguishes the damage reduction policy in Brazil.

The micro-level witnesses a lack of antiretroviral drugs, CD4 tests and viral load in some Brazilian cities, states and regions[38], the lack of prevention and health promotion campaigns and actions in STI/HIV/AIDS, and several articulations for structural modifications of local/regional programs, such as the proposal to untie the DST/Aids-SP Reference and Training Center from the São Paulo State STI/AIDS Program, which is a national and international reference for the management of the disease[39].

Achille Mbembe[14,15] points out that the complete fusion of war and politics, to the point of becoming indistinguishable from each other, has already been argued as something exclusive to the Nazi state. We can trace similarities to the AIDS field if conjure the proposed creation of confinement camps for HIV-positive people by the French National Front (extreme right) approaching the Nazi concentration camps in which Michael Pollak[40] called "Aidetic" and Denise Jodelet[41], "Sidatorium".

Thus, terror becomes a way of marking the aberration in the political body, and politics is read both as the mobile force of reason and as the errant attempt to create a space in which the "error" would be reduced, the truth, reinforced, and the enemy, eliminated[14,15].

Simultaneously, in *Terror e a Dádiva*, through an ethnographic exercise in a fraternity for HIV-positive people (1998-1999) located on a farm, Pedro Paulo Gomes Pereira[42] finds a hundred people subjugated under the climate of tension, violence, and fear, covered by practices that simulated exchange and reciprocity and in many ways, resembling the absolute institutions of Goffman's examples[43]. Thus, he warned us that punitive justice works with incorporeal reality: "the body continues to be the target of dispute but immersed in the political field since power relationships affect it immediately. The subjection of bodies is not only due to the instruments of violence, the use of weapons and terror. It affects the body; it is physical without, however, being violent"[43].

We want to show that AIDS has always faced dystopia. When it comes to the significant advances in responses to the disease, what is clear is that they were not short-lived in stopping the spilled blood. On the other hand, it shortened a false life expectancy – "survival" – to embody a world that is livable and inhabitable, without taking into account the real conditions that drive subjectivities, seropositive and non-seropositive bodies, which they still do not want to know whether or not they have HIV/AIDS (approximately 135 thousand people live with HIV and do not know it)[44].

In practice, AIDS is not exactly a disease "of all", since we are not all on the same social level in the face of it, and answers are sometimes

still supported by an individualistic and blaming matrix: "if someone got infected with HIV, it is because he adopted a risky behavior. Therefore, it is his/her "fault"[45]. Alternatively, as our current president stated that HIV is not his problem nor that of his government because those who live in the "worldly" life should not seek public service to treat themselves[46].

It is clear, therefore, that the grand strategy was to isolate the idea of "risk group". In the idea of risky behavior, the primary strategy was individual training. In contrast, the strategy based on the concept of vulnerability caused an epistemological, practical, and political turnaround capable of minimizing any adverse effects of previous strategies to expand prevention. However, the current setbacks reactivate the idea of risk by articulating a persecutory direction[47] that, through its dissymmetric typology of power, implements a technique of government over life that aims to "make live and let die"[34]. In other words, Fernando Seffner and Richard Parker[48] explain.

The current moment of the AIDS response is marked by the dual tension between making people live (expanding the offer of tests to know the serological situation and universal supply of ARVs) and letting them die (reinforcing situations of stigma and discrimination against vulnerable populations)[48].

Thinking that the way of managing life leads us to greater or lesser conditions of exposure to illness also mobilizes us to dialogue beyond statistical data to seek to discover how specific paths have been condemned to repetition.

An example of this was the suspension of social security benefits that affected thousands of people, such as HIV positive people[49], and these beneficiaries have been out of the labor market for years and face chronic health problems. Thus, how can one take a minimum wage from that person and get him back into the work market after so many years in their 50s/60s?

This discussion arrived in Brasília and ended – not without divergences – with the sanction of Law Bill 10,159/2018[50], taken over by the social movement, which provides that people with HIV/AIDS, retired due to disability, can be exempted from the expert reassessment. Despite the result, this dispute reveals new challenges to HIV-positive life, still marked by the dynamics of stigma, power, and necropolitics.

It is clear that we no longer have a death sentence before the diagnosis or a provisional death (if the treatment conditions are fully ensured). At least, not physical death, but we still deal with the presence of civil death, "the worst form of ostracism endured by a human being"[31]. The disease of prejudice and stigmatization kills more than the virus. Is this not a form of necropolitical power?

In summary, HIV/AIDS continues to have the status of a moral and stigmatizing disease whose symbolism is quite lethal and political. Moreover, if before HIV came with an announced death, today it is gradually moving towards a decreed death! As a result, the current direction of the Brazilian government is to cover up the disease, which is itself one of the facets and inscriptions of other types of stigma: that of necropolitics. Its operationalization attests to a policy of death and precarious life, exposing the perversity to which a State can start to operate for the management of people's lives.

Therefore, we cannot forget the paper entitled *Civil Police "combats" AIDS by arresting transvestites*, published in Folha de São Paulo on March 1, 1987, referring to the Tarantula operation implemented in the military, civil dictatorship in Brazil as an LBGT extermination policy, especially against transvestites[51].

We can observe, then, an AIDS court that, by sovereignty, would exercise judgment on mortality and definition of life through the implantation and manifestation of the power that has produced effects more than three decades later if we consider that Brazil is the country that kills trans people the most[9,52].

Extermination and genocide are products of state necropolitics, shrewd necropolitics in dictating who can live and who should die[34], and a society that defines what it means to be, suffer, and die with HIV based on stigmatization and discrimination.

There remains for us to continue reaffirming solidarity, as always, as the starting point for actions and responses in the field of HIV/AIDS, since it is a component of citizenship. Furthermore, it is necessary to base it on a life policy[31] against the necropolitics that, consistent with neoliberalism and fascism, minimizes the public dimension of responsibility for the health of individuals.

Life Policy: Solidarity, Recognition, Citizenship, and Human Rights!

We live in a context in which more than conceiving death for AIDS, the great challenge to be learned, indeed, is to enable living conditions with HIV/AIDS, since the number of new cases grows gradually (about 40 thousand), with

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deaths levels comparable to the initial periods of the epidemic in Brazil[1].

Thus, the first step is to work with the idea that society is not yet prepared to live with HIV-positive people and, from this, list tasks and interventions. Moreover, it is necessary to overcome the biomedical logic of treatment, because when the HIV-positive people access the health system, they are notified and swallowed by it. Their life becomes and is reduced to CD4 rates and Viral Load, supported by a small biological dome and narrowed to Undetectable = Non-transmissible mediated by Viral load/Disease versus CD4/Health.

It is also necessary to add efforts to demystify the historical interface of this virus associated with the "5H" parable of "homosexuals, heroine-addicts, hemophiliacs, Haitians and hookers (sex workers)" that pointed out a type of sexuality (gay or lesbian), skin color/ethnicity bias (blackness and Latinity) and gender (male)[53].

Thus, health as a comprehensive concept calls for debate on issues central to the AIDS event such as stigma and the strengthening of solidarity attitudes for the recovery of bioethics and the resurgence of justice, democracy, citizenship, and the right to life. The organization of solidarity remains the key to open this space encompassed by the life policy for HIV/AIDS.

What is solidarity, after all? In the strict sociological sense, we can perceive that the term "solidarity" has changed its various meanings at each historical age and approach by each current. It is affected by socioeconomic events, changes in the dominant paradigm, or adaptation to new theories, but it follows predominantly in an individualistic and voluntarist sense[54].

The contemporary political context is strongly marked by the power of the financialization of economies, with the rise of conservatism, fascism, and neoliberalism, losing the meaning of many of the dimensions and democratic and humanitarian institutions, especially in this context of SUS dismantling.

One forgets, therefore, that the success of the Brazilian response strategies to HIV/AIDS is recognized worldwide. Brazil was one of the first countries – and the only one, considering its population size – to adopt the free public distribution of ARVs in 1996 through Law N° 9,313, of November 13, 1996[55].

Sic transit gloria mundi ("all the glory in the world is transitory"), and in the AIDS epidemic, we are, once again, facing a context that resembles that of the 1980s. Thus, the HIV crisis in Brazil cannot be compared just to a simple crisis, but markedly guided by a necropolitical project.

Therefore, it is necessary to call for efforts to break old associations and constructions that seemed to be endless in order to reinforce and reorganize the place of solidarity – a social pact in defense of the right to life. "What prevents us from being indifferent and makes us a human, or humanity, is the experience of solidarity"[18].

In this perspective, solidarity allows a more direct substantiation with collective and social experiences, and for the struggle for recognition as Axel Honneth thought[56].

The concept of recognition originated in Hegel's dialectical philosophy and Mead's materialistic social psychology from three dimensions of social interaction (affective, legal, and social). However, Honneth[56], looking for a formulation complementary to the discussion of these authors, he (re)thinks the three dimensions as an element of differentiation according to their realization in the network of affections, rights, and solidarity.

Honneth[56] tried to approach solidarity, without indicating it as a universal concept but considering it through individual self-correlation with the experience of social esteem. Thus, this concept applies, especially, to group relationships that originate in the experience of difficult circumstances, as it is what allows, for example, the emergence of a common practical objective that generates an intersubjective plan of values in situations of war or resistance.

Each member learns to recognize, to the same extent, the meaning of the other's abilities and properties and to "represent a collective event capable of founding casual relationships of solidarity interest beyond social limits [...] In the shared experience of significant burdens and deprivations, a new structure of values originates and allows subjects to estimate each other for achievements and capacities that previously had no social importance"[56].

In this way, "relationships of this kind can be called solidarity because they awaken tolerance towards the individual particularity of another person, but also because of the interest in that particularity"[56].

In his conclusion on his scheme of the three recognition networks, Honneth[56] argues that every person has the opportunity to make the experience of himself as valuable to society and that, therefore, only social relationships could be translated by the concept of solidarity.

More than a poetic utopia, solidarity is, above all, "a political position, a conception of democ-

racy as everyday life, a definition of citizenship"[15], a movement to fully ensure human being dignity. It is what brings meaning to the discussion about the social function of solidarity in the face of the right to health and life, and the constant fight against social inequalities.

Thus, tackling social inequality and poverty is also producing a response to HIV/AIDS. The process of struggle for recognition of the right to universal access to prevention, diagnosis, and treatment, has been considered an issue relevant to human rights since the beginning of the epidemic[57].

In the words of Herbert Daniel[31]: "The education that the disease is a common problem of all humanity generates a structure of confrontation from which the roots of social solidarity arise".

Moreover, according to Herbert de Souza[58], "Betinho", it is necessary to end the myth of fatality and the culture broth of terror. It is not the perspective of death that gives meaning to our existence, but the perspective of life, which is the starting point to building an example of mobilization to continue disseminating another vision of the epidemic that restores healing as a perspective and solidarity as a principle.

Questioning the past, present, and future: some considerations

Based on the arguments undertaken, we seek to establish reflections for the construction of responses to the challenges to the contemporary crisis in the field of HIV/AIDS and, above all, reinforce learning axes to live with differences, preserve rights and develop the capacity to face the challenges with a conscience, solidarity, and ethical visions.

What damage does this political death bias bring to health care? Understanding a little more about the roots of these policies can help us to think to what extent they can stir withdrawal from human suffering, and thus, as Achille Mbembe[59] said, contribute to the intensification of the end of the humanism era.

As long as AIDS is seen as a disease of the "other", people living with HIV will continue to be divided into victims and culprits, the experience of our sexuality will continue to be divided into legitimate and deviant, and stigmatizations will continue to provide the necessary fertilizer for the world war in this power disease.

Without a doubt, since its announcement, we are faced with a constant struggle against ingrained prejudices, against death in life or, at least, civil death, the struggle for the right to remain alive, despite being HIV-positive. As long as we do not also face the taboo of death and sex, any lethal disease can be seen as a possibility for the "other"[23]. Continuing to demystify AIDS can contribute to promoting new meanings that lead the epidemic's history more justly and in a less estranged way.

The commitment to human suffering is one of the bases of solidarity; it is a political force, perhaps the only one capable of transforming the world, as Herbert Daniel said[31]. We are talking about the re-enchantment of people with their humanity. We are sharing the hope and desire that we can approach the dream of a society with freedom and equality to be different[23]. We are also talking about socioeconomic, scientific, cultural, educational, and political conditions to that end.

Collaborations

F Cazeiro: conception, data collection, data analysis, active participation in the discussion of results, elaboration of the manuscript, review and approval of the final version of the work. GS Nogueira da Silva: active participation in the discussion of results, review and approval of the final version of the work. EMF Souza: active participation in the discussion of results, review and approval of the final version of the work.

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