For an HIV Decolonization and intersectionalization of AIDS responses

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Abstract: With the advent of AIDS, a discursive journalistic-biomedical-mediatic articulation contributed to accentuate stigmatization on certain populations, implying a colonization of HIV in which the virus would reach some people while others would be free. Through a Critical Discourse Analysis (CDA), a critical literature review was carried out in some academic-legal-media areas from a narrative literature review (NLR). The theoretical, ethical and political references of decolonial studies were used for the present analysis because they understand that coloniality is reproduced in a triple dimension: that of power, knowledge and being. These studies were linked to an intersectional criticism in which multiple forms of discrimination can overlap and be experienced in intersection having the contextualization about what aids represented, in Haiti, as a comparative central axis for analysis. We were interested in thinking about the contribution of these perspectives to launch some provocations to the responses to HIV/AIDS in an attempt to overcome a reductionist view propagated by moral and criminalizing discourses that, by positioning themselves through supposed neutrality, conceal the intersectionality of gender, class, race and sexuality, raising barriers to health promotion and HIV/AIDS prevention policies and strategies.

➤ **Keywords:** Decolonial studies. Intersectionality. Policies. Health. HIV/AIDS.

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Introduction

The discursive construction of HIV/AIDS in the 1980s took place through massive dissemination around a stigmatizing language that designated the disease as a "gay cancer", in addition to having been validated by scientific circles, especially by the Centers for Disease Control and Prevention (CDC-USA), such as Gay Related Immune Deficiency (GRID), due to the majority incidence in homosexual men, transforming them into vectors of the disease, carriers of disorders and perversions (BASTOS, 2006).

In the early days of the AIDS epidemic, Haitians were part of the "5H" group of "homosexuals, heroin addicts, hemophiliacs, Haitians and hookers (sex workers)" (BRASIL, 1982). This formation presented a social panorama for AIDS based on a type of sexuality (homosexual), a bias of race/ethnicity (blackness and Latinity) and a gender (male) (PELÚCIO; MISKOLCI, 2009).

Although such constructions have remained in some studies, others have also pointed out their inappropriateness for objectifying the infection. However, the morally pervasive association in terms of language, the symbolic and what is political and social has become a rigid barrier to the objectification of HIV/AIDS (PARKER, 2002).

Even though much progress has been made in the scientific-technological field, it is still necessary to understand the tricks of this media construction to decolonize this biomedical, moral and political knowledge and its effects that found in AIDS an anchor point. As Herbert Daniel (1991) warned, the invention of various ways of pronouncing AIDS, when in the exact place of power, can produce terrible pathologies and social symptoms, hence the need to overcome the stigmatizing effects associated with it in order to "reduce the epidemic to what it is: a disease like all others" (DANIEL, 1991, p. 7).

Therefore, taking these threads during the construction process and the political and social history of HIV/AIDS up to the present day, the aim of this article is to critically analyze some juridical-legal, media and scientific discourses around the discursive construction of HIV/AIDS allowing us to understand how the axes of power and oppression are articulated in this field, with the contextualization of what aids represented in Haiti as the central comparative axis for analysis.

Decolonial and intersectional contributions to HIV/AIDS responses

Postcolonial and decolonial discussions initially emerged with postcolonialism. As a result of the decolonial turn, a term coined by Nelson Maldonado-Torres in 2005 (BALLESTRIN, 2013), this field calls for a radicalization of postcoloniality as a critical analytical movement of modernity-coloniality, of consistent epistemic, theoretical and politicians in order to "understand and act in the world, marked by the permanence of global coloniality in the different levels of personal and collective life" (BALLESTRIN, 2013, p. 89). In short, the decolonial project is one that, by identifying the colonizer-colonized dichotomous relationship, seeks to point out the multiple forms of domination and oppression of peoples (BERNARDINO-COSTA; GROSFOGUEL, 2016).

As Bernardino-Costa (2015) reflects, the modern/colonial world-system concept constitutes a category of analysis of the capitalist system beyond the nation-states, incorporating economic, political and cultural transactions into its reflection. Aníbal Quijano (2005) reconfigures the original idea of the modern world-system by incorporating the term colonial and highlighting that modernity would be a "myth", an invention that hides coloniality (BERNARDINO-COSTA, 2015).A key point in Quijano's theory (2005) is the idea of race, which helps to rethink the formation of social relations based on this idea or on others, producing new dichotomies, differentiations and colonialities, since race became the first founding criterion that demarcated the universal social classification of the world's population.

An important aspect for understanding these concepts refers to the understanding of the colonial project on the corporeal-geopolitical division of knowledge in which the production of knowledge is configured as a characteristic of certain regions of the globe, of some institutions and of some agencies, such as the European White, in the case of a process of colonization of knowledge and memory, as Mignolo (2006) points out.

By adding the term "corporeal", what is meant is that this process is not reduced only to a geopolitical dimension, but also has a corporeal-political dimension, in which the body is also the result of a colonization process and is not thought of as capable of producing knowledge. This dimension has already been incorporated by several black intellectuals, such as bell hooks (1995).

Within this context, the philosopher and author Maria Lugones observes the disregard of these other thinkers towards the gender category. Lugones (2014) advances decolonial thinking by claiming that coloniality does not end only in the racial issue, affirming gender beyond the biological perspective as understood by Quijano, but as a relational category that is crossed by the intersectionality of gender and race (COSTA; ALVES , 2020; GONÇALVES; RIBEIRO 2018). For the author, while the white bourgeois woman was/is subject in the inferior/superior dichotomy and the black man in the human/non-human dichotomy, the black woman was/is made invisible, for not being understood in the categories: woman and black (Lugones, 2014).

Gonçalves & Ribeiro (2018) affirm the influence of Kimberlé Crenshaw's writings on Lugones' thinking about the role of intersectionality in gender coloniality. The term intersectionality was named in 1989 by Kimberlé Crenshaw (1991) – an American jurist – who developed some of the most important theoretical elaborations of this analytical concept, which aims to break the monolithic view of oppression processes, understanding the different intersections of discrimination that a same person can suffer simultaneously for their markers (gender, race, class, sexual orientation among others). However, we cannot erase a whole history of theoretical debates related to the struggle of black women such as Angela Davis, bell hooks and Sojourner Truth (Kyrillos, 2020).

Method

Understanding discourses as materialities of hegemonic ideologies that have their production conditions in a historical and cultural context, we are interested here in drawing an illustration of how, since the emergence of the announced AIDS epidemic, the scientific-media-legal-legal discursive articulation operated to give meaning to this new infection, being explicitly based on scapegoats, locating itself in a colonial logic.

In this way, due to the fact that the theme of the decoloniality of HIV/AIDS and its intersectionality is relatively scarce in terms of scientific articles, we resorted to the narrative literature review (NLR), as it becomes more appropriate to discuss the state of the art of a given subject. It is a broader review, dispensing with a rigorous methodology such as those that are replicable in terms of reproducing specific data,

as explained by Vosgerau and Romanowsk (2014). However, NLR is fundamental for updating the production of knowledge on a specific topic, as it can reveal new ideas, methods and subtopics that are sometimes little discussed in the scientific literature (Elias et al., 2012).

To this end, a search was carried out in the SciELO database using the indexing terms or descriptors "HIV and Intersectionality" / "HIV and Decoloniality", delimiting the time interval of 1980-2020. The criterion used for inclusion of publications was to have the expressions used in the searches in the title or keywords, or to have it explicit in the abstract that the text relates to the intersectionality or decoloniality of HIV/AIDS. In this way, we found two articles and none to be excluded. For this reason, we also resort to publications by renowned authors in the field such as Richard Parker and Herbert Daniel.

Due to this scarcity of material, we searched for sources of data in the cited references of the selected articles, and so on for each article found so that we could expand the selection of sources compatible with the object of study of this article. In this way, we arrive at Paul Farmer, managing to bring a comparative analysis between Haiti and Brazil.

After reading the publications found, we used the Critical Discourse Analysis methodology to analyze some juridical-legal, media and scientific discourses, seeking to identify the hidden intentional relationships in them. To this end, we use the theoretical perspectives of intersectionality and the decolonial movement as guides to analyze the present effects of meaning, in addition to orienting ourselves from a feminist objectivity in order to complement or deepen the struggles for equal redistribution through recognition policies. That is: "feminist objectivity deals with limited location and localized knowledge, not with transcendence and the division between subject and object" (HARAWAY, 1995, p. 21).

Critical Discourse Analysis is a transdisciplinary field with a particular interest in the relationship between the social world and language. He claims that the linguistic is social. As Magalhães points out:

> The CDA offers a valuable contribution from linguists to the debate on issues related to racism, sex-based discrimination, institutional control and manipulation, violence, national identity, self-identity and gender identity, social exclusion (MAGALHÃES, 2005, p. 3):

In this sense, the CDA can help in understanding the axes of power and oppression identified in the discourses on HIV/AIDS in this article and in understanding its

colonial function, which does not allow for the completeness and intersectionality of the phenomenon addressed, but continues to reinforce domination over bodies.

Thus, we believe that reflective critical practice and the clarification of the place of enunciation and interlocution of knowledge production are essential for theoretical, social, critical and political know-how. In view of this, we are interested in dialoguing with a production of knowledge that has been carrying out great reflections through two central concepts: Coloniality of Gender and Intersectionality (LUGONES, 2014; CRENSHAW, 1991). Therefore, we start from a decolonial project and from an intersectional perspective with a psychosocial focus on health.

We use these concepts to investigate the colonial matrix of HIV/AIDS, the intersections of scientific, criminalizing legal and media moral narratives that manufacture the disciplining and standardization of genders and sexualities in the field of sexual practices through axes of power and, consequently, contribute to racial supremacy arising from the invention of the idea of race. In addition, the decolonial perspective helps to rethink the place of speech (ANSARA, 2012), since seropositive people are spoken, most of the time, by other people and discourses (medical, legal, moral, religious).

Thus, alluding to metaphors of common struggles in pandemic contexts as Susan Sontag (2007) warned, "combating HIV" or the epidemic, prevalence and incidence of HIV/AIDS is, above all, combating a colonialist stigmatizing policy and heritage which continues to take place in complex intersections and oppressions.

The colonial discourse of aids, the plague metaphor and the 'seropositive' as a threat

As we can see, the field of discursive production on HIV/AIDS is still marked by stigmatization and prejudice deriving from a colonizing system that prevails to profit from the subalternity and subjection of disruptive bodies to the moral norms of sexuality, gender and race. In this intersection, figures who carry with them the transgression of more than one of these disciplinary/docile ideologies end up suffering even more stigmatization and prejudice, especially when the negligence of a State fosters these same rules of death (PARKER, 2000; PARKER, 2001; CAZEIRO; NOGUEIRA DA SILVA; SOUZA, 2020).

Furthermore, this same discursive field was/is – and should be – disputed by actors who resisted/resist multiple daily struggles: for the (self)acceptance of their

health, for the right to life and with quality, for the transformation of the social imaginary about the disease, among others. This dispute operates by bringing ruptures, continuities and displacements in discourses about the disease and people living with HIV/AIDS. (DANIEL, 1991).

Ahead of the scientific conclusions about AIDS in its initial "discovery" (mid-1970s and early 1980s) were institutions such as the Center for Disease Control (CDC-USA), the National Cancer Institute in Bethesda and the World Health Organization (WHO), who tried to associate the disease and its transmission with homosexuals, a term that at the time also included transvestites and transsexuals due to little discussion about gender and sexuality at the time (SOUTO, 2004; ALTMAN, 1982).

In an overview of the first two decades of AIDS and its interaction with epidemiology, Souto (2004) resumes the classification developed by the WHO to classify HIV transmission based on three transmission patterns: I, of heterosexual people involved in sexual practices promiscuous (emphasis added); II, predominant transmission among homo and bisexual men and injecting illicit drug users; and III, greater transmission among people with multiple sexual partners, homosexual or bisexual.

The author even uses these terms to refer to the classification of HIV transmission in some countries. In his words, in "Australia and New Zealand, what was called pattern I emerged, coincidentally with the expansion of pattern II" (SOUTO, 2004, p. 251). This classification shows a prevalence of homo and bisexual figures as transmitters of the virus through sex, in addition to the moralizing use of the word promiscuous, denoting a "wrong/deviant" sexual practice in contrast to the sexual practice taken for granted, which occurs between a monogamous heterosexual couple.

Still in this initial phase, Altman (1982), in an article in the science section of the world-renowned newspaper The New York Times, wrote about a "homosexual disorder" that worried health officials. When reporting the concern of some health authorities, the author points out that the CDC and the National Cancer Institute in Bethesda were concerned about the epidemic proportions of GRID (Gay-Related Immune Deficiency). Despite reporting that there were also infections in 13 heterosexual women, the author continues the article by reporting the high rates of contamination of the disease in homosexual men and the supposed concern of health entities with this contagion.

Pelúcio and Miskolci (2009), resuming the writings of Farmer and Gilman on the AIDS-USA-Haiti relationship, point to the inverted and fanciful character of the colonialism of so-called "central" countries that operated the fabrication of a black, gay, hypersexualized Other present as an antagonist in the narrative of the origin myth of AIDS, implying the construction of "a blaming lexicon with a strong racist, homophobic and even xenophobic content" (PELÚCIO; MISKOLCI, 2009, p. 134). The authors even cite the North American public health authorities as agents who embodied, in the figure of "patient zero", the person initially responsible for the epidemic (this being a flight attendant, frequenting gay saunas), accusing him, for means of questionable calculations, of having contaminated about 250 people. This patient zero myth was refuted in 2016 (PELÚCIO; MISKOLCI,

Borges (2014), looking back at the headlines on the subject of HIV/AIDS published by the newspaper Notícias Populares, also known as NP, especially in the period from 1983 to 1985, recognizes the publication of myths about the disease, made by this vehicle, with headlines like "Gay plague killed 80% of victims" (22/09/1983) "Tears also transmit the gay plague" (17/08/1985), "Sheep transmit virus of the gay plague" (23/08/1985) under the justification that the level of information about the disease was limited. The author launches the defense that the newspaper also published reports that denounced the negative reactions and discrimination which involved seropositive people. However, since 1980, the newspaper itself had already published the appearance of cases in women, such as its June headline, which highlighted: "Mysterious disease only kills women",

In 2019, the Joint United Nations Program on HIV/AIDS released the material "Still not Welcome" listing 48 countries and territories that still maintained some type of restriction on the travel/stay of foreign PLWHA, reiterating the image of people living with HIV/AIDS as a threat to the health of the resident population. Within this list, the countries with the greatest restrictions are mostly located in the Middle East and with strong religious conservatism. An example of this observation is Russia, which tests foreign people (permits to work, study, stay for more than 90 days and residency), in addition to deporting PLWHA (UNAIDS, 2019).

Despite not having restrictions on the stay or permanence of foreign people living with HIV/AIDS, Brazil is not far from prejudice against these people, nor from overcoming it. The advance of conservatism in the country is marked by religious leaders who also propagate hatred against these people. Uol Notícias published

the reaction of HIV-positive people to the speech of the Jair Messias Bolsonaro, in February 2020, that a PLWHA would be an "expense" for everyone in Brazil. According to the news, this would not be his first harmful speech towards these people. In 2010, still as a federal deputy, when answering Mônica Lozzi, a reporter for the extinct humorous program CQC, Bolsonaro claimed that the public power does not have to attend to "those people who live taking spike in their veins, or live in the mundane life [sic]" (TJARA, 2020).

As Pelúcio and Miskolci (2009) question: what has changed or is there new in the field of AIDS? The authors suggest that perhaps the novelty presupposes a shift from the "notion of control" to the "notion of risk" without "disciplining coming from outside. Living exposed to risk, the deviants would need to protect themselves, while "society in general" would prevent contact with deviants" (Pelúcio; Miskolci, 2009, p. 116).

From this assumption, we perceive its materialization in the notion of risk present in media discourses and in the restriction of blood donation by LGBT people configured in the consideration of temporary unfit for 12 months in Art. 64 provided for in Ordinance No. 158, of February 4, 2016, specifically in item "IV – men who had sexual relations with other men and/or their sexual partners" (BRASIL, 2016, p. 10).

This restriction gained great repercussions in 2020 because it was vetoed by the Supremo Tribunal Federal (STF), becoming a great achievement for social movements since this article also excluded homossexual men with an active sex life, even if they were with a single and steady partner, in addition to bisexual men, transgender people and men who have sex with men (MSM), demonstrating a totally selective discrimination.

In addition, it is possible to perceive that the perspective of risk still crosses the epidemiology of aids, such as the current institutionalization of PrEP (pre-exposure prophylaxis), which consists of the use of an antiretroviral drug to prevent HIV infection by "more exposed" groups: gay men and other men who have sex with men (MSM); trans people; sex workers and serodifferent partnerships (BRASIL, 2017). Aren't they opening up the possibility of "risk groups" once again? By bringing these priority groups, more exposed or considered key populations for the use of PrEP, it makes an intense approximation to the stigmatizing logic of "risk groups" that occurred at the beginning of the AIDS pandemic.

In this context, we can also perceive racial and class selection in the population's access to PrEP. A report on PrEP deployment in Brazil in 2019 found that of the 4,907 PrEP users in December 2018, 78% (3,831) were gay men and other cisgender MSM, predominantly self-declared white (64%) aged 30 and 29 (41%) with 12 or more years of study (75%). (BRASIL, 2019a)

It is not new that responses on HIV/AIDS have historically suffered the impact of its linguistic construction and its colonial, moral and stigmatizing logic. Are the times different? But decades of silencing, myths of overcoming the epidemic and a reaction by coups and reactionary sectors to the increase in political agendas of gender, sexuality, race, poverty, among others, bring the consequence of the permanence of prejudice and capture and extermination policies that concern our entire conservative colonial slave heritage.In this sense, we can observe what AIDS represented in Haiti. By portraying the social representations of aids in rural Haiti, through structured interviews from 1983 to 1990, Paul Farmer (2004) shows us how the role of culture and political, economic and social forces act in structuring narratives about AIDS in poorer and less developed countries like Haiti and that we can draw parallels with Brazil.

Haiti, which was also undergoing a dictatorship (dictatorship of the Duvalier family), received its first information about AIDS from the US when the CDC associated the disease with the country, with the press pointing out that Haitians were the main cause of this infection. Initially, AIDS was seen as a disease in the capital and not in rural areas. The mass media discourse operated to subjectively tie the relationship between Haitians and AIDS in such a way that the representation of being a Haitian was also being an "AIDS convict". In this sense, we see some examples cited by Paul Farmer: "There were also rumors about Haitians in distant North America: one of the informants often talked about a cousin who would have lost her job, in New York, 'because they said she was Haitian woman with AIDS'" (FARMER, 2004, p. 541).

As a representation of a disease that came from blood and not, until then, from sex, AIDS was believed to have originated in Haiti, from people with "dirty/bad blood". This was the perverse American suggestion: "Of course they say it's from Haiti; the whites say that all the bad diseases are from Haiti" (FARMER, 2004, p. 546).

Once again, a civil colonizing process is perceived that demarcates the position of colonizer-colonized in the development of HIV/AIDS, preventing Haiti, as a poor

country, from continuing to develop since tourism, which was a second source of the country's income, had been extremely affected by this assimilation and stigma, leading thousands to unemployment and, as a result of extreme poverty and imposed structural violence, to death. (Farmer, 2004).

In Paul Farmer (2003, 2004, 2009), we can see how the discursive construction of AIDS in Haiti reverberates associations with the larger political-economic context, with North American imperialism, with traces and colonial slaveholding inheritances, with the lack of solidarity and with the corruption of the country's ruling elite.

One of the interviewees in Paul Farmer's research (2004, p. 562), when asked about the US claiming that Haitians transmit AIDS to the world, stated that: "They say there are a lot of Haitians there now. They need us to work for them, but now there's too much there." That is, there is an element of interest in exploiting cheap labor in this context. Thus, when discussing Haiti's needs, Paul Farmer (2003) reveals AIDS as a pathology of power reiterated by imperialist and geopolitical structural violence, by the absence of human rights and by social vulnerability.

This is how social forces are produced in this context and which also structure the risk culture of the various extreme forms of suffering and illness. Paul Farmer shows exactly how this risk structuring takes the lives of many to the detriment of the wealth of others. The author crosses the world from Haiti to Mexico, Russia, Peru and the United States, seeking and identifying social and institutional structures that selected, through structural violence, who could live and who would let die (FARMER, 2003). We see, therefore, how axes of poverty and structural violence are determining conditions for risks and illnesses. In Haiti, AIDS and political violence are two leading causes of death among young adults. Would Brazil be very distant and different from what happened in Haiti?

These indicators are not the result of accident or superior force; they are a direct or indirect consequence of human action based on a political game of superiority – coloniality. Paul Farmer's interviews continue to show how social and economic forces can help to shape an AIDS epidemic in poorer countries and which are, in every sense, the same forces that act for this genocide. Both are, from the beginning, part of a colonial heritage, of an imperialist United States of America (re)colonizing the black as pestilent (FARMER, 2009).

Not so far from that, a discussion on geopolitics in the context of global health has felt these effects of social and economic forces as when, for example, João Biehl (2011)

portrays that power inequalities, from economic destitution to racial discrimination, determined who had access to which services due to the diverse interests of public-private partnerships in global health, turning it into a "magic bullet" geopolitical and pharmaceutical capital. As a result, amidst life-saving interventions, more marginalized populations are left to fend for themselves and to the detriment of others, such as the black population and the homeless population (BIEHL, 2011).

Thus, AIDS policy reproduces the discriminatory colonial traits of race and poverty, and we see unequal outcomes for sufferers as well as unrelenting stigma and discrimination. An example of this is that AIDS mortality is more fatal among blacks than whites, according to the 2019 AIDS epidemiological bulletin of the Ministry of Health, with black women in a more vulnerable situation (BRASIL, 2019b).

In addition, most drugs produced for HIV/AIDS are patented and seem to operate in an absolute monopoly logic, creating an obstacle to universal access, as exposed by BIEHL (2011, p. 285) on the case of India, one of the countries that supply antiretrovirals to Brazil:

> India has been a pivotal country over the past decade, successfully using the transition period set up by the World Trade Organization to allow member countries to translate strong patent protection into law. During this period, India specialized in the manufacture of generics of patented HIV/AIDS drugs, which were of great importance in reducing prices in the world and guaranteeing access to treatment in resource-poor countries. But, starting in 2005, the manufacture of generics of patented drugs was strictly prohibited. This couldn't have come at a worse time, as proprietary drugs such as Tenovir and Efavirenz have replaced pre-existing first-line treatments, becoming the universally accepted treatment of choice. As a last resort, governments could issue "compulsory licenses" that would allow them to manufacture or import generics in a time of crisis without consulting the patent holder. [...] But issuing compulsory licenses is not a sustainable solution in the long run. Due to recent restrictions on the importation of generics, compulsory licensing requires that countries have internal pharmaceutical production capacity, which means that most resource-poor countries cannot use this tiny flexibility built into the prevailing intellectual property regime. (BIEHL, 2011, p. 285). Compulsory licensing requires countries to have internal pharmaceutical production capacity, which means that most resource-poor countries cannot utilize this tiny flexibility built into the reigning intellectual property regime. (BIEHL, 2011, p. 285). Compulsory licensing requires countries to have internal pharmaceutical production capacity, which means that most resource-poor countries cannot utilize this tiny flexibility built into the reigning intellectual property regime. (BIEHL, 2011, p. 285).

This judicialization of health demonstrates the political, economic and social interest of an industry such as pharmaceuticals, thus evidencing its priority to

economic capital rather than human and social capital. Therefore, in the face of a growing discourse of human rights and pharmaceutical possibilities, we are confronted here with the basic limits of infrastructures where a coloniality of HIV/AIDS presents itself, listing barriers to a life with HIV/AIDS. From this geopolitics, what effects would it have for the universal treatment policy in Brazil for the poorest and most marginalized citizens in the country where infections spread quickly due to the vulnerabilities they find?

Without a doubt, Brazil has had a significant decline in AIDS mortality. However, from the perspective of the urban poor and marginalized populations, AIDS policy is not an inclusive form of care. Local HIV/AIDS screening and treatment services, as well as social and economic rights for the poorest and most marginalized are virtually non-existent. Brazil, which innovated in terms of access to treatment as a human right through Law 9,313 of 1996 (BRASIL, 1996), needs to (re)define and more effectively implement a right to health that transcends medication and individual requirements, and ensure that care and primary prevention are powerful enough to reduce vulnerability to the disease, the coloniality of HIV and the necropolitics of AIDS (CAZEIRO; Nogueira da Silva; Souza,

Therefore, the intersectionality of gender, sexuality, race, class and their relationship with HIV/AIDS invite us to visit old challenges that add to the new ones in the search for more comprehensive answers, because, through the effects crossed by objective conditions of exclusion, subjective incorporation of stigma and sexist domination, such correlations tend to be configured as one of the most effective mechanisms of genocide (LÓPEZ, 2011).

According to López (2011), the expansion of aids on the black population in Brazil needs to be understood within a system of correlations of forces that was not designed in its entirety, but that operated from a racist conjecture of selection and protection of the segment white from the existence of social inequalities. These understandings began to be pointed out with other authors such as Guimarães (2001), Lopes (2003) and Taquette (2009), when they related the categories of gender, race and HIV/AIDS in their studies.

Such determining factors are best illustrated in the study by Santos (2016), when he exposes the double vulnerability to STIs and HIV/AIDS by black women through a critical analysis of institutional racism, socioeconomic inequalities and the epidemiological situation. The author realizes that this vulnerability permeates

issues ranging from the "expected" sexual and social behavior for each gender and the power dynamics between them, assessing that the submission of black women in relation to sexual, ethnic-racial, socioeconomic issues and their accountability by reproductive issues make dialogue with their partners difficult and drastically increase their vulnerability and infection by STIs and HIV/AIDS (SANTOS, 2016).

Therefore, the decolonial and intersectional approach can expose various forms of violence and colonialism over bodies. It can give us clues to think about the spread of HIV/AIDS among the black population as a result of inequalities and violence and a coloniality of power. It can also contribute to the organization of forms of confrontation and interventions that contemplate such clippings, whether in the area of health, education, civil society, politics, among others.

Helman (2009) points out that HIV/AIDS, when related to the black population, takes on the image of an invader that would be anchored in themes of xenophobia given its articulation with immigrants, tourists and foreigners, especially Africans and Haitians. And when related to the LGBT population, it takes on the image of moral punishment due to the sexual and gender dissidence in which these identities permeate, which would not be in the mold expected by the cis-heterosexist norm of society (cisgender and heterosexual), enhancing a supposed blame for the virus.

When we return to the concepts used, it is verified how the coloniality of gender and the intersectional perspective allow a deeper understanding of the hierarchical system and the inequalities experienced by seropositive people, allowing us to perceive how some axes of power - race, class, gender, sexuality and seropositivity – overlap and intersect, generating and reinforcing oppression.

As Bernardino-Costa (2015) reminds us in his research with domestic workers, it is important to recognize that these social categories of differentiation do not always act as sources of disempowerment, or as in a Foucauldian tradition, of subjection. On the other hand, depending on the social context, class, race, sexuality, gender and seropositivity can act as sources of decolonial projects, engendering struggles and resistance as in the great AIDS epidemic, in the mid-1980s, in which the organization's claims of social movements, people affected by the virus and civil society made possible great advances in the treatment of the disease. Claims that have continued gradually with the development of the social movement against HIV/AIDS until the present day (BRASIL, 2016).

If sexuality, gender, race, class and seropositivity are considered axes of power, it is opportune to recall Foucault's considerations of power in which power is not a property of a specific institution, but designates a relational field. Thus, power relations are constantly changing, giving rise to new conflicts and new points of (ex) sistence, concomitantly producing new subjects (FOUCAULT, 1979).

Therefore, depending on the context, the concept of intersectionality and the decolonial perspective can be used not only to emphasize a negative dimension, of oppression and disempowerment or subjection, but also to think about emancipation, organization and political mobilization (CRENSHAW, 1991).

Final considerations

From the analyzes carried out, we conclude that the decolonial and intersectional perspective, which combines the racial, class, gender and sexuality perspective, helps to (re)think how they cross, manage and enhance axes of oppression and domination, but also envision interventions that enable processes of deconstruction of these inequalities, opening possibilities for a decolonization of HIV/AIDS, transformation of institutions for the promotion of racial, gender, and sexuality equality and the deepening of democracy and the upsurge of resistance to a more comprehensive treatment in health, for issues of prevention, incidence and prevalence of HIV/AIDS, as well as for more objective information about this virus.

As Bernardino-Costa and Grosfoguel (2016) state, based on Hooks (1995), to the detriment of colonial reason, the colonized body was essentially fixed in certain identities under the dominant perspective of a body devoid of will, voice and subjectivity ready to the servitude. In this sense, thinking of the person living with HIV/AIDS as a colonized body requires raising questions about which bodies are (re)colonized by the (hegemonic) discourse of AIDS? Questions that, in themselves, ask us to consider the discursive and colonial relations between HIV/AIDS, race, class, gender and sexuality as social practices and axes of power that cross the bodies of those living with HIV/AIDS.

Based on the decoloniality of HIV/AIDS, it is necessary to decolonize its effects, to de-impregnate its moral ideologies in order to objectify the infection in a politically located knowledge.[1]

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Note

[1] F. Cazeiro: conception, data collection and analysis, discussion of the results, elaboration of the manuscript, review and approval of the final version of the work. J. F Leite: design, data analysis, review and supervision. A. J Costa: data analysis, discussion of results.

Resumo

Por uma decolonização do HIV e interseccionalização das respostas à aids

Com o advento da aids, uma articulação discursiva jornalística-biomédica-midiática contribuiu para acentuar a estigmatização sobre determinadas populações implicando uma colonização do HIV em que o vírus atingiria algumas pessoas enquanto outras estariam livres. Através de uma Análise do Discurso Crítica (ADC) realizou-se uma análise de retórica de algumas rupturas e continuidades discursivas nas áreas acadêmica-jurídica-midiática a partir de uma revisão narrativa de literatura (RNL). Os referenciais teóricos, éticos e políticos dos estudos decoloniais foram utilizados para a presente análise por entenderem que a colonialidade se reproduz em uma tripla dimensão: a do poder, do saber e do ser. Estes estudos foram articulados à uma crítica interseccional em que múltiplas formas de discriminação podem se sobrepor e serem experimentadas em intersecção tendo a contextualização sobre o que representou a aids, no Haiti, como eixo central comparativa para análise. Interessou-nos pensar a contribuição dessas perspectivas para lançar algumas provocações às respostas ao HIV/aids numa tentativa de superação de uma visão reducionista propagada por discursos morais e criminalizantes que, ao se posicionarem através de uma suposta neutralidade, dissimulam a interseccionalidade de gênero, classe, raça e sexualidade, levantando barreiras para as políticas e estratégias de promoção da saúde e prevenção ao HIV/aids.

➤ **Palavras-chave:** Estudos decoloniais. Interseccionalidade. Políticas. Saúde. HIV/aids.