

CHALLENGES, DIFFERENCES AND PERSPECTIVES OVER AN EPIDEMIC: A DISCOURSE ANALYSIS OF AN HIV CAMPAIGN IN BRAZIL¹

DESAFIOS, DIFERENÇAS E PERSPECTIVAS AO LONGO DE UMA EPIDEMIA: UMA ANÁLISE DO DISCURSO DE
UMA CAMPANHA SOBRE HIV NO BRASIL

DESAFIOS, DIFERENCIAS Y PERSPECTIVAS A LO LARGO DE UNA EPIDEMIA: UN ANÁLISIS DEL DISCURSO DE
UNA CAMPAÑA SOBRE EL VIH EN BRASIL

José Augusto Simões de Miranda*

Universidade Federal de Santa Catarina

ABSTRACT: This study aims to investigate the discourse of an HIV campaign in Brazil, produced by *Ministério da Saúde*, which features four participants who discovered the HIV diagnosis at the beginning of the epidemic, as well as understand and discuss how they reacted to the diagnosis, whether they talk about differences in terms of advances over the epidemic, and whether the discourse analyzed in the campaign contributes to transforming the stigma that triggers prejudice and discrimination. The study was carried out following a qualitative research methodology and the data were discussed in the light of the theoretical-analytical approach of Critical Discourse Analysis and of the concept of biopolitics. The results show that, although the participants talk about different challenges they have faced since the beginning of the epidemic and its biomedical advances, overall, the discourses analyzed demonstrate the focus on the drug treatment as exclusive to dealing with the epidemic, in which human beings have their subjectivities affected by the biomedical discourse, when biopolitics comes into play. Therefore, the discourse analyzed in the campaign did not contribute robustly enough to transform the stigma that triggers prejudice and discrimination.

KEYWORDS: Epidemic. HIV virus. Biomedical discourse. Biopolitics.

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* Pesquisador de Pós-doutorado em Estudos de Gênero e Sexualidades pela Universidade Federal de Santa Catarina (CNPq/UFSC). Doutor e Mestre em Inglês: Estudos Linguísticos e Literários pela UFSC. Membro da Associação Latino-Americana de Estudos do Discurso (ALED). E-mail: joseaugustosimoesdemiranda@gmail.com.

RESUMO: Este estudo tem como objetivo investigar o discurso de uma campanha sobre HIV no Brasil, produzida pelo Ministério da Saúde, que tem quatro participantes que descobriram o diagnóstico do HIV no início da epidemia, bem como compreender e discutir como eles reagiram ao diagnóstico, se falam de diferenças em termos de avanços sobre a epidemia e se o discurso analisado na campanha contribui para transformar o estigma que desencadeia o preconceito e a discriminação. O estudo foi realizado seguindo uma metodologia de pesquisa qualitativa e os dados foram discutidos à luz da abordagem teórico-analítica da Análise Crítica do Discurso e do conceito de biopolítica. Os resultados mostram que, embora os participantes falem sobre diferentes desafios que enfrentaram desde o início da epidemia e seus avanços biomédicos, de modo geral, os discursos analisados demonstram o foco no tratamento medicamentoso como exclusivo para lidar com a epidemia, em que seres humanos têm suas subjetividades afetadas pelo discurso biomédico, quando a biopolítica entra em cena. Portanto, o discurso analisado na campanha não contribuiu de forma suficientemente robusta para transformar o estigma que desencadeia o preconceito e a discriminação.

PALAVRAS-CHAVE: Epidemia. HIV. Discurso biomédico. Biopolítica.

RESUMEN: Este estudio tiene como objetivo investigar el discurso de una campaña sobre el VIH en Brasil, producida por el *Ministério da Saúde*, que cuenta con cuatro participantes que descubrieron su diagnóstico de VIH al inicio de la epidemia, además de comprender y discutir cómo reaccionaron ante el diagnóstico, si hablan de diferencias en cuanto al avance de la epidemia y si el discurso analizado en la campaña contribuye a transformar el estigma que desencadena prejuicios y discriminaciones. El estudio se realizó siguiendo una metodología de investigación cualitativa y los datos fueron discutidos a la luz del enfoque teórico-analítico del Análisis Crítico del Discurso y el concepto de biopolítica. Los resultados muestran que, si bien los participantes hablan de diferentes desafíos que han enfrentado desde el inicio de la epidemia y sus avances biomédicos, en general, los discursos analizados demuestran el enfoque en el tratamiento farmacológico como exclusivo del enfrentamiento de la epidemia, en el que los seres humanos ven sus subjetividades afectadas por el discurso biomédico, cuando la biopolítica entra en escena. Por tanto, el discurso analizado en la campaña no contribuyó con suficiente fuerza a transformar el estigma que desencadena prejuicios y discriminación.

PALABRAS CLAVE: Epidemia. Virus VIH. Discurso biomédico. Biopolítica.

1 FIRST WORDS

When we talk about the hiv/aids² epidemic nowadays, one of the advances and achievements seen in the last decade was the evidence of the undetectability of the virus. People who live with HIV (PLHIV) and who take antiretrovirals medications (ARVs), according to biomedical protocols, become undetectable — and those who have had an undetectable viral load for at least six months no longer transmit the virus by any type of sexual practices (Brasil, 2019). In other words, Undetectable = Untransmissible (U=U), even without protection, for example. This milestone has been used by activists in the area, in order to deconstruct an image of pollution attributed to PLHIV — which originated at the beginning of the epidemic —, when different images and metaphors were created about the epidemic, related to threats, such as soldiers in a war that come to destroy people (Sontag, 2001).

The activism was seen with greater force on social networking sites by PLHIV, health professionals, artists, researchers, among other social actors, who have emphasized the biomedical achievement of U=U as a way of reducing the stigma attributed to PLHIV. 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.

Therefore, there is an attempt to show that, in addition to PLHIV being able to have the same life expectancy (and quality of life) of people who do not live with the virus, they do not pose any risk of infecting others, as long as they follow the medication protocols and have their viral load undetectable for at least six months.

² Along the article, we 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.

There are different types of research that addresses social and discursive issues of the hiv/aids epidemic, such as Anjos, Fonseca and Silva (2018), who discuss the stigma and discrimination in the educational context; Brito and Rosa (2018), who analyze common sense discourses at the beginning of the epidemic; Lopes (2021), who investigates the relationship between homosexuality and aids; Araújo, Carvalho, Oliveira and Cordeiro (2017), who discuss the misinformation about the epidemic among PLHIV, related to psychosocial issues; Atanázio (2017), who analyzes different biological and social challenges that PLHIV face; Butturi Junior (2019), who discusses aids as a chronic apparatus; and Pelton *et al.* (2021), who discuss the alarming number of deaths caused by suicide among PLHIV.

Based on the aforementioned, the objective of this study is to analyze the discourse of a campaign about hiv — named '*Campanha Indetectável*' —, produced by *Ministério da Saúde* and the discourses of the participants in this campaign — who live with hiv and discovered the diagnosis at the beginning of the epidemic —, as well as understand and discuss how they reacted to the diagnosis at that time, whether they talk about differences in terms of advances, related to the name of the campaign, over the many years they have faced the hiv/aids epidemic, and whether the discourse analyzed in the campaign contributes to transforming the stigma that triggers prejudice and discrimination. The relevance of this study, therefore, is connected with the investigation itself — understanding challenges that real PLHIV have faced over the epidemic by analyzing their discourse in order to contribute with discussions that aim to promote social change and reduce the stigma that this social group still faces nowadays.

In order to carry out this study, I used a qualitative research methodology and the data are discussed in light of the theoretical-methodological approach of Critical Discourse Analysis (Chouliaraki, Fairclough, 1999; Fairclough, 1989, 1992, 2003, van Dijk, 2020) and the concept of biopolitics (Foucault, 2003, 2020). The analytical (three-dimensional) model of text, discursive practices and social practices — proposed by Fairclough (1992) and revisited by Chouliaraki and Fairclough (1999) — was used for the analysis of the study.

This article is divided into six chapters: in the first introductory chapter, I make generalizations about the topics involving the research and introduce the study, showing its objectives, relevance and theoretical-methodological aspects. In the second chapter, I discuss the concept of biopolitics. In the third chapter, I explain the theoretical-methodological approach that this research is based on — Critical Discourse Analysis. In the fourth chapter, I describe the methodology, with the procedures for data selection and analysis. In the fifth chapter, I present the results and discussions of the research. In the sixth chapter, I make final remarks about the study, showing limitations and presenting suggestions for future research. Having presented the overview of the study, in the next chapter, I discuss the concept of biopolitics.

2 BIOPOLITICS

The concept of biopolitics first appeared in a conference presented by Michel Foucault in 1974, published in 1977 and entitled 'The birth of social medicine' (Caponi, 2014). When we talk about biopolitics, it is important to highlight that is associated with regulations on population, demography, the mapping of wealth (and its circulation), from the 18th century onwards, as well as to the duration of life itself — which 'makes people live' and 'let people die' (Foucault, 2003).

In the biopolitics exerted by the State, Lemke (2011) argues that there are some measures on the population, which are defined by correction, exclusion, norm, discipline, therapy or optimization — this technology is concerned with regulating and preventing the 'dangers' that a population may face. This way, it is seen that biopolitics aims to 'normalize' bodies, there is a "responsibility, blaming and almost moral obligation to anticipate risks, not to get sick [...]" (Caponi, 2014, p. 36, my translation). Therefore, people must be healthy, 'happy', productive, in order to 'cooperate' for the neoliberal capitalism which, not by coincidence, is related to this technology.

In this context, we can notice a dangerous dichotomy, that is, those who do not fit into the social, political, cultural, behavioral and psychological standards demanded by biopolitics are seen as 'abnormal' and, as Caponi (2001) argues, the 'abnormal' is synonym for pathological and monstrous in our societies.

Regarding the relationship between life and death, 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? (Foucault, 2003, p. 254)

On the one hand, therefore, there is an effort 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. When it comes to PLHIV, it is possible to see both sides of the biopolitical technology. There are sophisticated ARV medications (at least in Brazil) to keep them alive, healthy and productive — to 'make people live'. However, medication is not enough as life is not restricted to the biomedical sphere. Here lies the other side of biopolitics — to 'let people die'. From the moment the ethical and political domain is reduced to the biological field, our individual and daily afflictions, our social connections, quickly begin to be managed by therapeutic intervention and prevention — which are interested in classifying the human being as merely 'normal' or 'pathological'. (Caponi, 2014). Thus, although PLHIV are biologically 'made to live', psychosocially, this social group is still 'left to die', since stigma, prejudice and discrimination trigger symbolic and material deaths, such as alarming suicide rates (Pelton *et al.*, 2021), which are often ignored by our society, and maintains the invisibility of these bodies.

Discourse plays an important role in managing the epidemic and dominant social groups use different strategies to discipline, control, normalize and extinguish marginalized bodies. In this sense, from a social and discursive perspective, there are still enormous fields of struggle and resistance to be occupied, as Foucault (2020, p. 104, my translation) argues, "where there is power, there is resistance". Therefore, it is time to expand agendas so that we dismantle hegemonic discourses, which 'let PLHIV die', and create discursive rearticulations (Fairclough, 1992), which contribute to social change.

3 CRITICAL DISCOURSE ANALYSIS

Critical Discourse Analysis (CDA) is a transdisciplinary theoretical-methodological approach that has been used by researchers who aim to contribute to social change (Chouliaraki, Fairclough, 1999; Fairclough, 1989, 1992, 2003; van Dijk, 2020). In this article, I use, exclusively, the concepts that are carried out for the analysis. It is important to highlight that, as explained at the beginning of the text, I follow the (three-dimensional) analytical model, developed by Fairclough (1992) and revisited by Chouliaraki and Fairclough (1999), which is based on the text, discourse practices and social practices. Thus, for the textual and social analysis I use the categories of intertextuality and assumptions, when I interpret, discuss and explain these categories, as well as connect them with the concept of biopolitics, when I discuss and explain the social elements of this study.

Regarding the concept of intertextuality, Fairclough (2003) argues that it is related to the presence of elements of other texts within a text and can be explicitly attributed through reported speech, or without (explicit) attribution. In this sense, the author elucidates the ability to discern whether specific voices are incorporated or excluded within a text. Concerning the attribution of voices in a text, there is direct and indirect attribution (Fairclough, 2003). While the first attribution uses the same words, in quotation marks, the second can paraphrase and (re)contextualize parts of a text with different words. The author also explains two other types of intertextuality: free indirect reporting, which is somehow intermediate between direct and indirect speech and commonly seen in literary texts; and narrative reporting of a speech act, which reports it without its content.

We notice, therefore, that texts can be explicitly attributed to people, and sometimes it is not so obvious and easy to identify these voices. Furthermore, it is important to highlight that it may not be possible to identify and name the authors of these other texts — a specific person and/or institution, for example.

There are some issues that Fairclough (2003) also considers relevant (for us — critical discourse analysts) to take into consideration within this analytical category of intertextuality: the relationship between the authors (of the 'original' text and the reported one), as well as the relationship between the reported text and the rest of the original text, which can trigger a number of discourses. For example, under what circumstances do the new voices emerge in a text? Were these authors invited? If so, are the discourses of the 'original' and 'reported' voices convergent? Does the latter voice reinforce the former one in particular discourses? We can notice, therefore, that there is a (close) relationship between the 'original' and 'reported' voices of a text, as well as the discourses produced from these voices (Fairclough, 2003).

Fairclough (2003) argues that texts also make assumptions, which take meanings as given. For the author, assumptions are related to ideological strategies that are associated with the ability to exercise social power, domination and hegemony, as well as naturalizing particular ideas, and making them universal. There are some types of assumptions that are used in this study: i) existential assumption, which focuses on saying what exists and use definite pronouns and demonstrative pronouns, for instance; ii) value assumption, which is associated with 'good' and desirable situations, and can make use of certain verbs, such as 'help'; iii) propositional assumption which states what is, can be or will be the case; and iv) bridging assumption, which establishes a relationship between different sentences, and then the text makes sense and becomes (semantically) coherent; and v) logical assumption, which can be implied from features of language. For example, in 'they have been working at the same place for 10 years', it is inferred that they are still working together, due to the use of the present perfect continuous. Fairclough (2003) states that value assumptions are commonly seen in specific types of discourses, such as neoliberal and political; propositional can also be seen in specific types of discourses, which assert what is the case, what is possible, what is necessary, and so on, so we can argue that these assumptions (and their discourses) can also be ideological, due to the power relations they exert, taking meanings as given and trying to universalize particular ideologies.

When we talk about ideologies, it is important to highlight that they are more efficient when their work is less visible and this invisibility is achieved when ideologies are brought into the discourse not as explicit elements of a text, but as assumptions (Fairclough, 1989). The author also argues that when someone becomes aware that a particular aspect of common sense is maintaining inequalities and asymmetric power relations, the ideology ceases to be common sense and may cease to have this capacity for maintaining asymmetric power, i.e. to function ideologically.

Thus, through resistance, discourse disarticulation and rearticulation, different social groups can contribute to social change (Fairclough, 1992). These groups include the academic community and critical discourse analysts. The struggle to transform dominant and oppressive discourse practices and their ideologies is the main objective of critical discourse analysts, who aim to restructure relations of domination by showing hidden discourse practices, as well as intervening in reality by offering resources to those who are socially disadvantaged (Fairclough, 1992).

In the next chapter, I present the methodology carried out for this research, followed by the results and discussions.

4 METHODOLOGY

Every year, since 1998, *Ministério da Saúde* has produced different campaigns (totaling 102 campaigns by the year 2022), with specific themes and purposes and most of them focusing on prevention of the hiv virus. There are few campaigns (totaling 11 by 2022) that focus on people who live with the virus. Therefore, for this study, I selected one of these campaigns, entitled '*Campanha Indetectável*'.

As previously explained, the objective of this study is to analyze the discourse of a campaign about hiv — named '*Campanha Indetectável*' —, produced by *Ministério da Saúde* and the discourses of the participants in this campaign — who live with hiv and discovered the diagnosis at the beginning of the epidemic —, as well as understand and discuss how they reacted to the diagnosis at that time, whether they talk about differences in terms of advances, related to the name of the campaign, over the many years they

have faced the hiv/aids epidemic, and whether the discourse analyzed in the campaign contributes to transforming the stigma that triggers prejudice and discrimination.

To conduct the study, I visited the campaign website (Brasil, 2021), which was developed in 2018. According to the producers, the campaign portrays the stories of 13 PLHIV who became undetectable after the adherence to treatment. They explain that the campaign was divided into two parts: the first with PLHIV who were recently diagnosed and the second with PLHIV who discovered the diagnosis of the virus at the beginning of the epidemic, in the 1980s and 1990s. All the participants recorded videos on YouTube, which are available on the official MS channel called '*Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais*' (Brasil, 2018), where I also visited for the study.

When it comes to the data selection, I selected the discourse of the campaign producers on the website and the discourses of the second group of PLHIV, which has four participants (four videos) who discovered the diagnosis at the beginning of the epidemic — more specifically in the late 1980s and early 1990s. I watched the four videos, read the subtitles and paused when I transcribed them. Subsequently, I translated into English.

The criteria for selection are related, firstly, to the fact that it is a campaign whose theme is a major advance in the hiv/aids epidemic — scientific evidence on the possibility of PLHIV becoming undetectable; as well as the search for understanding different challenges over the many years of the hiv/aids epidemic that this social group faces — which is why I chose these participants in the second group of people.

For the analysis, I selected the passages transcribed, referring both to the discourse of the campaign producers on the website, and to the discourses of the participants who recorded the videos, which could achieve the objective of this research, as previously presented.

The study was carried out following a qualitative research methodology, and the data were discussed in light of the theoretical-methodological approach of Critical Discourse Analysis (Chouliaraki, Fairclough, 1999; Fairclough, 1989, 1992, 2003, van Dijk, 2020). The analysis was further guided by the concept of biopolitics (Foucault, 2003, 2020). As previously explained, the analytical (three-dimensional) model of text, discursive practices and social practices — proposed by Fairclough (1992) and revisited by Chouliaraki and Fairclough (1999) — was used for the analysis. Therefore, I only took verbal texts into consideration due to the theoretical-analytical choices delimited.

After describing the methodology, in the next chapter, I present the results and discussions.

5 RESULTS AND DISCUSSIONS

The analyzes are divided into two parts: the first is the analysis of the campaign producers, with texts selected from the website; and the second is the analysis of the participants who live with hiv.

5.1 DISCOURSE ANALYSIS OF THE CAMPAIGN PRODUCERS

The undetectable campaign portrays the stories of PLHIV who have become undetectable after the adherence to treatment [...] All the characters tell in their stories how they received the diagnosis, the struggle for acceptance, and the difficulties in adhering to the treatment [...].

Example 1³: campaign producers

³ A campanha indetectável retrata as histórias de pessoas que vivem com HIV e se tornaram indetectáveis após adesão ao tratamento [...] Todos os personagens contam em suas histórias como receberam o diagnóstico, a luta pela aceitação e as dificuldades para aderirem ao tratamento [...].

In the passages *portrays the stories* and *all the characters tell in their stories*, we notice the attribution of other voices in the campaign, that is, intertextuality. As explained before, intertextuality is the presence of elements of other texts within a text (Fairclough, 2003). 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).

4.2 DISCOURSE ANALYSIS OF THE PARTICIPANTS (PVHIV)

As previously explained, the four testimonials analyzed in the following examples were broadcast in videos available on the official YouTube channel of MS. Since the participants themselves tell their stories, the type of intertextuality seen is direct speech. The passages analyzed, and the original testimonial in Portuguese (see footnotes), are presented as they follow.

Participant 1: Rafuska

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 diagnosis].

Example 2⁴: 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*. Here there are two types of assumptions: a propositional assumption, when the speaker says what is the case — *I also needed to take* — and a value assumption, as 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’. Therefore, we notice the prevalence of the biomedical discourse, which focuses merely on the use of the medications to make PLHIV feel well.

The passage *it made no difference if people accepted it or not* assumes that acceptance from others play an important role to PLHIV. There is a value assumption, since acceptance is assumed to be something desirable. When acceptance from others is viewed as something good and desirable, it is assumed that marginalized social groups depend on the acceptance of dominant social groups, also called symbolic elites (van Dijk, 2020), who are seen as superior, 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.

The passage *so that I simply talked, exposed [my diagnosis]* 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, PLHIV may not be able to ‘simply talk’, due to professional reasons, financial dependencies, among other factors. We also notice the reproduction of a neoliberal discourse, which gives the floor to the individual stance, rather than taking into consideration complex sociopolitical aspects of the epidemic as a whole.

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.

Example 3⁵: Rafuska

⁴ 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.”

⁵ 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.”

In this passage, the participant talks about how she felt after telling others about her serology. It is assumed that she had two different lives, one closely related to the virus, and another as a whole person. We have 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 (Goffman, 1963), associated with pollution that comes to destroy people and 'let them die', when biopolitics comes into play. In addition to this existential assumption, I highlight an ideological⁶ assumption. Through these assumptions, the participant shows that most PLHIV have two lives, as 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, in spite of her courage, this is an individual example. Also, we notice that the biomedical sphere is not enough to fight against the hiv/aids epidemic, as we are composed of subjectivities, which must be also posed as protagonists in the fight for health and well-being.

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.

Example 4⁷: 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. 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 that because she could get out of the 'hiv closet', it does not mean that others will easily be able to do the same. There is another propositional assumption, once the participant, again, affirms what is the case. Through these assumptions, the participant demonstrates the sociopolitical issues involved in the epidemic, as well as also acknowledges that the biomedical sphere is not enough to deal with such complexities of the hiv/aids epidemic.

Participant 2: 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. [...]

Example 5⁸: 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, even when people do not believe that PLHIV will die soon because of the complications of aids, there is a serophobic discourse that aims to manipulate about a much shorter lifespan and lots of complications biologically speaking that PLHIV face, 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 associates PLHIV with being gay. As Caetano, Nascimento and Rodrigues

⁶Although most of the assumptions may be considered ideological, as discussed in the review of the literature, I try to firstly give the floor to the other types of assumptions, which are more concerned with the textual features of the analysis, and leave other elements, such as biopolitics, for the social analysis that encompasses discussions of ideological meanings. The ones I carefully select to highlight as 'ideological assumptions' are intrinsically related to the core of the social and discourse issues that surround the hiv/aids epidemic, such as the stigma.

⁷ 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."

⁸ 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. [...]"

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

[...] 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.[...]

Example 6⁹: Américo

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 and, in this way, are biopolitically managed. Through this assumption, again, there is an emphasis on the biomedical aspects of the epidemic (over sociopolitical stances). Therefore, we notice the biomedical discourse as being enough to deal with the epidemic.

[...] 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.

Example 7¹⁰: Américo

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 non-transmissibility 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 the campaign producer, this 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 may not easily understand what Undetectable=Untransmittable (U = U) means.

Participant 3: 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.

⁹ Original: "[...] 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. [...]."

¹⁰ Original: "[...] 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."

Example 8¹¹: 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'. 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 must 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 moment, understood and accepted the naturalization of associating PLHIV with murderers, as well as accepted the naturalization of the prejudice and discrimination she suffered from her 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*.

We have an ideological assumption here, since it was considered normal to associate PLHIV with murderers (who commit crimes and must be punished for that). This is the way PLHIV were seen back then (and accepted it), as criminals. From a biomedical perspective, this social group cannot be seen as 'murderer' 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 common-sense discourses, and PLHIV are often reduced to stigmatized social identities, associated with guilt, 'abnormality', and pathology.

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, biopolitics works efficiently and this social group continues to be 'left to die' by society — this is 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.

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.

Example 9¹²: Beatriz

In the passage *then I thought: 'but now he will leave me'*, there is intertextuality via direct speech, since she includes her thoughts in the text by using 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, as it 'explains'

¹¹ 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 chegassem 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."

¹² 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."

the logical assumption by naturalizing 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. Therefore, we notice, again, how hegemonic and dangerous common-sense discourses are to maintain discriminatory social practices that affect PLHIV.

In the passage *new medications arrived and I started taking them and, in 1999, I was able to become undetectable, after three years of treatment*, we notice the reproduction of the biomedical discourse, as the participant places the drug treatment and the undetectability of the virus as a process that somehow saved her from the problems she had previously faced. For example, although she talks about terrible things that happened to her, discursively speaking, in which she even naturalized it, in this passage we have a new cycle that is about to come. However, sociopolitical aspects of the epidemic still prevail, regardless of the advances of biomedical issues. PLHIV deals with different complexities that encompass the epidemic and the State, represented by MS, the campaign producers (and the participants) should not only address such complexities, but also provide ways, socio-politically speaking, to deal with them. We can think about public policies, support networks, among other initiatives.

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, as it is considered 'natural' — for marginalized groups — to accept their marginalization. However, through these assumptions, she disarticulates discourses that reduce PLHIV to stigmatized social identities, as marginal creatures, and rearticulates discourses based on the resistance of a hegemonic social order, which aims to decide who is 'made to live' and who is 'left to die'. As previously discussed, this is an individual example, that is why she says *those who can*. It is time to expand broad and solid agendas that aim to reduce the stigma effectively, since discursive systems are unstable and open to change (Chouliaraki, Fairclough, 1999) and social groups can work collectively to join forces in order to disarticulate and rearticulate discursive constructions.

Participant 4: 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.

Example 10¹³: 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, since the participant takes it as expected that people would react this way. There is also an ideological assumption, since people reacted this way 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', when biopolitics comes into play. Through these assumptions, the participant shows that he was aware of the reproduction of these common-sense discourses, as well as their strength.

¹³ 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?'"

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?* we see intertextuality via 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 only related to a matter of short time that the participant would die. Although one may argue that those voices were being reproduced because of biomedical evidences, since people at that time frequently could die soon because of the lack of (effective) medications, there is also an ideological assumption. Asking these questions, those voices wish to remind that PLHIV (or aids) should not be among 'the normal ones', therefore, must be 'left to die'.

Through intertextuality, therefore, 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 biomedical sphere, as seen with the use of the comparative form *much more than*. An ideological assumption is noticed, as it assumes that the biggest problem of the epidemic is the fact it is a discursive epidemic. Also, the sole focus on the biomedical sphere as being complete in dealing with the hiv/aids epidemic contributes to the maintenance of this discursive epidemic that has dramatically affected PLHIV for more than four decades.

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.

Example 11¹⁴: 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 biomedical 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 biomedical sphere will make PLHIV continue their lives normally and, therefore, the drug treatment is all this social group needs to have a normal life. Through these assumptions, again, we see the reproduction of the biomedical discourse, which maintains a discursive regularity, as this discourse was also found in the discourse analysis of other participants, as previously discussed.

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, as it is assumed that besides sophisticated medications, now there is an open and friendly order of discourse, 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, for example, therefore, there are social actors that still have problems to talk about it openly. Also, since PLHIV are stigmatized and have their social identities contaminated, talking about the epidemic with all the complexities it involves is not 'allowed' in this order of discourse. Therefore, I disagree with the participant regarding all the openness and opportunities people have to 'move on' with their lives — as the discursive (hiv/aids) epidemic was no longer present in today's society.

¹⁴ 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."

In the results of this study, we notice, firstly, the consequences and fears of discovering the hiv diagnosis at the beginning of the epidemic, when there was no medication or a combination of precarious drugs. Over time, more sophisticated medications appeared and the participants emphasized the importance of adhering to them. Although the participants demonstrate to be aware of the psychosocial aspects of the epidemic that have dramatically affected them and PLHIV in general, this is mainly expected to be solved with the drug treatment, since they demonstrate and emphasize the advances of the biological and medical sciences. As demonstrated previously, there is a discursive regularity seen in the analysis, which is the reproduction of the biomedical discourse, placing the biomedical sphere sufficient and complete to deal with all the complexities that the epidemic involves.

It is important to highlight that the participants represent the campaign producers, who represent MS, which is a branch of the federal government. Therefore, intertextuality was used to reinforce the purpose of the campaign, as well as to demonstrate idealized PLHIV, who, despite all the challenges and difficulties faced during the hiv/aids epidemic, managed to overcome them, become undetectable, and are here to tell their stories. The participants reinforce the sole focus on the drug treatment, as if the biomedical aspects of the virus could give PLHIV the possibility of becoming 'normal' again, without having their social identities contaminated. In this sense, PLHIV must either deal with sociopolitical aspects of the epidemic by themselves or will be left out to die. This discourse overshadows the collective nature of society, ignores subjectivities that encompass human beings, such as affections, sexuality, mental and emotional concerns, or proposes that these issues should be addressed in the private sphere, as commonly reproduced by social actors in neoliberal societies.

6 FINAL REMARKS

The current study allowed us to perceive the protagonism of the biomedical discourse, when the topic is hiv/aids, as complete and sufficient to deal with the subjectivities of PLHIV. I emphasize that at no time was it my intention to discourage the use of drug treatment, which is vital for PLHIV. However, this investigation focuses on social and discursive problems that encompass the hiv/aids epidemic, mostly ignored by society in general. Also, the struggle to transform dominant discourse practices is the main objective of critical discourse analysts, who aim to restructure relations of domination by showing hidden discourse practices, as well as intervening in reality by offering resources to those who are socially disadvantaged (Fairclough, 1992).

Concerning the objective of the study: to analyze the discourse of a campaign about hiv — named '*Campanha Indetectável*' —, produced by *Ministério da Saúde* and the discourses of the participants in this campaign — who live with hiv and discovered the diagnosis at the beginning of the epidemic —, as well as understand and discuss how they reacted to the diagnosis at that time, whether they talk about differences in terms of advances, related to the name of the campaign, over the many years they have faced the hiv/aids epidemic, and whether the discourse analyzed in the campaign contributes to transforming the stigma that triggers prejudice and discrimination; we notice that, overall, the discourses analyzed focus on the drug treatment as a possibility to overcome all the problems related to the epidemic. Biologically speaking, indeed, PLHIV can have the same life expectancy (and quality of life) as people who do not live with the virus, however, placing biomedical issues as exclusive to dealing with the epidemic is the aim of the biopolitical governance in the hiv epidemic, which makes the ones who can handle psychosocial issues by themselves live and lets those who escape from social, political, cultural, behavioral, and psychological standards die — therefore, triggering various symbolic and material deaths of this social group (Pelton *et al.*, 2021).

Although the participants talk about very different challenges between the beginning of the epidemic — when there was no treatment or a precarious combination of medications, therefore, PLHIV could easily develop aids, as well as the strong association with the diagnosis and death sentence — and nowadays, when the stigma is still strong, but SUS provides sophisticated medications for all Brazilian PLHIV; in the discourses analyzed, we were able to see that the psychosocial problems that affect this social group, as well as the sociopolitical issues that comprise the epidemic, must either be solved with the drug treatment or be treated in the individual level and at the private sphere. In this sense, the complex subjectivities that affect human beings are diminished by the biomedical discourse, exempting the State from other responsibilities. Hence, the discourse analyzed in the campaign did not contribute robustly enough to transform the stigma that triggers prejudice and discrimination.

Fairclough (2010, p. 11) argues that 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, I address some aspects that are essential to contribute to mitigate ‘social wrongs of the hiv/aids epidemic, in their discursive aspects’: i) communication and representation: both Sexually Transmitted Infections (STIs) and sexuality must be widely debated in the most diverse social spheres and discursive domains, starting with education, media, literature, audiovisual productions, civil society etc. Furthermore, it is important that we have social actors who represent PLHIV and portray the complex aspects that go through the biomedical facet of the epidemic, involving deep psychosocial issues that affect the subjectivities of this social group; ii) struggles and resistance: in more than 40 years of the epidemic, stigma, which triggers prejudice and discrimination, still persists. In this context, it is necessary we mobilize ourselves in different spheres of society, disarticulate hegemonic and serophobic discourses and rearticulate discourses of resistance to this social order that ‘let people die’; iii) *Ministério da Saúde*: MS is a branch of the federal government, which meets demands related to the biomedical aspects of the population and has SUS as an important protagonist. After carrying out this analysis, I suggest that new public policies be implemented, focusing on broad sociopolitical aspects of the hiv/aids epidemic, involving psychosocial problems that PLHIV face in their daily lives, recognition and combating of discriminatory discourses produced by hegemonic social groups, debates about sexuality in its different aspects (desires, knowledge of the body, pleasures etc.), as well as take responsibilities for social and political issues of the epidemic.

Regarding the limitation of the study, the analysis was carried out focusing on a general social group, without addressing specific racial, gender and sexuality aspects in the analyzed discourses. For future research, I suggest a specific dissident social group so that it is possible to understand particular aspects and demands of this social group, e.g. transgender people who live with hiv. Furthermore, for future research, I suggest other aspects that are associated with the demands of the epidemic nowadays, such as different forms of prevention and behaviors in sexual practices. We can also think about extension projects, so that our research crosses different audiences and social spheres, with the aim of raising awareness among different social groups about how sexuality, STIs and hiv are discursively produced in our societies.

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