

**The AIDS chronic apparatus and the discourses of seropositivity:  
an analysis of the enunciations of Brazilian and Portuguese  
women**

*O dispositivo crônico da aids e os discursos da soropositividade: uma  
análise dos enunciados de mulheres brasileiras e portuguesas*

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**Abstract:** This article aims to analyze discourses of hiv-positive women from Brazil and Portugal, interviewed between 2019 and 2020. To do so, it starts from a discussion about biopolitics and governmentality, relating them to new materialisms. Initially, the article describes the functioning of the aids *apparatus* and *the AIDS chronic apparatus*, in view of their fundamental strategies and the forms of subjectivity they produce. Then, it briefly presents the event of the feminization of the epidemic. Finally, the analyses point to two axial strategies: the first, related to the agentivity of drugs and the production of bio-ascetic practices; the second, linked to the forms of vulnerability implied in the gendred character of seropositivity. In both cases, an ambiguous discourse is invented, either of accountability or of abandonment of the HIV-positive life, despite the role of discipline and security, as well as an agonistic between a control by power and practices of self-invention in the precarious spaces in which they reinscribe themselves.

**Keywords:** Seropositivity; HIV-positive women; AIDS chronic apparatus; Brazil; Portugal

**Abstract:** Este artigo tem como objetivo analisar discursos de mulheres soropositivas do Brasil e de Portugal, entrevistadas entre 2019 e 2020. Para tanto, parte de uma discussão acerca da biopolítica e da governamentalidade, relacionando-as aos novos materialismos. Inicialmente, o artigo descreve o funcionamento do dispositivo da aids e do dispositivo crônico da aids, tendo em vista suas estratégias fundamentais e as formas de subjetividade que produzem. Depois, faz uma breve apresentação do acontecimento da feminilização da epidemia. Por fim, as análises apontam duas estratégias axiais: a primeira, relacionada à agentividade dos fármacos e à produção de práticas de bioascese; a segunda, ligada às formas de vulnerabilidade implicadas no caráter gendrado da soropositividade. Nos dois casos, inventaria-se tanto um discurso ambíguo, ora de responsabilização, ora de abandono da vida soropositiva, em que se pese o papel da disciplina e da segurança, quanto uma agonística entre um controle pelo poder e práticas de invenção de si nos espaços de precariedade em que se reinscrevem.

**Palavras-chave:** Soropositividade; Mulheres soropositivas; Dispositivo crônico da aids; Brasil; Portugal



## 1 Introduction

Butturi Junior (2019) described what, in the *AIDS chronic apparatus*, could be read as a kind of explanatory paradigm for the posthuman: the production of chronic life according to the order of the imperatives of pharmacological bio-asceticism, both as a discipline of the body of people living with HIV (PLHIV) and as a security strategy guided by practices and discourses of undetectability and, from then on, of the impossibility of HIV transmission. In both cases, the very notion of chronicity would require the apex with non-human actors — the drugs — and technical *apparatuses* that, in the limit, would forge complex and contingent associations, in the terms defined by Latour (2004). We are thinking here of what concerns, in the case of the chronicity of HIV-positive life, what, among others, Haraway (1994 [1985]), Preciado (2018), and Lemke (2016) require in order to think about biopolitics: a displacement of the very notion of life with which Foucault would operate, taking the positivity of the concept in the relationship it holds with contemporary practices and discourses.

It is, therefore, from the intersection between Foucauldian archeogenealogy as an analytical modality, especially from the central concepts of *apparatus*, biopolitics and governmentality — inscribed, therefore, in a Foucauldian analysis of discourses — and the debates on biopolitics and new materialisms (BUTTURI JUNIOR; CAMOZATTO, 2021) that, in this article, we aim to analyze the technobiodiscursive functioning (BUTTURI JUNIOR, 2019) of the *AIDS chronic apparatus* and its forms of subjectivation materialized in discourses of HIV-positive women from Brazil and Portugal. Such discourses were collected over two years, in the cities of Florianópolis and Lisbon (between 2019 and 2020), through interviews, and point to a zone of indiscernibility between regimes of disciplining — both by bioascetic practices and by pharmacological or *sidadanizing practices* (PELÚCIO; MISKOLCI, 2009) — and the practices of invention of self, both functionalities that have as constitutive associations with non-human, whose agency is also marked in the processes of subjectivation that materialize in the speeches. Our hypothesis is that the women's statements inhabit an agonistic zone between precariousness and the reinvention of the self through strategies of the order of a pharmacological-biomedical negotiation (PRECIADO, 2008) and of a *minor biopolitics* (AGAMBEN, 2010).

The paper is organized, therefore, in three sections, followed by the *Final Considerations*. In the first, we bring the theoretical assumptions and ontological pacts that support our problematizations; in the second, we describe the *AIDS chronic apparatus* and the so-called "feminization of the epidemic", both in Brazil and Portugal. Finally, the third part details the field stages and goes on to the analyses.

## **2 Biopolitics, governmentality, new materialisms**

### 2.1 Biopolitics and government

The literature has described the appearance of biopolitics among Michel Foucault's concerns in the 1970s. In 1974, in his conferences in Brazil, Foucault (2010a [1974], p.169) used the concept for the first time, in order to show the series of modifications that allowed "[...] health to enter the calculations of macroeconomics". The realm of biopolitics and biopower, however, would be properly addressed in the course *Il faut défendre la société* (FOUCAULT, 2010b [1976]), most notably in the class of March 17, 1976, and with the publication of *La volonté de savoir* (FOUCAULT, 2009a [1976]). In these last two texts, Foucault poses a series of questions, which concern the new forms of exercise of sovereignty whose functioning was to "make live and let die", in opposition to the preceding regimes of the sword. The process that the author unveils has as a consequence the expulsion of death from the field of power and the centrality on life in the political calculation, in the same movement in which the problems of death and sovereignty in the form of racism return, obsessively: the condition for the sovereign exception and the functioning of death in biopolitical regimes was the biological caesura, which would also allow the proliferation of indirect racisms (FOUCAULT, 2010b [1976]) in their supposedly more banal forms of exclusion, segregation, and civil death.

Foucauldian biopolitics caused a shift in relation to the disciplines of *Surveiller et Punir* (FOUCAULT, 2013 [1975]), since it was not based only on individual bodies: it required another register, on the population and on collectivized bodies. What was postulated as a "normalization society," however, would have been shifted to the problematizations that appear in the courses from 1977 to 1979, namely: *Sécurité, Territoire, Population*, and *La Naissance de la biopolitique*, from the concept of

*governmentality* and the *security apparatuses*. In the class of February 1, 1978, of the first course, Foucault (2002 [1977-1978]) will deal with the governmentalized State and how government penetrated the lives of people according to an unlocking of the "arts of governing" that appear, against Machiavellian literature, already in the 16th century, and are organized by the demands of a new political economy and a new distribution of population — this new and central object — in urban spaces, especially after the 18th century.

Governmentality, defined as

[...] the set constituted by institutions, procedures, analyses and reflections, calculations and tactics that allow the exercise of power in a very specific and complex way, which has the population as its target, the political economy as its main form of knowledge and security apparatus as essential technical instruments (FOUCAULT, 2002 [1977-1978], p.291-292, free translation of the Brazilian version),

can be read under the aegis of a new treatment of the problem of regulation, which is now understood as security and would continue what had been presented since *Surveiller et Punir*. However, here we take Collier (2011) to question this teleological line. For this author, there would be a functional isomorphy between the "microphysics of the body" and the "biopolitics of population" until 1976, while the emergence of governmentality would require a new configuration, whose difference would reside in various ways of relating sovereignty, discipline, and security in form. Assuming Collier's (2021) displacement, it is not a matter of denying or overcoming the discussion of biopolitics, but of claiming a more complex space for the question of life to be taken as a problem that concerns more localized and heterogeneous forms of rationality.

When we turn to the speeches of HIV-positive women, we will start from the concept of biopolitics as the exercise of sovereignty in a society of making people live, but always submitted to exception — which will be materialized in the speeches we will analyze. This biopolitics is exercised in determined governmental topologies, namely those of a security *apparatus* that is based on risk and accountability of PLHIV, on the one hand, and that requires a bio-ascetic government of the self and is constituted according to a network of state and international health policies — in the form of organizations such as the UN and UNESCO and their effects towards states (HARDT;

NEGRI, 2000). With this as a starting point, let us move on to the discussion of materiality.

## 2.2 The non-humans, associations, and biopolitics

In *Naissance de la Clinique*, Foucault (1994 [1963], p.XI) will show a modification in the space of seeing and saying, which allowed the emergence of "[the] forms of medical rationality [that] penetrate the marvelous thickness of perception": the cranium-breaker. It is he who allows a new form of visibility and, at the limit, the game that establishes the rational gaze of medicine and that, in turn, constitutes the first access — via death — to the modern subject.

We take this excerpt from Foucault and bring it closer to what Lemke (2016) reads into the Foucauldian problem of government: the presence of a calculus about humans and things, which appears already in La Perrière (1555): the existence of a technique of government that is both of persons and things (FOUCAULT, 2002 [1977-1978]). It is from the Foucauldian assumption of a doubly oriented government that Lemke (2016) will claim a new form of materialism present in Foucault and place this materialism as the focal point for interrogations about biopolitics.

We will take into consideration the two Foucauldian texts — the second one, in Lemke's interpretation — in order to show what, in the problematization of the *AIDS chronic apparatus*, appears as a demand: to understand the role of materiality within strategies that are discursive and non-discursive, as Foucault himself (2009b) taught about *apparatuses*. Thus, although the limits of the non-discursive have not been properly theorized by the French author, here we will consider them according to the order of power strategies, but also the non-human and the more than human (BENNETT, 2010), in their agency and in their forms of association (LATOURE, 2004) and *intra-action* (BARAD, 2017) with the human. We understand, in this way, that the assumption of the new materialisms has as a product the complexification of the concept of life that inhabits biopolitics, since we will be working with complex associations of the order of cyborgism when we pay attention to the network in which the production of subjectivities related to HIV is shaped.

Let us explain the relation between archeogenealogy, as we understand it, and the new materialisms. Our position is to put in check, as Barad (2017) does, language as the only explanatory model and its less productive consequence, namely, radical constructionism. From this perspective, Barad distrusts the asymmetrical response that places language — in the form of the performative — at the center, bringing to the fore not only the agentivity of matter in *intra*-action with discourse. In turn, Bennet (2010), by indicating Foucault's "material recalcitrance", will take life as a problem and think it according to its relation with non-human matter, in its agency — understood as the capacity to produce effects — and according to a Spinoist vitalism; in the limit, it then requires rethinking epistemology and ontology, because it is no longer a subject-object relationship, but a composite that, as Latour (2004) pointed out, was formed by heterogeneous actors and their associations.

Thus, on the one hand we assume the agency of humans and non-humans (LATOURE, 2004; BARAD, 2017; BENNET, 2010) — associations between PLHIV, discourses, drugs, medical apparatuses etc. — and give agency to the second of the elements. On the other, we assume that the concept of life should be auscultated in what it presents as a vertex between discourses and technologies, semioses and the organic, the organic and the techno-discursive of the *pharmacopornographic regime* (PRECIADO, 2008). This double track brings us to the *technobiodiscursive regime* (BUTTURI JUNIOR, 2019) and its implications for the production of subjectivity, for the exercise of powers and resistances, and for the associations between discursive and non-discursive effects within the *AIDS chronic apparatus*, the subject of the following section.

### **3 The *AIDS chronic apparatus* and the feminization of the epidemic**

Initially, we must remember that it was Perlonguer (1987) who, in Brazil, first used the concept of *apparatus* to think about the AIDS epidemic, bringing to light the production of exception and indirect racialization related to homosexuals and, more generally, to the so-called "risk groups" — at the time, subsumed in the expression 5H: hemophiliacs, homosexuals, Haitians, heroin addicts and hookers (CAMARGO JR., 1994). Perlonguer's work was taken up by Pelúcio and Miskolci (2009), again related to biopolitics and operating according to *sidadanization*: a mode of government of HIV-positive life that

demands and individuality, rationality and accountability of the subject for his health and prevention, in a process of production of vigilant and controlled subjectivities (in adherence to the use of drugs and submission to the ascetic biomedical discourse), on the one hand, and of maintenance of abject ways of life, which in various ways break with the practices and discourses of the "good patient".

In turn, Butturi Junior (2016), Butturi Junior and Lara (2018a, 2018b) and Lara (2022) take the displacements towards chronicity to think an *AIDS chronic apparatus*, which is established in the second half of the nineties, in Brazil and Portugal, and which is conformed in some series: i) that of the "making live" from the adherence to the Antiretroviral Therapy (TARV), initially recognized as "cocktail" and distributed for free in both countries (since 1996 in Brazil and since the same 90' in Portugal); ii) that of the naturalization of life with HIV (SQUIRE, 2013), in the form of a governmentality that puts into play the relationship of adherence to bioidentity and bioasceticism, established by a management of national and supranational policies towards citizens (ORTEGA, 2003); iii) that of the creation of new forms of subjectivity for PLHIV, according to the order of chronicity; iv) that of the reinscription of forms of sovereignty and exception, either in the modality of *sidadanization* (PELÚCIO, MISKOLCI, 2009), or in the practices of *indirect racialization* (FOUCAULT, 2010b [1976]) materialized in ordinary discourses or even in that of public policies, which maintain in their scope abnormalizing categorizations (such as, for example, those related to "risk"); v) the redistribution of vulnerability, implying the permanence of infection, this time in more impoverished and racialized groups and, moreover, establishing a discourse of "the end of AIDS" (PARKER, 2015), whose mark is again the exception; vi) that of producing prevention strategies directly related to the use and adherence to medication, such as that of the *Undetectable=Intransmissible* or that of treatment as prevention — as part of the combined prevention tactics (BRASIL, 2019, UNAIDS, 2018), of ambiguous effects for PLHIV — as we will try to clarify in the analyses.

Let us note that the description, even if succinct, of the central strategies of the *apparatus*, as it is currently configured in Brazil, holds important similarities with what has been researched in Portugal, especially when taking into account biopolitics and the problem of government. From this perspective, Carvalho (2010) already suggested applying to HIV/AIDS (VIH and SIDA, in the original), the concept of *apparatus*

(*dispositif*) since it operates according to practices and discourses (i) of biomedicine, since the invention of a syndrome and its naming; (ii) of exception, materialized in the "minor groups" and in concepts such as that of "risk groups" that sustained splits in the forms of subjectivity; iii) of non-scientific knowledge, such as the press, which produced regimes of truth about the disease and the sick; iv) of discipline and security, insofar as they implied ways of relating to oneself and of control, on the one hand, and of calculating the risks; v) of production of forms of subjectivity and of invention of resistance.

As in Brazil, after an upsurge of the epidemic in the early nineties — and its "heterosexualization and feminization" — in Portugal, the State began to adopt policies such as the *National Plan of Fight Against AIDS*, while several non-governmental organizations, notably those linked to feminist and homosexual movements, gained space in claiming rights and confronting the disease (CUNHA-OLIVEIRA; PITA; CARDOSO, 2011); it is the moment when the antiretroviral therapy (ART) and the practices of bio-ascetic government began to work (SEIXAS, 2010). From the biopolitical and governmental perspective we adopt here, we will take these similarities as the starting point of our analyses of women's utterances within a *AIDS chronic apparatus* in place in Brazil and Portugal. Described in general terms, this chronic *apparatus*, here, will be approached in its gendrical character and in the vulnerabilities it brings to the fore, and in the axial character that the associations between PLHIV and drugs (taken in their agential capacity) have in the production of forms of subjectivation in the *apparatus*. Before moving on to the analyses, however, it is necessary to resume the production of the HIV-positive woman as an event — in the form of a redistribution and reorganization of the enunciative series and their effects (FOUCAULT, 2012 [1969]) — in the regimes of truth of AIDS.

This event has a history marked by the relative redistribution of risks, since, as we have already stated, the AIDS epidemic, at least in the West, was based on the production of the gender exception that placed homosexual men as the first source of risk. Thus, in Brazil, in the nineties, the transmission between heterosexuals and women was put in check (BUTTURI JUNIOR, 2016). In Portugal, in turn, Pinto-Coelho (2010) will describe a discursive functioning in the press, built by heterosexual and male privilege, which resulted in its erasure in the news about the HIV-positive subjects, and by



materialization resources of women (linked to prostitution) and homosexuals in the field of deviation and, therefore, more prone to infection by HIV.

However, despite the game established between statistics and the daily practices of indirect racialization, the heterosexualization of AIDS and the growth in the number of HIV-positive women, according to Barbosa (1997), shows that, within an already chaotic picture — indiscriminate use of contraceptives and surgical sterilization, high number of c-sections, practice of clandestine abortions and high rates of maternal mortality — the AIDS epidemic has increased the challenges of health policies for women in Brazil. According to Galvão (1997), at the beginning of the AIDS epidemic, Brazilian women, traditionally second-class citizens, found themselves stripped of part of their identity and of their rights to information, assistance and treatment. In Portugal, as Martins reports, vulnerability relates to youth, maternity and nationality: "The stratification by sex revealed a higher proportion of cases born outside Portugal among women 52.3%" (INSTITUTO NACIONAL DE SAÚDE, 2020, p.27). In the latter case, one must take into account the network of limitations to which non-Portuguese women are subjected.

It is, therefore, following the network of *gendramentum* and vulnerability in the *AIDS chronic apparatus* that we finally move on to the analyses.

#### **4 An agonistic chronicity**

In this section, we deal with the interviews conducted, pointing out the discursive regularities of constant struggle and incitement invented from two modalities of the biopolitical government of the women we interviewed: on the one side, the practices and discourses of control, constituted according to the order of risk and in the modality of bio-asceticism at the vertex with ART, taken as a non-human element in the apparatus; on the other side, forms of invention that result in an excess and tension produced by women and constitutive of the *AIDS chronic apparatus*. However, it is important to notice that the women involved in this study were interpellated based on their associations with non-governmental entities of assistance and support to PLHIV.

The women interviewed in Brazil belonged to the Grupo de Apoio à Prevenção da AIDS de Florianópolis (GAPA-SC), an institution founded on August 6th, 1987. Only

Jenifer and Lu had experiences related to activism and had already participated in formative events on HIV and AIDS. In Portugal, the two women - Sophia and Maria - who have their statements recorded in this text, in addition to being living with HIV, maintained professional links with the Grupo de Ativistas em Tratamentos (GAT), founded in 2001, acting mainly in the reception of new users who joined the institution and in the research carried out, such as the Stigma Index, in partnership with UNAIDS. This difference will be materialized in several ways in their enunciations, as we will see.

In order to examine the statements of the interviews, our starting point will be agonistic, as elaborated by Foucault: "[...] a relationship which is the same time reciprocal incitement and struggle [...]" (FOUCAULT *apud* DREYFUS; RABINOW, 1983, p. 222). It is as a constant struggle and continual incitement that we invented two modalities of the biopolitical government of the women we interviewed. Furthermore, we want to think about drugs in terms of their active association with women and their lives, sometimes subjecting them to regimes of care and sometimes promoting more authentic uses.

#### 4.1 The *pharmakon* and bio-ascetic regimes

Herbert Daniel (2018 [1990], p.140), in the early 1990s, wrote a seminal text concerning our problematization: The first AZT we never forget. The brief writing recounts a kind of rite of passage, namely, entering the world of the antiretroviral drug and enrolling oneself among those who no longer have sufficient T-cell counts to ensure the proper functioning of the immune system. Daniel briefly describes the drug and its effects: "[...] I wasn't taking AZT. I was swallowing, pill after pill, the upset metaphors of the drug, I was ingesting an ideology of my own crystallized in the acronym and the news that comes from it much more than in the chemical formula [...]".

We take the relationship between body, AZT and "ideology" requested by Daniel and return to Donna Haraway (1994 [1985]): in the series of dislocations we are witnessing we have moved from an industrial and organic society to an "informational" society in which boundaries appear blurred. Hence, the appearance of AIDS goes on to inscribe the virus in the body, in a functioning that is of its code in intra-action (BARAD, 2017) with the now HIV-positive body. The blurring is yet of another nature: that of the

limits between a virus that attacks the body and the "moral pollution" that makes it function as a strategy of the apparatus.

It is precisely this blurring that we intend to describe, starting from the material relationship between women and their drugs and the one that is constitutive of it, namely, the production of a bio-ascetic subjectivity. Turning to the interviewees' utterances, we first state that: there is an association between them and the drugs, which concerns a sharing agency between both. In other words, if it is up to the women to decide to adhere to ART, the drugs implicate them in its effects: they demand discipline from their bodies, place bodily limits to adherence (vomiting, diarrhea, psychic changes, etc.). As Bennet (2010) pointed out, the thing-power appears not as a form of object consciousness, inheritor of Cartesianism and Kantism, but as a vibration of that which is non-human. Let us read three excerpts<sup>1</sup>:

**It** [the relationship with the medicine] **is complicated**. We don't like each other very much (laughing). Now I'm doing, as they say, I'm taking it once a day, now it's easier. [JENIFER]

**I've already messed up with the medicine and it's back again** [the viral load], now I have to take it again, schedule an appointment to do it right, take it right to do the exam again. [JENIFER]

Sometimes I think I'm fine, sometimes I think I don't need anything, sometimes I feel depressed, and sometimes **I think I want to die and stop taking the medicine, but it will only hurt myself**, right? [LU]

Jenifer and Lu are Brazilian. In their statements, ART appears at various times in the order of side effects — as in all the other interviewees. Our reading, here, points precisely to what this requires for the production of subjectivity of these women, because there is a movement of precariousness always recurrent, despite the quality of current drugs, less toxic, is also alleged by all of them. As it happened with Herbert Daniel, the treatment is a kind of assumption of bioidentity — the woman becomes HIV-positive in treatment.

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<sup>1</sup> The excerpts taken in this section were translated by the authors. We understand that although the translation process may erase traces of those narratives, for the purposes of this text, this is not an inconvenience and works as a way to bring to the surface the experience of women living with HIV interviewed in the study.

It is interesting to think about the movement that links these forms of subjectivity to a rupture from the action of drugs, of direct effects (on the body) that spread throughout the women's lives. The pharmakon (DERRIDA, 2005), insofar as it is medicine and poison, gains in personalization in these discourses, as if to state the agency towards the human: it is complicated, it is negotiated with, it is renounced. In the limit, it operates by bringing up a memory of death and a demand for a thorough self-examination: it will only hurt, here, concerns the existing ambiguity between the danger of adherence (in the long term, in the bodies and subjectivities of women) and the risk of not adhering (I messed up) — whose consequence is the decline of the immune system and the demand for new combinations, more toxic, for what is called rescue.

Well, the agency of ART taken as pharmakon appears, in the enunciations of Portuguese women — we repeat, activists — closer to that instance of negotiation and inventive use that Preciado (2008) suggests. The association between women and the non-human, the ART, is also materialized in side effects and, therefore, subjective. However, a fundamental difference emerges:

In the beginning I started taking AZT and DDIs and they were very complicated drugs, I even had lipodystrophy, **I had to have infiltrations** in my face because I was, I was really affected. And then it was very complicated [inaudible] with the body image. It was a very negative time. [Maria]

**Drugs are not made for women.** Drugs are made for men, because pharmaceutical companies want to present a drug with fewer side effects. [Sofia]

**It is the lack of listening on the part of doctors.** And therefore, such theoretical and empirical knowledge and then the lack of sensitivity and the lack of listening. A certain paternalism of what the patient feels. [Sofia]

Consider the ways in which these two women produce effects on the pharmacobiomedical normalization: while Maria informs that she had infiltrations due to lipodystrophy — common side effect of some older classes of drugs — Sophia puts in check the bioeconomy itself (LEMKE, 2016). She first discusses drug combinations and explains that the idea of monotherapy is already being worked with; then, in the excerpt, she implicates the industry in the gendrada dramatics, since it is the female body that is most vulnerable.

This action-oriented and inventive character of the practices of the two Portuguese women, in turn, contrasts with the discourses on medical power that appear mostly among

the Brazilian women, who mark their narratives either by the absence of resources to seek a doctor, or by the character of injunction — the doctor ordered it —, or by situations of ignorance about their bodies or the medicines they use. Biomedicine, here, seems to sustain itself in various forms of control: that of women's bodies, that of medical knowledge, that of authority. Between the two strategies, there remains, however, the existence of a struggle: among the Portuguese women, the forms of resistance, it seems, are instituted in that minor biopolitics (AGAMBEN, 2010) and in the production of a subjectivity, we would say, militant, that demands medicines and that is based on the knowledge about HIV and AIDS to put in suspension the drug-biomedical control; among the Brazilian women, resistance appears in a denial — at the limit of death (BUTTURI JUNIOR, 2019): in refusing to ingest the drugs, in creating intervals of ingestion that allow the virus to replicate again. This borderline relationship, in spite of the agency of ART and HIV itself in the association with their bodies, is still established by the series of vulnerabilities to which they are exposed, since they cannot reveal that they are HIV-positive and, therefore, taking the medicine or even seeking the medicine become problematic practices.

If, with Ortega (2003a), the bio-ascetic practices configure a liberal self-government of bodies and subjects, based on accountability and self-injury, what we can read is a vertex between ART, the truth and authority regime of biomedicine, and the production of bio-ascetic subjectivities, but always in a way that makes women more precarious: from them a thorough control is demanded, but they are not given the information about their body and their medicines; for them are prescribed more harmful medicines, "made for men" and without the possibility of listening; finally, the responsibility of their health — which will figure in the data of successful adherence to ART — falls on them and places them in the center of sidanization (PELÚCIO; MISKOLCI, 2009) and on the edge of death, as Jenifer attested. We are, therefore, facing what Squire (2013) described as the naturalization of chronicity, from a discourse of successful adherence and self-government, in this biopolitical topology, without taking into account the dense web in which life with HIV is captured.

## 4.2 The women and the vulnerabilities

We shall take gender, which appears in the statements of the previous subsection, in terms of what it implies in vulnerability. As Sophia stated, "[...] they realized that there are women in the world. But it's kind of by force." This character of invisibilization of women is one of the enunciative series of the apparatus in its distribution of precarization, as we have seen. However, if we take precarization as interpreted by Butler (2016), it is a series of processes and procedures that frame lives and deaths in distinctive ways and are materialized in social and political practices. In the case of the women interviewed, gender is precisely a strong statement to mark the difference, which appears related to saying they are HIV-positive. These two modalities, among other forms of vulnerability that abound in the interviews, will be taken here because they seem to materialize the seropositive precarization for women — and the possibility of the operation of different forms of racialization (FOUCAULT, 2010b [1976]). They are also the ones that put resistance and invention back into play, in the form of potency.

Let us begin with statements about being HIV-positive:

[...] People who contracted hiv were not only people, because they wanted to, I think, **maybe blame a risk group**, set up a risk group, so it was **only drug addicts and prostitutes and gays that got it**, right? And that's why, at that time, I believe I met more people who got it from my husband, at that time, when I got infected, I thought I was the only wife who was, **"how am I going to tell someone that I got hiv if I am nothing like that"**, you know? I think that it was also complicated for women, I think that all of them should go through the same thing, I didn't belong to this world. [Jenifer]

It was necessary one day to fall in the street and go to a very special place and after six months of hospitalization there, someone decided to test me for hiv **since I was not in the so-called risk groups** [Sofia]

Luiza: Yes, when I found out, I already had, I had immunity of 9, to give you an idea, I was dying, ok! and I always went to the gynecologist, because I caught a bacteria, those itches, but impossible, I did the treatment, in a couple of weeks I would come back again, so I already had such a low immunity and the doctor never came and said to me, "I'm going to do an hiv test", **never**, health center doctors, general practitioners, **they don't believe in this**, do you understand? [Luiza]

In the three extracts, Brazilian and Portuguese women materialize the dichotomization between the risk groups, inscribed as the other, and women. Now, the memory of a gendered and racializing epidemic operates incisively in the production of

the self: it is the illness of the other that affects me, it is the danger of the other that I carry. However, the official documents — supranational and national — already operated with the feminization of the epidemic; since the beginning of the nineties, they even brought the discussion about vulnerabilities, as in the proposal by Mann et al. (1993), which suggested an important division, beyond the human denominators of HIV transmission: there is an individual vulnerability, composed by "[...] examples of cognitive, behavioral, and social preconditions" (MANN et al, 1993, p. 279) and a collective vulnerability, then marked mostly by countries' HDI.

Among the vulnerabilities, gender has gained space on international agendas and the concept of risk group starts to be read as a ratification of stigmas. In the women's enunciations, this gendered vulnerability gains a specific operation: first, because it produces a silencing of the feminization of the epidemic, whose effect is the assumption of a total protection — and here we notice that it is the doctors themselves who do not believe it; then, because it solicits the assumption of a dangerous subjectivity, from which they want to move away, but that will mark a displacement towards the invention of themselves as HIV-positive.

Regardless the relationship with memory, this new modality is assumed — Jenifer even says she doesn't remember life before hiv —, especially for family members, and is also negotiated, precisely because it is up to the women, in the *AIDS chronic apparatus*, to invent the conditions in which the biomedical truth does not result only in precariousness, as in the case of affective relationships. Let's read the last three statements:

Luana: **I have also suffered a lot at the hands of, you know, violent men!**

Luana: You know, before he was with me he already knew, but he still wanted to be with me and no, he didn't contract the hiv and he removed the condom.

Interviewer: Yes, because you are undetectable, right?

Luana: **He said it was the pact. That he made the pact. I thought he had, because he wanted to bring the condom and then he removed it on the spot, but I am undetectable, he did the tests in jail and nothing came out.**

Interviewer: I see.

Luana: Now, **when he gets out I don't know if I will have to go back with him, I'm a little afraid, I'm afraid he will want to do something to me**, I don't know, let's see when he gets out what will happen, And then I'll take him to take that "Pep". [Luana]

Yes, now I have been in a relationship now for seventeen years, I mean, I already deserved to trade him for a high and [laughs] and yes, yes, my partner is not infected [Sofia]

No. I don't blame him because I was already separated and I came back. I came back because I wanted to try again, but it didn't worked out, I already knew that he was using drugs. [Jenifer]

Here, we are considering the data of an unequal distribution of the gendered precariousness. In other words, there is an important difference in the subjective production of the interviewed women: while Brazilian women point to series of vulnerability, the Portuguese women have to laugh and choose — they deserved to change it. What materializes in their speech, however, concerns the maintenance of the biopolitical-bioidentitarian government's accountability: the Brazilians have to accept the pact, accept the violence. They want and supposedly have control over their decisions: I came back because I wanted to.

It is this ambiguity that deserves attention. If, with Butler (2016), we postulate that precariousness is an effect of framings made by the other, it is necessary to take into account both the men with whom they have relationships and the memories and the biomedical risk discourse — which, as we have seen, leaves them in a space of not knowing — in the production of these agential enunciations. If, still, with Squire (2013), we think about the abyss between supranational and national policies and the abandonment-in the form of Agamben (2010), as a mechanism of return to the *bando*, to bare life, to the exception-of ordinary existences to their own self-government, full of vulnerabilities, then we can describe a functioning of the *AIDS chronic apparatus* sustained in the exception, as we postulate, in which gender still occupies the centrality.



## **5 Considerações finais**

In this article, our effort was analyzing the discourses of HIV-positive women, in view of the *AIDS chronic apparatus* and its relationship with gender *apparatuses* and the agency of non-humans — specifically, ART.

To do this, we adopt the discussions of an extended biopolitics to examine our corpus according to the technobiodiscursive order, in what it describes as bioascetic government of life and the permanence of regimes of exception — in the form of precarization, in the modality of *sidadanization* (PELÚCIO; MISKOLCI, 2009).

After describing the *chronic apparatus*, we proceeded to the analyses, when it was possible to observe an agonistic between biomedical control and the ordinary and inventive practices with which women reinscribe themselves and from which they make note of the mobility of the apparatus. As postulated by Agamben (2010), we believe that these movements configure spaces of resistance in a minor biopolitics; however, these resistances and the precarization to which we refer appear unequally distributed among Brazilian and Portuguese women, in the relationship they have with their bodies, with ART and its agencies, with medical knowledge and with the series of vulnerabilities to which they are subjected.

In all cases, it remains in operation the responsibility and a discourse of autonomization, of the order of a liberalism — inscribed in policies, documents and practices — and an abandonment, of the order of the exception, in which these women live and from which they reinvent themselves daily.

## **Acknowledgments**

ABJ thanks National Council for Scientific and Technological Development (CNPq/Brazil) for the Research Productivity Grant (PQ2), process 304252/2019- 0, which made this research possible. CAL thanks CNPq for funding her PhD scholarship, process 142131/2018-0, and Coordination for the Improvement of Higher Education Personnel (CAPES/Brazil) for funding her sandwich PhD scholarship under the CAPES-PRINT project, process 88887.368665/2019-00.

## Contribution

**Atilio Butturi Junior:** Conceptualization; Writing – Review & Editing; **Camila de Almeida Lara:** Conceptualization; Writing – Review & Editing.

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Received on 08 April 2022  
Accepted on 23 May 2022  
Published on August 2022

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