

**AIDS, Activism and the Social Imagination  
in Brazil**

**by**

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*In Memory of Adelmo Turra*

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## Opening

This thesis is about AIDS activism in Brazil. Or more specifically, it explores the ways in which certain activist organizations (AIDS/NGOs)<sup>1</sup> have elaborated and implemented a political practice centered on "living with AIDS" that seeks to engage all Brazilians in the fight against AIDS. It is also an examination of deeply ingrained gender and sexual inequalities that limit the willingness and ability of individuals and communities to protect themselves from HIV infection, and of increasingly institutionalized and professionalized organizations of uncertain political direction. And it is about how some marginalized groups have used AIDS as a means to gain social legitimacy and collective empowerment. In investigating these contested terrains in which diseases are constructed, bodies are marked, and communities are mobilized, I position myself within a growing body of critical medical anthropology and action research focused on HIV/AIDS.<sup>2</sup> It is my hope that this dissertation will contribute to our understanding of both AIDS and contemporary social/political movements, serve as a form of witnessing for those I have known and lost, and make a difference, if only a small one, in shaping the future directions of the HIV/AIDS epidemic.<sup>3</sup>

My political involvement and interest in AIDS-related issues dates to my law schools days in the San Francisco Bay Area in the mid 1980s. In 1984, I drafted a

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<sup>1</sup> The exact labels used to describe the groups formed by civil society in response to the HIV/AIDS epidemic vary in different parts of the world. In the United States, the terms "community-based organization" (CBO), "non-profit organization" and "AIDS Service Organization" (ASO) are often employed, while Brazil it is more common to speak of "*organizações não-governamentais*" (non-governmental organizations) or the Portuguese acronym ONGs/AIDS. In this thesis, I generally use the term AIDS-related organization as the umbrella term, and AIDS/NGOs (the English equivalent of ONGs/AIDS) to refer to such groups in Brazil.

<sup>2</sup> HIV is the acronym for the Human Immunodeficiency Virus, which is generally agreed by scientists and activists alike to be the underlying cause of Acquired Immunodeficiency Syndrome, or AIDS. In using the combined acronym HIV/AIDS, I explicitly highlight the variable and changing physical consequences of HIV infection in particular individuals, which range from clinically defined AIDS to symptomatic HIV-related illness to asymptomatic HIV infection.

<sup>3</sup> For discussions of social scientific and ethnographic writing as a form of witnessing, see Farmer 1992, Kayal 1993 and Quimby 1992.

paper on AIDS-related discrimination in the workplace, which was then an unsettled legal question. In the fall of 1985, I served for one semester as a full-time intern at Congresswoman Sala Burton's District Office in San Francisco, where in addition to helping constituents (including a significant number of people living with HIV/AIDS) resolve their programs with federal agencies, I also was able to concentrate on monitoring and developing AIDS-related public policy under the direction of Bill Kraus, an important San Francisco gay community leader who at this time was himself living with AIDS. Although I only knew Bill for four months,<sup>4</sup> witnessing his remarkable energy and compassion - punctuated by his persistent cry of "doesn't anybody care" when responding to whatever example of social injustice he encountered - inspired me to become active in San Francisco lesbian/gay politics for the first time and to direct my career aspirations toward public policy. Accordingly, upon completing law school, I did a one year fellowship in the California State Assembly, which included my analyzing the state AIDS budget for the Ways and Means Committee and organizing hearings for the state AIDS Budget Task Force. I then returned to San Francisco, where I worked for nearly two years as the lesbian/gay community and health issues liaison in the district office of a State Senator.

After having worked in California politics for more than three years, I recognized that I needed a break from what was becoming more of a job than a passion and decided to enroll in the graduate program in anthropology at the University of Michigan with the intention of developing a research project that built upon my knowledge and experience in public policy, community mobilization and sexual/gender politics. However, I did not arrive at graduate school with a pre-formed idea to study Brazilian AIDS activism. In fact, during my first year at graduate school I was not sure that I wanted to study either Brazil (Argentina and Chile were also possibilities) or AIDS (I was

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<sup>4</sup> Bill Kraus died in January 1986.

in a period of burnout after working for nearly four years on these issues). But upon reflection, I gradually narrowed my dissertation research topic to Brazilian AIDS activism, and in 1991 I received a Social Science Research Council International Predissertation Fellowship to support ten months of exploratory fieldwork, language training and health-related course work in Brazil.

It is my impression that personal contacts and gut level reactions play a large role in shaping the selection of field sites and research designs among ethnographers, and my case is no exception. When I learned that I would soon be going to Brazil, I asked one of my fellow graduate students, herself Brazilian, if she knew anyone who worked on AIDS-related questions in Brazil. She gave me the name of Jane Galvão, an anthropologist who then directed the *Apoio Religioso Contra AIDS* (Religious Support Against AIDS, or ARCA) project of the *Instituto do Estudo de Religião* (Institute for the Study of Religion, or ISER), one of Brazil's oldest and most respected NGOs. As a result, although I had initially wanted to go to São Paulo, the Brazilian city with the largest number of AIDS-related organizations, I began to seriously consider basing this first phase of my dissertation research out of Rio de Janeiro. Toward this end, I wrote to Richard Parker, a US<sup>5</sup> born but Brazilian based anthropologist and AIDS researcher, who responded several months later with the offer of a formal affiliation at the Institute of Social Medicine (ISM) of the State University of Rio de Janeiro (UERJ). With these two important Rio de Janeiro contacts in place, and nothing definite in São Paulo, I decided to go to Rio de Janeiro.

About six weeks after arriving in Rio de Janeiro, I met with Jane Galvão and explained that I was interested in studying AIDS activism in Brazil. She directed me to the Grupo Pela Valorização, Integração e Dignidade do Doente de AIDS/Rio de Janeiro

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<sup>5</sup> Through this thesis I use the term "US" as the adjective form of the United States, rather than "American", which could just as easily refer to anyone through the Americas.

(Group for the Affirmation, Integration, and Dignity of the AIDS Patient, or hereafter, Pela VIDDA),<sup>6</sup> which I first visited in August 1991. Within a few months I had become a regular fixture at the group, where I attended meetings and activities two to five times per week before returning to the United States in April 1992. My initial participation at Pela VIDDA also coincided with their inaugural People Living with HIV/AIDS Seminar in September 1991, where I met AIDS activists from throughout Brazil, including a vocal and friendly group from the Grupo de Apoio à Prevenção da AIDS/Rio Grande do Sul (Support Group for the Prevention of AIDS, or hereafter GAPA/RS). My growing knowledge of the universe of Brazilian AIDS/NGOs continued to expand when I traveled with several Pela VIDDA participants to São Paulo in November 1991 for the annual national meeting of Brazilian AIDS/NGOs. Here, I met then GAPA/RS President Gerson Winkler, who extended me an invitation to visit their group and Porto Alegre.

Later that November I made my first trip to Porto Alegre, and as in the case of Pela VIDDA, the participants at GAPA/RS quickly made me feel welcome and took me under their wing. During the two weeks I spent in Porto Alegre, I accompanied nearly all of GAPA/RS' activities, including visiting people with HIV/AIDS at their homes and local hospitals, conducting outreach at the men and women's correctional facilities, attending a meeting of the female sex professional work group (which happened to be a birthday party for one of the women - they played selections from the Grease soundtrack in my honor), distributing condoms at local bars, and organizing and participating in GAPA/RS' World AIDS Day demonstration at the Parque Farroupilha, Porto Alegre's central park. This extremely rich experience motivated me to make a six week visit to Porto Alegre in

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<sup>6</sup> Throughout thesis, I will use the term "Pela VIDDA" to refer to Grupo Pela VIDDA/Rio de Janeiro. When referring to Pela VIDDA groups in other Brazilian cities, I will list the location afterwards (e.g. Pela VIDDA/São Paulo or Pela VIDDA/Curitiba). At times I will also use Pela VIDDA/RJ to emphasize that I am speaking about Pela VIDDA/Rio de Janeiro and not one of the other Pela VIDDA's.

February and March 1992, during which time I got a much better feel for the organization as a whole.

In this manner I came to know Pela VIDDA and GAPARS, whose work forms the basis for much of this thesis. And although I had conceived this first ten months in Brazil as means to improve my Portuguese language skills, to attend classes at UERJ, and to select a site or sites for my subsequent dissertation field work, I ended up obtaining a great deal of useful data, including more than eight months of participant observation at two AIDS/NGOs (eight months at Pela VIDDA, two months at GAPARS), the experience of attending several national AIDS conferences, and forty recorded interviews with Pela VIDDA, GAPARS and other prominent AIDS activists in Rio de Janeiro. Equally importantly, and somewhat to my surprise, I came back to the United States with the recognition that I established contact with many of the Brazil's most influential and respect AIDS activists (e.g. Jane Galvão, José Stalin Pedroza at Pela VIDDA, Veriano Terto, Jr. at ABIA<sup>7</sup> and Pela VIDDA, Gerson Winkler at GAPARS, Richard Parker at ABIA) and AIDS-related organizations (e.g. Pela VIDDA/RJ, ABIA, and ARCA/ISER in Rio de Janeiro; Pela VIDDA/SP and GAPARS/SP in São Paulo; GAPARS/Bahia in Salvador, and GAPARS/Ceará in Fortaleza).

With this foundation in hand, I drafted a dissertation research proposal that combined fieldwork at Pela VIDDA and GAPARS with several neighborhood-based studies. I added this second component to my research design out of a recognition that in largely limiting my first fieldwork experience to AIDS/NGOs, I had little firsthand knowledge of how those who did not frequent AIDS-related groups conceived and responded to the HIV/AIDS epidemic. Upon receiving several fellowships to fund this larger and more ambitious research program, I returned to Rio de Janeiro in September

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<sup>7</sup> ABIA is the acronym for the *Associação Brasileira Interdisciplinar de AIDS* (Brazilian Interdisciplinary AIDS Association).

1993 and stayed there until early October in order to attend the third annual People Living with HIV/AIDS Seminar. I then moved to Porto Alegre and re-integrated into GAPA/RS for what I had anticipated to be a nine month stay. Over the course of the next few months, and in coordination with the new directory at GAPA/RS that had been elected in early 1993, I decided to concentrate my participation within the Prevention Department and the (then named) *Nucleo de Estudos da Prostituição* (Center for the Studies of Prostitution),<sup>8</sup> the latter of which coordinates work groups for female, male and *travesti* (male to female transgendered persons) sex professionals.

During this same period I began to look into possible neighborhoods for my community studies, but was not quite sure where to start. Then, one day, while working at GAPA/RS, I met two lawyers from THEMIS,<sup>9</sup> a Porto Alegre based NGO that works on issues related to gender and the legal system, and learned that they were starting a pilot program to help women from GAPA/RS' sex professional work groups learn about and act on their legal rights. In the course of our conversation, I discovered that THEMIS was in the midst of a similar legal education and empowerment project for low income women from several Porto Alegre communities. Curious about what seemed to me an innovative project, I asked them if it would be possible for me to observe one of the classes of these *promotoras populares legais* (roughly, community-based legal outreach workers). The lawyers from THEMIS said that they would check with the *promotoras*, but did not think it would be a problem. A few weeks later, they told me the *promotoras* would be happy to receive me.

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<sup>8</sup> As I will discuss in more detail in chapter 5, during 1994 NEP changed its name to the *Nucleo de Ação e Estudos de Prostituição* (Center for Action and Study of Prostitution) and was commonly known by the acronym NAESP.

<sup>9</sup> At this time, THEMIS was directed and staffed by two lawyers and one law student. The NGO also had an advisory board composed of feminist, legal and human rights activists from Porto Alegre. Central to the organization's success was the leadership of nationally known attorney and women's rights activist Denise Dora, who had previously worked as an assistant secretary in Porto Alegre's *Secretaria Municipal de Educação* (Municipal Education Department) and in 1994 received a prestigious, multi-year MacArthur Foundation individual grant.



Over the next few months I attended a majority of the *promotora's* activities, developed friendships with many of these women, and helped staff the *Nucleo de Assistência à Família* (Family Support Center) that they opened in early 1994. As a result of this involvement, I also came to be familiar with several low income neighborhoods on Porto Alegre's *Zona Leste* (East Side), and selected one of these, which I call by the pseudonym Vila Santos, to be the focus of one of my neighborhood studies. My acceptance by the *promotoras*, and in particular Regina (also a pseudonym), who became my good friend, fellow AIDS educator, research assistant and key informant, greatly facilitated my entry into the social life of the Vila Santos. Through somewhat different channels I also became involved with the Women's Health Program of the Vila Santos Health Post (a pseudonym), which is the only health-care facility within the approximately 8,000 person greater Vila Santos area, and participated in two semesters of an after school sexual education class for ten to fourteen year old students at the nearby Vila Santos school.

In terms of formal data collection from Vila Santos, I coordinated the administration of a questionnaire on AIDS, health and other community issues to a two hundred person cross-section of Vila Santos residents, with Regina and Carmen, (another *promotora* who lived in nearby neighborhood) serving as my paid research assistants and interviewing most of the respondents. I also recorded interviews with neighborhood leaders as well as several group discussions about AIDS and safer sex. In terms of my participant observation within the neighborhood, I participated in a variety of community events, including neighborhood association meetings, Sunday soccer games, Afro-Brazilian religious ceremonies, health fairs, festivals and the like. Particularly helpful were my regular walks through the community with Regina, who seemed to know everyone and went out of her way to get people to talk to me about AIDS and any other topic of interest to me. And with the implementation of GAPARS pilot community-based AIDS education program in Porto Alegre's East Side in early

1994 - which included a multi-week training for community leaders that Regina, Carmen and five other *promotoras* attended and the subsequent attempt to develop formally structured AIDS awareness and prevention activities in Vila Santos - my two primary Porto Alegre field sites came to overlap considerably, and, as will be seen below, frequently resulted in my being pulled in different and occasionally opposite directions.

Given that the various components of my fieldwork in Vila Santos and my responsibilities within GAPARS, which included my co-coordinating the *travesti* sex professional work groups for most of 1994, left me very little free time, I quickly gave up on my initial and overly ambitious idea of doing two in-depth neighborhood studies in Porto Alegre. It also became evident to me that nine months were insufficient to get to know a neighborhood, so I decided to extend my stay in Porto Alegre until early October 1994. I then returned to Rio de Janeiro, which I had only visited on three separate occasions during the prior thirteen months, and once again became a regular participant at Pela VIDDA. Unfortunately, I was unable to observe or become a volunteer in Pela VIDDA's pilot community-based AIDS education project in the Pavão/Pavãozinho *favelas*, because by the time I arrived in Rio de Janeiro, the project had been temporarily suspended due to the army's occupying the neighborhood as part of a clamp down of drug trafficking and violence within Rio's *favelas*.<sup>10</sup> Recognizing that the tense climate within Rio de Janeiro would not permit me to conduct a community study along the lines of what I had done in Vila Santos, I instead focused my attention on the joint Pela VIDDA/RJ, ABIA and Pela VIDDA/São Paulo "Men Who Have Sex with Men" project, which had emerged as perhaps the most dynamic activity at Pela VIDDA/RJ during this period. And throughout these three months I conducted formal

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<sup>10</sup> Pela VIDDA's pilot community AIDS education project was conceived in early 1993 and received its first significant funding in January 1994. It operated from February to August 1994 before facing the difficulties raised by the occupation of the *favelas*.

interviews and had many conversations with both long-time and new Pela VIDDA participants in order to see how the group had changed during my absence.

Taken as a whole, these twenty six months that I spent researching AIDS activism in Brazil during 1991-1992 and 1993-1994 represent one of the most emotionally intense experiences of my life. As Emily Martin has recently argued, anthropological fieldwork may be distinguished from many other disciplines by the extent to which it is a process of "visceral learning" (Martin 1994: xv) and this is a particularly apt description for projects that involve participant observation among AIDS-related organizations and/or people living with HIV/AIDS. In these contexts, death and severe illness are ever present or always around the bend, and although most Brazilian AIDS/NGOs rightly emphasize that HIV+ people are living with, rather than dying from, HIV/AIDS, there is not getting around the fact that AIDS kills, at times often. At first, I was somewhat untouched by this reality of death at a direct personal level, since during my first ten months in Brazil, no one who I knew well at either Pela VIDDA or GAPARS died, although I did feel the impact of the death of Pela VIDDA's founder, the internationally renowned activist Herbert Daniel, who died in March 1992 after having been physically absent from the group for much of the second half of 1991. Then, while I was back in the United States for a year and a half, about half of my closest friends from Pela VIDDA died, and when I returned to Pela VIDDA in September 1993, their absence was painfully obvious to me on an everyday basis.

Throughout nearly the first year of the second phase of my fieldwork, everyone I knew well who was HIV+ at either GAPARS or Pela VIDDA was once again relatively healthy. But this emotional reprieve ended in mid-1994 with the deaths of three *travestis* I knew from GAPARS's work groups for sex professionals. First, Claudinha, one of the few *travestis* to have made the transition from attending the work groups to becoming a trained GAPARS volunteer, suddenly died during a bout with pneumonia which everyone, including her doctors, thought posed no great risk to her health.

Several weeks later, Cris Loura (blond Cris), a long-time participant at the work groups, was murdered by a john on the streets of Porto Alegre, thereby precipitating the political mobilization that resulted in a groundbreaking march through the streets of Porto Alegre several months later protesting the many forms of violence and discrimination that *travestis* suffer on an everyday basis. Lastly, Gabriela another work group regular, tried to burn down the house where she lived with several other *travestis* and then committed suicide, an act that most of the other *travestis* attributed to her having learned that she was HIV+ and being unable to deal with this reality, although no one knew for sure if Gabriela was actually HIV+.

These three deaths dramatically illustrate the charged terrain in which AIDS activism and AIDS-related ethnography occur, and all of us must make our own ethical and political decisions in the face of such difficult situations. Such questions of how deeply ethnographers should become involved - and whether and how they should take sides - have of course been the subject of intense reflection among anthropologists since the beginnings of the discipline. My position in these debates on cultural relativism and fieldwork methodology builds on Scheper-Hughes' distinction between cultural and moral/ethical relativism (see Scheper-Hughes 1992:21-30), and while I strive to be attentive to and respecting of the differences between and within cultures (i.e. cultural relativistic), I feel under no compulsion to believe that it is culturally or morally justifiable to discriminate against people with or perceived to be with HIV/AIDS or to murder *travestis*.

But I do not believe that my being open about my positioning in a series of political questions necessarily pollutes the quality of my data or analysis. As Scheper-Hughes effectively demonstrates in *Death Without Weeping*, it is possible to take a stance while still presenting events, experiences and individuals accurately and drawing attention to factors that might account for different interpretations of the same events, thereby leaving readers in a position to make their own evaluations (Scheper-Hughes

1992:25). Haraway adopts a similar strategy in her idea of "situated knowledges," which she proposes as an alternative to rigid versions of cultural relativism:

The alternative to relativism is partial, locatable, critical knowledges sustaining the possibility of webs of connections called solidarity in politics and shared conversations in epistemology. Relativism is a way of being nowhere while claiming to be everywhere equally. The 'equality' of positioning is a denial of responsibility and critical inquiry. . . .

So, with many other feminists, I want to argue for a doctrine and practice of objectivity that privileges contestation, deconstruction, passionate construction, webbed connections, and hope for the transformation of systems of knowledge and ways of seeing. But not just any partial perspective will do; we must be hostile to easy relativisms and holisms built out of summing and subsuming parts. 'Passionate detachment' (Kuhn, 1982) requires more than acknowledged and self-critical partiality. We are also bound to seek perspective from those points of view, which can never be known in advance, constructing worlds less organized by axes of domination. (Haraway 1991: 191-192)

This idea that anthropological research should be both a shared conversation and an act of political solidarity was equally present among the Brazilian AIDS activists with whom I worked. Like any other volunteer at these organizations, I was encouraged, if not expected, to make some sort of concrete contribution to these groups. In my case this normally consisted of sharing my knowledge about AIDS-related politics and policy making in the United States, translating documents and correspondence, helping draft conference presentations and funding proposals intended for international audiences, and participating in group activities, including political demonstrations. At GAPA/RS I additionally co-coordinated several *travesti* sex professional work groups and was actively involved in the development of the pilot community-based AIDS prevention program in several Porto Alegre neighborhoods mentioned earlier.

If I was thus readily accepted as a fellow activist at both Pela VIDDA and GAPA/RS, my deep involvement in the everyday operation of these two organizations was not without its difficulties, particularly during the periods of strong internal disagreement that emerged at various moments in both groups during the course of my fieldwork. Wanting to make everyone happy, my initial and naive response to internal political disagreements was to try to remain "neutral," and toward this end I occasionally

invoked my "outsider" status in support of this position. I was rightly criticized for this attitude on several occasions. For example, during the tense election of new group officers that occurred at Pela VIDDA in early 1992, I tried to avoid voting in what was a heated and bitter election. I was told by several group leaders that after having been a regular participant at Pela VIDDA for eight months, I had the same rights and responsibilities as any other else Pela VIDDA volunteer and should act accordingly and vote, if only to cast an official abstention. Similarly, during several periods of intense inter-departmental and inter-personal rivalries within GAPARS in 1994, I was not so subtly encouraged to "get off the fence." These experiences taught me that whether I liked it or not, people at Pela VIDDA and GAPARS, as well as *promtoras* and the Health Post personnel with whom I became involved in Vila Santos, expected me to take sides in their various intra- and inter-organizational disputes, and I gradually learned to become more attuned to the ways in which I positioned myself, and was positioned by others, in response to these pressures.

Another factor related to my positioning as an ethnographer that heavily affected my fieldwork experience involves the ways in which I varyingly presented my sexuality depending on the particular contexts in which I found myself. At both Pela VIDDA and GAPARS, I was totally open about being a gay/queer man, and since, as I will argue in chapter 3, these groups possess something of a gay male cultural ambiance, my sexual identity played a large role in my successful and rapid integration into these groups.<sup>11</sup> On the other hand, I never felt comfortable in "coming out" openly as a gay man during my time in Vila Santos. Part of this decision stemmed from having heard Vila Santos residents make what were to me derogatory and/or demeaning characterizations of *bichas/veados* (fags) on various occasions and from my not wanting to be rejected or

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<sup>11</sup> This is not to say that we shared *exactly* the same idea of what it means to be "gay," but since most of these gay men were middle class Brazilians - many of whom had traveled abroad - their constructions of sexuality were closer to North American models of "egalitarian" same sex coupling than the "traditional" Brazilian active/passive model.

classified in a similar manner. Moreover, my initial participation with the *promotoras* also had attuned me to the potential negative consequences of crossing or challenging gender/sexual norms within Vila Santos - not only had various men insinuated that the only reason the *promotoras* got together was to gossip about men and to arrange affairs, but someone of unknown gender also went so far as to leave the following threatening, anonymous note on the chalkboard of the room where the *promotoras* had their class:

Calm down, girls, go home. For the love of God I can't take these crazy women anymore. They are women who are called feminists. And I want them to go away - I'll give you ten minutes - I am counting the time. (November 27, 1993).

And while the lawyers from THEMIS and the *promotoras* laughed and dismissed the note as the result of male insecurity, I saw in this hostility the possibility that many people from the community might be much less willing to talk to me and befriend me should I openly present my sexuality.

My response to this situation was to maintain an ambiguous position of neither being "out" nor pretending to be heterosexual. This decision, if not exactly ideal according to my vision of gay/queer politics, nonetheless fit in well within the common Brazil social practice in which many forms of (homo)sexuality may be exercised "within four walls" without stimulating much public commentary unless one's gender presentation breaks traditional norms. And since my gender presentation more or less conformed to "acceptable" male patterns for Brazilians of my class (upper middle), I neither received ridicule (as do many effeminate Brazilian men and *travestis* who have sex with men)<sup>12</sup> nor many in-depth inquiries about my sexual/romantic life. Still, my

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<sup>12</sup> In some senses it can be argued that low income communities in Brazil are "accepting" of "homosexual" men and women (as I will discuss in more detail later, in such communities, and in Brazil more generally in the past, the classification of "homosexual" has been based more on one's having a gender presentation of the opposite sex - i.e. "effeminate" men and "masculine" women - than one's actual sexual behavior per se) in that those who are identified or self-identify as such are able to live within their neighborhoods more or less openly. Moreover, homosexual men are known to occupy important roles in Afro-Brazilian religious groups, which have followers of all social classes but are especially popular among lower class Brazilians. However, in my

rather peculiar (at least according to local custom) practice of hanging out with the *promotoras* and the perceived *bichas* of GAPARS must have led some people to put two and two together. This in turn may have caused some adult (heterosexual) men to shy away from me and may account in part for the relative absence of adult male voices in my discussion of Vila Santos. Alternatively, it is possible that my fears of encountering homophobia limited my interactions in the world of adult men in Vila Santos, which both GAPARS personnel and nearly all of the *promotoras* characterized as "*machista*." But on the whole I think I did a decent job of keeping my prejudices contained, as is evidenced by the smooth conversations I had with adult men when we finally did get together to talk (e.g. at soccer games, neighborhood association meetings) and my ability to get along well with teenage males, some of whom demonstrated levels of "*machismo*" equal to those of adult men in the community.

One final issue pertaining to my work in Vila Santos that I would like to mention before turning my attention to consider the conceptual bases of this dissertation concerns the lack of first hand accounts of people living with HIV/AIDS in my community study of Vila Santos. This deficiency is likely the result of a combination of research strategy and social forces within the community. In respect for people's privacy, I neither asked people about their HIV status nor actively pursued the few community members who were generally considered by their neighbors to have HIV/AIDS. I do think that some of the people who I talked to about HIV/AIDS in Vila Santos were aware that they are HIV+, but these conversations did not reach the level of intimacy in which they discussed their HIV status openly with me. And as I learned from talking to various residents of Vila Santos and will discuss in more detail in chapter 4, my experiences

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experience these "homosexuals" - who in this context are defined more in terms of having a gender presentation of the "opposite" sex (i.e. "effeminate" men and "masculine" women) than of having sex with persons of the same sex - are also subject to at times significant social ridicule, and my conversations with Vila Santos residents further suggest that differently gendered persons are sometimes excluded from more intimate social gatherings.



may be seen as representative of a more general pattern in which people with HIV/AIDS remain hidden within the community, sometimes though not always receiving support from their families, but generally avoid talking about their HIV status in public settings or with non-family members.

### **conceiving the hiv/aids pandemic and global aids industry**

From the first reported cases of a grave illness of then unknown cause in North America and Central Africa in 1981 and 1982 (Shilts 1987), HIV has spread dramatically throughout the world, and today few areas are unaffected by the HIV/AIDS pandemic.<sup>13</sup> By the end of 1994, the World Health Organization's Global Programme on AIDS (GPA) had received official reports of 1,291,810 cumulative AIDS cases worldwide (World Health Organization 1996). In the same report, GPA estimated that the actual number of cumulative global AIDS cases was closer to 6,000,000 and that at this time there were 17 million adults living with HIV/AIDS, including 11.2 million in sub-Saharan Africa, 3 million in South and Southeast Asia, and 1.9 million in the Americas, of which 550,000 lived in Brazil, where 76,396 cumulative AIDS cases have been officially reported as of February 1996 (Pan American Health Organization 1996). Barring the rapid development of an effective and inexpensive vaccine and/or treatment for HIV-related illness, the short and medium term prognoses for the epidemic continue to be grim, and the Harvard based Global AIDS Policy Coalition projects that by the year 2000, 38 million people will have become infected with HIV (Mann et al, 1992:2-3).<sup>14</sup>

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<sup>13</sup> A pandemic is an epidemic that is occurring throughout the world during the same general period. In the case of AIDS, it is useful to think of the overall pandemic as a series of related, though somewhat distinct, epidemics with different epidemiological patterns, affected populations, growth rates, opportunistic infections, etc.

The exact origins of HIV/AIDS remain unknown and have been the subject of much debate. Here, I merely seek to acknowledge the epidemiological reality that the first cases of what came to be known as AIDS were reported at about the same time in Central African and the United States.

<sup>14</sup> Recent reports of the apparent success of "combination therapies" in dramatically reducing the viral load of people infected with HIV offer little hope for those people with HIV/AIDS outside of

This global spread of HIV and AIDS cases has been paralleled by the internationalization of nearly all aspects of the HIV/AIDS epidemic. For example, since the early 1980s, scientists from prominent North American and western European institutions (e.g. the Center for Disease Control and the National Institute of Health in the United States; the Pasteur Institute in France) and universities have sent scientists throughout the world to study the epidemiology and etiology of HIV/AIDS - often, but not always, in cooperation with nationally and locally based researchers. More slowly, but no less importantly, the international health community also has responded to the growing epidemic, and in 1987 the World Health Organization established the Global Programme on AIDS to coordinate the worldwide mobilization against AIDS. Using contributions from wealthier nations, the GPA has assisted in the creation and implementation of national AIDS programs, funded governments and non-governmental organizations (NGOs), developed educational materials, and coordinated the annual World AIDS Day activities that are held each December 1st. By 1989, 159 countries were receiving financial support from the GPA (Mann et al 1994: 297).

Community-based organizations and AIDS activist groups, though typically more local in scope than large research institutes and international health agencies, have similarly taken on transnational dimensions. Information on the latest research, treatment options and prevention/education strategies are exchanged regularly among people with HIV/AIDS and others who work on AIDS-related issues, albeit more information moves within the North (i.e. Japan, North America, Europe) than between the North and the South (i.e. Africa, Latin America, and South and Southeast Asia).<sup>15</sup>

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wealthy countries, or for that matter those in the United States who do not have health insurance, since their cost, which is typically over \$25,000 per year per person, is hundreds, if not thousands of times greater than the average annual amount spent per individual on health-care in many parts of the world.

<sup>15</sup> I use the terms North and South both because they are less teleological and ordinal than either "developed"/"undeveloped" or "First World/Third World" and because they are often employed by Brazilian and other activists from the "developed" world to describe existing hierarchies in the global economy. Australia and New Zealand represent exceptions in this

Much of this transfer of knowledge and experience occurs informally through personal contacts, but bulletins such as the widely distributed "Action Against AIDS" newsletter and various GPA publications have played important roles in helping local groups in Asia, Africa and South America obtain access to information that they might otherwise have lacked.<sup>16</sup> Various international and regional associations of community-based organizations and people living with HIV/AIDS also have been formed, including the International Council of AIDS Service Organizations (ICASO), the Global Network of Positive People (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the Latin American Council of AIDS Service Organizations (LACASO), and the Society for Women and AIDS in Africa (SWAA).<sup>17</sup>

In this proliferation of community organizations, activists, researchers and policy makers focused on AIDS, conferences have emerged as perhaps the principal forum for presenting and exchanging information about the HIV/AIDS epidemic. Arguably, the most important of these encounters have been the series of International AIDS Conferences that began in 1985.<sup>18</sup> At these meetings, the "stars" of a veritable AIDS

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otherwise useful division between North and South, since in many respects (e.g. economic wealth, culture, history) they have more similarities to countries in the North than to their neighbors in the South.

<sup>16</sup> Action Against AIDS is published by the London based Appropriate Health Resources and Technologies Action Group. In Brazil, the *Associação Brasileiro Interdisciplinar de AIDS* (ABIA - Brazilian Interdisciplinary AIDS Association) has translated each issue of Action Against AIDS into Portuguese and distributed it free of charge to interested organizations and individuals.

<sup>17</sup> For a more detailed discussion of these international networks of community-based organizations and people living with HIV/AIDS, see Altman 1994:139-156).

<sup>18</sup> From 1985-1994, these International AIDS Conferences were held on an annual basis. After 1994, the conference shifted to a biannual schedule, with the most recent conference being held in Vancouver, Canada in July 1996. The locations of the conferences highlight the centrality of the North in AIDS-related knowledge acquisition and dissemination - 1985 (Atlanta), 1986 (Paris), 1987 (Washington, D.C.), 1988 (Stockholm), 1989 (Montreal), 1990 (San Francisco), 1991 (Florence), 1992 (Amsterdam), 1993 (Berlin), 1994 (Toyko), and 1996 (Vancouver). The 1998 conference is scheduled to be held in Geneva.

There are also many other AIDS-related conferences that are held on a regular basis. Some of these are international or regional in scope (e.g. Africa, the Southern cone of South America, South and Southeast Asia); others address particular topics such as Women and AIDS, Psychosocial Dimensions of AIDS, Prevention/Education Programs, Sex Workers and AIDS, Injecting Drug Use and AIDS, etc.

circuit present their latest findings to the world press corps, and medical professionals are wined and dined in the rented suites of pharmaceutical companies seeking to sell their products. And if the "news" is mostly already known to those who follow AIDS-related issues closely, this has not prevented organizers from spending millions of dollars on these conferences. But despite the attention to profit, ego and "hard science" that has characterized many of these events, some International AIDS Conferences, such as the one held in 1989 in Montreal, which included a parallel "Opportunities for Solidarity" meeting attended by more than three hundred NGOs, have stimulated global dialogue and energized community-based initiatives throughout the world (Altman 1994:147; Parker 1994:97-87; and Treichler 1992b).

Taken as whole, the entire constellation of those involved in HIV/AIDS prevention/education, scientific research, drug/vaccine trials, and the provision of the health-care and social service to people living with HIV/AIDS can be seen as constituting an "AIDS industry"<sup>19</sup> (see Patton 1990) which is global in scope and involves hundreds of millions, if not billions, of dollars each year and provides financial support to countless research scientists and health-care professionals as well as huge profits to pharmaceutical firms. These significant flows of money not only drive the more obviously profit driven sectors of the AIDS industry, but also greatly affect community-based organizations as well. The Global AIDS Policy Coalition calculates that contributions from official developmental aid agencies (e.g. USAID) and philanthropic organizations (e.g. the Red Cross, the Ford Foundation) to governmental and non-

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<sup>19</sup> I take - and expand on - this idea of an "AIDS industry" from Cindy Patton's groundbreaking discussion of the "AIDS Service Industry" in *Inventing AIDS*. As Patton explains:

I use the idea of an AIDS service industry - which I understand roughly as the private-sector non-profit organizations devoted exclusively to AIDS work - because it implies a set of social relations based on shared norms and styles of organizational behavior institutionalized through patterned power relations, rather than a collusion of the powerful who maintain an "establishment" by coercion of conscious exclusion, or act purely as a conduit for government monies to communities. (Patton 1990:13).

governmental organizations from the period 1986-1991 totaled \$847.6 million (Mann et al 1992:513-514).<sup>20</sup> More recent estimates suggest that AIDS-related contributions from these sources were approximately \$250 million per year during 1991 and 1992 (Decosas and Finlay 1993:S282). Along with these resources come program restrictions and an array of diverse discourses, sometimes including acknowledgments of international ideals of community health and political solidarity in the face of the HIV/AIDS pandemic, but equally or more often stressing North American agent based theories and methodologies of health promotion, cost/benefit analysis, and organizational management strategies. And although AIDS-related organizations varyingly accept, ignore or adapt the specific guidelines they are given in order to meet the everyday realities they face, many long-time activists have questioned whether this increased professionalization and bureaucratization of AIDS-related organizations throughout the world is necessarily a positive development, particularly when accomplished through financial, and perhaps political, dependence on international development agencies and/or the state (see Altman 1994, Patton 1990).

Partially countering this trend toward the domestication, if not co-optation, of AIDS-related organizations is the existence and operation of what can be described as a transnational "AIDS activist culture" that combines a new social movement discourse highlighting the political nature of everyday life and a media/image oriented, agit-prop political practice (see Crimp 1988; Gamson 1989, Klusacek and Morrison 1992, Watney 1994). Through written and electronic communication, conferences focused on the experiences of people living with HIV/AIDS and AIDS activist organizations, and media coverage of AIDS-related political actions, this culture and its largely North American

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<sup>20</sup> According to the Global AIDS Policy Coalition, multilateral and bilateral support to the global effort against AIDS during the period 1986-1991 was principally supplied by the following countries: United States (27%), Sweden (12%), Canada (8%), the United Kingdom (7%), Norway (5%) and Germany (3%). The principal agencies providing support were the World Bank (7%), the European Economic Community (6%) and the United Nations Development Program (5%).

derived key symbols (e.g. Silence=Death, the AIDS Memorial Quilt) have spread (unevenly) throughout the planet. Some of the most important nodes in this decentralized, global activist network include New York City (home to both the model bureaucratic AIDS-related organization Gay Men's Health Crisis and the more militant AIDS Coalition to Unleash Power/ACT-UP), Geneva (seat of the World Health Organization and its Global Programme on AIDS, which despite becoming more conservative in recent years still has some activist oriented staff people), and San Francisco (the model "community" response); secondary nodes can be found in large cities in Southern countries hardest hit by the epidemic, such as Rio de Janeiro, São Paulo, Bangkok, Kampala and Kinshasa. And although most Southern organizations tend to be positioned more as recipients of Northern models of political action and community organizing rather than as active discussants in the construction of a truly globalized form of AIDS activism, a number of prominent Southern AIDS activists, including Herbert Daniel, the founder of Pela VIDD/A/Rio de Janeiro, have integrated into these networks as more or less full participants.

In conceiving the global AIDS industry as an example of transnational culture in action (Appadurai 1990, 1991; Gupta and Ferguson 1992), my analysis builds upon a growing literature that has opened up the temporal and spatial boundaries of ethnographic and historical analysis (in different ways, Fox 1985, 1991; Ortner 1984, 1989; Stoler 1989, 1992, 1995; Tsing 1993). That the timeless and bounded communities presented in many ethnographic accounts are themselves an effect of theoretically and politically driven rhetorical strategies has become something of a new common sense for many ethnographers (among many others, Clifford and Marcus 1986; Clifford 1988; Rosaldo 1980, 1989). In the case of AIDS and AIDS activism, the constructed nature and necessary contingency of analytical boundaries is all the more obvious, for neither AIDS the disease nor AIDS the free floating signifier of post-modern doom existed prior to the 1980s. So even if I wanted to rely upon notions of authenticity,

tradition and community (in the singular) to ground my analysis - which I do not - I would be hard pressed to do so. Instead, like the HIV/AIDS epidemic itself, my analysis of AIDS-related political mobilization in Brazil thus moves between and among the local, the global and the national and at times calls these very spatial boundaries into question. My theoretical objective, much like the political practice of more militant AIDS activists, is to discover and examine the places where different fields of power and meaning related to AIDS come together, for I believe that it is in these spaces where new kinds of persons and politics might be created (see for example, Anzaldúa 1987; Martin 1994, Moraga and Anzaldúa 1981).

Seeking to capture a sense of the different social and cultural spaces that shape and are shaped by Brazilian AIDS activism, I have divided my discussion into three sections. In Part One, "Images of AIDS," I analyze ten years of Brazilian media narratives on AIDS and argue that despite increasing coverage and clarification of the epidemiological realities of the HIV/AIDS epidemic in Brazil, AIDS continues to be presented largely as a problem of "the other." In Part Two, "The Politics of AIDS in Brazil," I trace how the AIDS/NGO came to be the primary vehicle of AIDS-related mobilization in Brazil and provide an overview of the history of two of these activist organizations, Pela VIDDA and GAPARS. Part Three of this thesis, "AIDS Education as Political Practice," consists of three case studies that investigate the various ways in which gender, sexual and other inequalities limit individual and collective responses to the HIV/AIDS epidemic. The first of these focuses on Vila Santos and GAPARS's pilot community-based AIDS education program, the second examines GAPARS' work groups for *travesti* sex professionals, and the last explores the relationship between erotic culture, desire and safer sex. Finally, in conclusion I assess the uncertain future faced by Brazilian AIDS/NGOs and suggest that an emerging wave of Brazilian cultural production and activism centered on sexuality and race may offer one possible path to

break the threat of organizational stagnation and increased public complacency produced by more than ten years of living the HIV/AIDS epidemic in Brazil.

One last point I would like to consider before turning to the main body of this thesis regards my use of pseudonyms and real names in this text. I have not changed the names or hidden the geographical locations of either Pela VIDDA or GAPARS. Both these groups have strong public personas and have been the subject of various theses and published materials; to fictionalize their identities in such a context not only seems unnecessary but also counter to their stated political objective of speaking out openly and honestly about the realities of living with HIV/AIDS in Brazil. Similarly, since THEMIS and the *promotoras* play active and public roles in the political life of Porto Alegre, I identify these groups by their real names as well. In using these real names, I hope to draw attention to the important work of these organizations and at the same time present a grounded and documented historical account of contemporary social and political activism.

On the other hand, I do recognize that there potentially could be harmful personal and political consequences should certain types of information I discuss in this thesis be linked to particular individuals (e.g. HIV/AIDS status, sexual orientation, confidential criticisms of organizations and their leaders). For this reason, I have changed the name of the neighborhood that forms the basis of my community study ("Vila Santos") and given first name pseudonyms to a majority of the individuals who appear and speak in this thesis (including all the residents of Vila Santos, the Health Post staff, and the *promotoras*) in order to help maintain their privacy. A more difficult problem exists regarding how to identify the leaders of Pela VIDDA and GAPARS - it is one thing to fictionalize a volunteer or staff person, of whom there are many; it is quite another to do so when referring to a president or project coordinator, of whom there is only one. My solution to this dilemma is to vary the use of pseudonyms depending of the context being addressed and the way in which the information was received. When



recounting publicly recorded historical events (e.g. leadership transitions, conferences, public demonstrations, the awarding of fellowships) that I attended or was told about, I use the real name of the individuals in question, but when referring to these same individuals' personal opinions and commentaries, many of which were given to me in confidential conversations, I use pseudonyms or generic labels such as "a group leader" or "a long-time activist."

The most sensitive decision I have had to make regarding pseudonyms concerns the murder of Cris Loura, a participant in GAPA/RS's work groups for *travesti* sex professional, which I discuss in some detail in chapter 5. In this particular instance, the *nome de batalha* (i.e. the pseudonym used by a sex professional) Cris Loura became publicly known through media coverage of her murder and the subsequent political mobilization it inspired. Given that this pseudonym is already far removed from Cris Loura's official male name, which was never revealed in the newspaper articles on these events or at the GAPA/RS work groups, I have chosen to use the name Cris Loura - without the demeaning quotations marks used in the press to call into question the legitimacy of *travesti* gender identities - as a form of witnessing the passing of someone who I came to know and care about. I make this decision to write about the murder and its political repercussions with the awareness that there can be serious consequences in presenting and analyzing certain types of ethnographic data. But in the case at hand, I believe that my speaking out about this terrible tragedy, which has already been discussed at an International AIDS Conference, may play a role in helping break the silences surrounding such morally reprehensible but sadly all too common acts.

## **Part One Images of AIDS**

*I know that I have AIDS. I know what this means for me. I try not to have any illusions about it. Only I don't know what other people mean when they say that I have "AIDS." Most of the time they mean, "you are going to die" (but who isn't?). Other times, the more prejudiced say "you are already dead" (my daily experience refutes that). Sometimes they sum it up by saying "you've lost your resistance (not yet! Not yet ... indignantly resist). In the end, what AIDS is this? What's with AIDS?"*

**Herbert Daniel (1989:50)**

# 1 Of Viruses and Others

## Ten Years of Reading the HIV/AIDS Epidemic in Brazil

Everyone seems to have something to say about AIDS. And for everything that is said about AIDS, there remains much that is implied or unarticulated which shapes how the HIV/AIDS epidemic is imagined, experienced and contested. This chapter uses popular media narratives as a means to explore the ways in which AIDS has entered into the Brazilian social imagination, both in terms of what is said and what is left unsaid.<sup>1</sup> The discussion builds upon a significant literature developed by activists/theorists on the cultural politics of AIDS that stresses the importance of discursive analysis in understanding and responding to the HIV/AIDS epidemic (Treichler 1988a, 1992a, 1992b; Grover 1988, 1989; Watney 1994, Williamson 1989). Rather than seeking some essential "truth" about AIDS the illness, these analyses instead highlight the importance of metaphor, imagery and narrative in the production of local knowledges related to HIV/AIDS.<sup>2</sup> As Treichler argues "whatever else it may be, AIDS is a story, or multiple stories . . . a nexus where multiple meanings, stories and discourses intersect and overlap, reinforce, and subvert one another" (Treichler 1988a:42).

In considering this "epidemic of signification" (Treichler 1988a) generated by HIV/AIDS, much attention has focused on how an imagined "male homosexual body"

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<sup>1</sup> See Tsing 1993:119-120 for an excellent discussion on the importance of cross talk, competing discourses and the unsaid in analyzing gender and other forms of inequality.

<sup>2</sup> In *AIDS and its Metaphors*, Sontag emphasizes that we need to remove metaphors associated with AIDS and other illnesses in order to be able to address "illness as illness." On the other hand, Grover argues that disease is only knowable through metaphor (Grover 1989:148). I prefer Grover's approach, since it is only through language and social practice that a disease is conceived and experienced. In addition, medical anthropology has demonstrated that the same biological agent can produce different (perceived) symptoms, symbolic associations and treatment options in different cultural settings.

became one of the principal images linked to AIDS.<sup>3</sup> Through their presentation of promiscuous, polluted and condemned (male) homosexuals, such narratives "condense together strands of fact and fantasy, in such a way that they come to represent what people often think of automatically as both typical, and truthful (Watney 1994:198-199). In this manner, the confusion of an epidemiological reality (i.e. large numbers of gay men in the United States coming down with AIDS in the early 1980s) and assorted myths about male "homosexuals" frustrated effective responses in the United States to a rapidly growing epidemic that was by no means limited to gay men. This same process of the "homosexualization" of AIDS occurred in Brazil as well during the 1980s and had similarly dire consequences in terms of individual and collective denial of the epidemiological realities and severity of the emerging Brazilian HIV epidemic(s) (Daniel 1989, Daniel and Parker 1991, Parker 1994).<sup>4</sup> And even in contexts where male "homosexuality" was (apparently) not present or acknowledged as a common social practice (e.g. certain central African countries such as Uganda, Zaire and Rwanda), images of the "homosexual" provided an important point of contrast that shaped the development of alternative "faces" of AIDS, such as "African AIDS," "Haitian AIDS" and "heterosexual AIDS."<sup>5</sup>

This example of how of ideas of US "homosexuality" shaped interpretations of AIDS throughout the world underscores the marked transnationality of AIDS narratives. At an empirical level, AIDS is a global occurrence, and comparisons of epidemiological

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<sup>3</sup> In using the term "epidemic of signification," Treichler highlights the inherent instability of language - "no matter how literal and denotative a linguistic form may at first appear, it will develop new meanings almost as fast as we can identify old ones. This makes it difficult to predict what a particular metaphor will do" (Treichler 1992b:87). With its many metaphors and ever changing terminology, AIDS represents an excellent example of this generative capacity of linguistic forms.

<sup>4</sup> The first official reported cases of AIDS in Brazil date to 1982 (Grangeiro 1994).

<sup>5</sup> For a discussion on how ideas of homosexuality shaped narratives about AIDS in Africa, see Patton 1990:77-97, Treichler 1992:377-412 and Watney 1988:83-101. Regarding Haiti, see Farmer 1992.

data and sociopolitical responses in varied contexts have been a central rhetorical strategy of HIV/AIDS reporting since the beginning of the epidemic (e.g. juxtaposing AIDS in the United States to AIDS in Africa). More complicated but equally important are the ways in which certain terms such as "the homosexual community," "safer sex" and "AIDS-related community-based organizations" have become incorporated into cultural, historical and political contexts quite different from the North American and European ones in which these terms originally emerged. Here, Appadurai's discussion of "mediascapes" provides a useful starting point for considering the transnational dimensions of AIDS narratives. As Appadurai argues,

Mediascapes refer both to the distribution of the electronic capacities to produce and disseminate information (newspapers, magazines, television stations and film production studios), which are now available to a growing number of private and public interests throughout the world, and to the images of the world created by these media. . . .

What is most important about these mediascapes is that they provide (especially in their television, film and cassette forms) large and compile repertoires of images, narratives and ethnoscaples to viewers throughout the world, in which the world of the commodities and the world of news and politics are profoundly mixed. (Appadurai 1990:9)

By adding public health, disease and sexuality to the mix of commodities, news and politics, AIDS provides an especially dramatic example of a mediascape in operation, and through examining the polyvocal, fragmented and inconsistent discourses the epidemic has produced, it is possible to identify some of the key terrains in which political and cultural mobilization related to HIV/AIDS has occurred in Brazil and throughout the world.

With this goal of providing a context for my subsequent discussions on AIDS-related mobilization and prevention/education programs in Brazil, I turn to my discussion of Brazilian mass media narratives related to HIV/AIDS. The analysis is organized around several feature length magazine articles from the period 1985 to 1994. The magazines in question - *Veja* ("Look"), *ISTOÉ* ("This Is") and *Manchete* ("Headline") are popular periodicals with national distributions; *Veja* and *ISTOÉ* are quite similar in format

to Time and Newsweek; *Manchete* has less political reporting and more human interest and entertainment stories. I have structured my discussion around these magazines because they provide an excellent means to chronicle how the dominant media in Brazil has attempted in particular historic moments to make sense of the huge amounts of information generated by a continually changing and expanding HIV/AIDS epidemic.<sup>6</sup> I also intersperse "cross-talk" from AIDS activists at certain points in my analysis in order to maintain a sense of the dialogic and dynamic processes through which conceptions of AIDS are constructed and contested. In conclusion, I present discuss a 1994 *Você Decide* (You Decide) television drama about a volleyball player with AIDS that dramatically animates more than ten years of inconsistencies and contradictions of Brazilian discourses about HIV/AIDS.

#### **aids in brazil: the formative years (1981-1988)**

*International conflicts, the CIA, the KGB, blood, danger, sex and death, drugs, a mysterious disease in Central Africa, tourist nooks in Haiti, gay bathhouses in New York. A new James Bond film (or maybe the re-release of Live and let it die)? No, it is AIDS in the press. On the bench, Hollywood still has prostitutes and prisoners, innocent children condemned to die, sexually explicit sodomy scenes, movie stars, pronouncements of the final judgment or a nuclear tragedy.* (Moraes and Carrara 1985a:20)

As in many parts of the world, AIDS first arrived in Brazil in the early 1980s through sensationalistic media coverage of a mysterious North American "gay plague" or "gay cancer" (Moraes and Carrara 1985a, 1985b; Galvão 1985, 1992). This connection between AIDS and homosexuality in the Brazilian popular imagination received substantial re-enforcement in June 1983 when Markito, a renowned fashion designer whose homosexuality was common knowledge, became the first Brazilian public figure to die from HIV-related illness. As Parker persuasively argues, this idea

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<sup>6</sup> My analysis and chronology of dominant Brazilian media coverage of the HIV/AIDS epidemic builds upon the work of Paula Treichler (Treichler 1988b) and Jan Zita Grover (Grover 1995) on changes in US media and cultural representations of AIDS over the course of the epidemic.

that AIDS only affected rich, white homosexual men from São Paulo and Rio de Janeiro who frequently traveled to New York and Paris dominated the Brazilian popular imagination during the 1980s, even though the epidemiology of AIDS in Brazil suggested a far more complex picture (Parker 1994:25).<sup>7</sup> This attention to homosexuality also generated a spectacle of reports emphasizing the promiscuity of (male) homosexuals, agonizing and ugly deaths, moral blame, social contagion and the like.<sup>8</sup> During this same period, the seemingly neutral epidemiological term "risk group" assumed increasing importance in public discourse (Galvão 1992), with "bisexual" men, prostitutes, injecting drug users, transfusion recipients, and anyone seen as "promiscuous" gradually joining "homosexuals" as the privileged target and source of AIDS.<sup>9</sup>

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<sup>7</sup> During this period, Brazil had one of the highest number of blood transfusion related cases of AIDS in the world. Grangeiro also notes that the first two AIDS cases in São Paulo, although involving men who were identified as having homosexual sexual practices, might also be attributed to their practice of injecting drugs. And hemophiliacs from throughout Brazil and especially Rio de Janeiro were becoming infected with HIV as a result of contaminated Factor VIII at frighteningly high rates (Grangeiro 1994).

<sup>8</sup> Here I use the word "spectacle" in the sense developed in Watney's "The Spectacle of AIDS" (Watney 1994 [1988]:46-59). See Galvão 1985 and Galvão 1992 for in-depth discussions of AIDS and moral accusation in Brazil.

<sup>9</sup> Throughout this chapter and the rest of this thesis, I will use various terms to describe men who have sex with men. When speaking of individuals who self-identify as homosexual or gay, or Brazilian categories such as *bicha* (faggot) and *veado* (queer), I will use the terms homosexual or gay because male/male sexuality plays an important role in defining the sexual/gender identity of these men; I will avoid using *bicha* and *veado* because they are considered pejorative by most Brazilians. At times I will place quotes around these terms in order to question their stability, particularly when they are used in ways that non-critically conflate sexual identity and practice, as in many popular and scholarly articles that refer to all men who have sex with men as "homosexual" and all men who have sex with both men and women as "bisexual."

When speaking of men who have sexual activity with other men without necessarily having some kind of sexual/gender identity based on male/male sexuality, I will often use the more cumbersome phrase "men who have sex with men." Some of these men who have sex with men also have sex with women, and as such demonstrate bisexual sexual practice. This is not to say that they necessarily identify as "bisexual" or have some kind of bisexual identity. When I use the term bisexual, I denote men who have sex with both men and women and recognize this as having some consequence in terms of their sexual/gender identity. I recognize that these words and categories have cultural and historical specificities, and when using them, I do not mean to suggest that all individuals who might be categorized as such are homogenous, nor that the category's boundaries are well delineated.

With the death of Rock Hudson in 1985, these discourses and images of AIDS as a disease of the homosexual or deviant other were consolidated through the publication of many feature length articles about AIDS in most major Brazilian periodicals and newspapers. One of the most important and influential of these texts is *Veja's* thirteen page feature story "*A multiplicação do mal: a AIDS se espalha.*"<sup>10</sup> The article is divided into four parts: a medical piece focusing on the epidemiology, natural history and treatment of AIDS; a section answering common questions about AIDS and HIV transmission; a human interest/popular sociological tract featuring several profiles of Brazilians living with AIDS; and a critical essay on discrimination against disease sufferers throughout history. As such, this article, as well as the others I will present below, offers rich material for discursive analysis on a wide range of topics, but for the purposes of this chapter, I will focus my discussion on three general thematic: images of people with HIV/AIDS, sexual transmission of HIV, and collective mobilization in response to the epidemic.

Not unexpectedly, one of the most recurrent themes in the *Veja* reporting is the association of AIDS with death. In 1985, HIV had only recently been isolated, the HIV antibody test was just being introduced, and many questions remained about the natural history of HIV.<sup>11</sup> The article wastes little time in playing up these uncertainties and

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<sup>10</sup> The title of this article is difficult to translate into English - roughly, it is something like "The Spreading Sickness: AIDS Spills Over." The adverb *mal* signifies something done badly or incorrectly; the noun also denotes a sickness/illness. *Mal* is very close to the adjective *mau/má* (bad) and thus has a connotation of badness as well. *Espalhar* has several meanings, including to distribute, to scatter, to spill - in the *Veja* title, one thus envisions AIDS flowing all over Brazil and the world.

<sup>11</sup> At this point in the epidemic, many research scientists and health professionals thought that perhaps only 10% of those infected with HIV would go on to develop "full-blown AIDS." These figures were revised gradually upward as the natural history of HIV-related illness became better understood. To date it is uncertain how many people with HIV infection will develop become ill, or when - there are many "long-time survivors" who have been infected with HIV from between ten to fifteen years and still have not manifested any significant HIV-related illness. Scientists are focusing increasing attention on these long-time survivors in order to see what factors might explain why their HIV infection has not progressed to the symptomatic stage.



affirming that AIDS=death, both visually and textually. For example, a electron microscopic image of HIV with the caption "the virus in action: fatal" on page one is followed by a photograph of an unnamed and solitary man in a hospital bed on page two (see Figure 1.1).<sup>12</sup> This idea of the fatality of HIV/AIDS is re-enforced through the presentation of "expert knowledge":

Question: Does it matter if you detect the illness its initial stage?  
Answer: In terms of living or dying, no. AIDS is a 100% fatal illness. (Veja 1985:63)

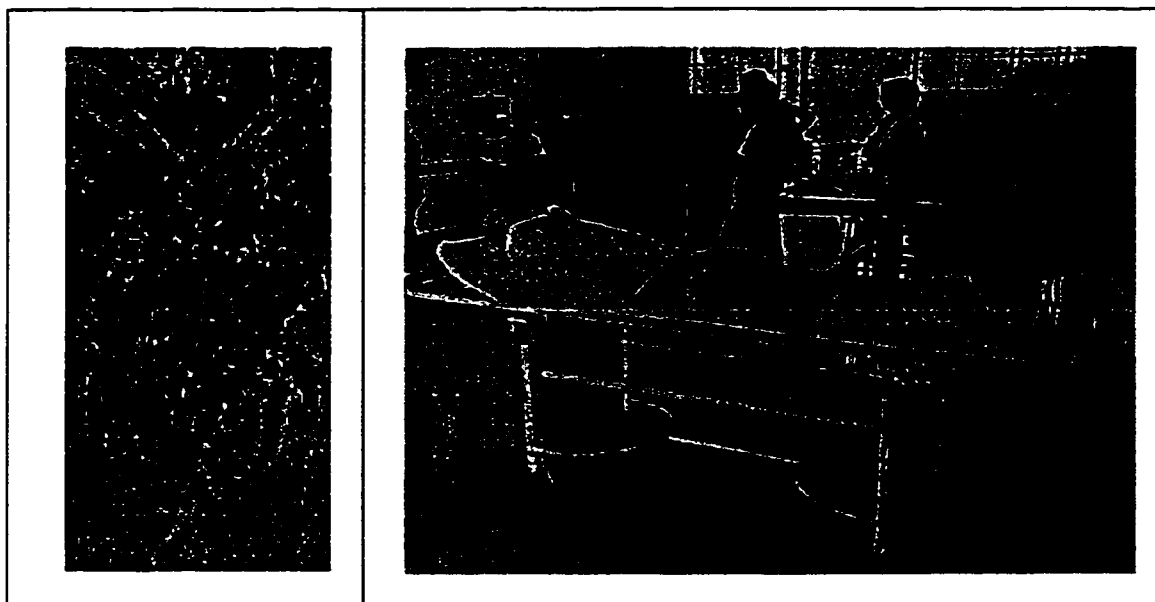
Similarly, the profiles of people with HIV/AIDS emphasize dying of, rather than living with, AIDS, as demonstrated in the section headings such as "the difficulty of accepting an inevitable death," "from the interior of Minas [a Brazilian state] for certain death, and "the odyssey of a victim who turned pariah" (Veja 1985). And there are four photographs of people in hospital beds, including one of Cazuzza, a famous Brazilian rock musician, who receives the caption "without AIDS, but there are rumors." Four years later, Cazuzza would announce that he had AIDS and become *the* "face of AIDS" in the Brazilian popular imagination.

For all the article's insistence that AIDS equals death, this argument is nonetheless undercut at various points in the text. If on the one hand, "AIDS is 100% fatal," in answer to the question "is a positive test result a death sentence?," the response is "statistics show that only 5% to 10% of the people with a positive test result develop the disease."<sup>13</sup> The text goes on to quote Paulo Teixeira, the then head of the

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<sup>12</sup> Watney calls this juxtaposition between medical/scientific graphic representations of HIV and images of dying bodies the "AIDS diptych." Sander Gilman also has written several excellent works tracing the historical iconography of people with HIV/AIDS and other illnesses such as syphilis and tuberculosis (Gilman 1988a, 1988b).

<sup>13</sup> The article consistently confuses HIV seropositivity and AIDS, even though it provides a special discussion explaining how the ELISA HIV antibody test works and "answers" several questions addressing HIV antibody testing.



### **1.1 The AIDS Diptych - "The virus in action: fatal"**

state of São Paulo Health Department AIDS Program, on the importance of considering the psychological difficulties and uncertainties faced by people who are HIV antibody positive (HIV+)<sup>14</sup> given the limited existing medical/scientific knowledge on the natural history of HIV/AIDS. However, rather than seriously considering the implications of what it means to live with HIV/AIDS, the article retorts:

Leaving to the side individual criteria, Dr. Teixeira forgets that a contaminated person can indefinitely propagate the virus. Telling them their actual situation may be psychologically bad but guarantees that the disease will remain confined. (Veja 1985:59)

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<sup>14</sup> Throughout this thesis I use the term "HIV+" to refer to those people who test positive for HIV antibodies and therefore presumably are infected with the HIV virus. Of course, a small number of people who test positive for HIV antibodies have in fact not been infected with HIV (they are "false positives," and others test negative for HIV antibodies even though they are indeed infected with HIV (they are "false negatives"). This existence of false positives and negatives is not limited to HIV antibody tests, but can occur with any clinical laboratory test.

During much of the HIV/AIDS epidemic the HIV antibody test has been principal means for determining if someone has been infected with HIV, and many people refer to themselves as "positive" or "negative." More recently, antigen tests have been developed that directly measure for the presence of (parts of) HIV itself, rather than for antibodies to the virus, but HIV antibody tests nonetheless remain more common, though in the future it seems likely that the antigen tests will gain in popularity.

What is the logic here? Why should telling HIV+ people that they may not necessarily develop AIDS will somehow contribute to their spreading the disease? Are people with AIDS prone to knowingly infect others? The evidence suggests otherwise in the vast majority of cases.<sup>15</sup> And should all the responsibility of HIV transmission be placed on the shoulders of the those who know that they are HIV+?

For the authors, it is apparently obvious that because AIDS is caused by "promiscuity" (the narrative makes various allusions to the "prolific" sexual pasts of people with HIV/AIDS),<sup>16</sup> the solution thus requires the celibacy/asexualization of people with HIV/AIDS and a return to "traditional" values of sexual abstinence and monogamy for the rest of the population. We are told, without any support by concrete data or in-depth analysis of contemporary Brazilian sexuality:

AIDS is becoming a powerful agent in the reform of sexuality, morality and modern man's behavior. Sexual abstinence and monogamy, use of condoms, caution with the use of drugs, and the end of the cult of thinness are only some indications of what may come to pass. . . .

The practice of anal sex, escapades in the world of prostitution, the *roda-viva* [bustle, incessant movement] of sexual partners may be beginning to enter a decline, even if temporarily, in the backwash of the first scare. Significantly, the prostitution zones, both female and male, of the principal capitals of the West, show a notable decrease in activity. (Veja 1985:67)

While time has proved the commentators wrong on nearly all of their conclusions, the narrative nonetheless does have a salience as a common sense, morally grounded fantasy serving to re-affirm social boundaries that the AIDS epidemic threatens to erode.<sup>17</sup> As Watney and many other analysts have argued, this attempt to legitimate

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<sup>15</sup> Health educators generally agree that fear and despair are poor motivations for achieving lasting behavioral change in relation to HIV/AIDS. As a result, simply telling someone that s/he is HIV+ without providing psycho-social support may ultimately increase, rather than decrease, the possibility of unsafe sexual activity through fostering social isolation, low self-esteem and potentially self-destructive behavior.

<sup>16</sup> The article's discussion focuses primarily on the sexual transmission of HIV. Blood and injecting drug use related transmissions are limited to a few paragraphs in the question and answer section.

1981	First cases of deaths of immune deficient gay men in the United States reported by the Center for Disease Control (CDC)
1982	Gay Men's Health Crisis founded in New York City, one of the first and largest North American community based AIDS-related organization
1983	Markito dies in New York City - first AIDS death of a well known Brazilian 39 cumulative reported AIDS cases in Brazil, 33 deaths Male/female ratio of new cases 31/1 First safer sex materials published in the United States
1984	HIV identified as probable cause of AIDS in France and the United States 166 cumulative reported AIDS cases in Brazil, 97 deaths
1985	Death of Rock Hudson 647 cumulative reported AIDS cases in Brazil, 481 deaths Male/female ratio of new AIDS cases in Brazil 29/1 Founding of GAPA-São Paulo, first Brazilian AIDS-related NGO

**1.2 AIDS Timeline: 1981-1985**

the control of sexuality through medically sanctioned norms represents an excellent example of the processes Foucault describes in which medical power/knowledge serves to transform undisciplined bodies into docile ones. And in positing that the AIDS problem is taking, or can take, care of itself and be solved by a (voluntary) return to "family values," the article implies that perhaps no government intervention or societal response is needed. And for those who refuse to "return" to domestic, monogamous heterosexuality, one senses a subtext in which the non-compliant deserve what they get (AIDS/death).

In this discussion of the "reform" of sexuality, the article uncritically assumes that everyone knows what is normal sexuality (i.e. reproductive sex within a family unit) and what is dangerous (i.e. being "promiscuous" in its many forms). Yet this neat

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<sup>17</sup> The authors do comment that these changes might be temporary, but do not go into any detail about the factors influencing whether these supposed behavior modifications might continue.

division neither corresponds to the variety and fluidity of Brazilian erotic culture nor recognizes the important role of sexuality in the articulation of Brazilian national culture, whether in terms of origin myths, carnival representations or cultural categories such as *sacanagem*.<sup>18</sup> As a result, the possibility that there is some sort of system at work in Brazilian sexuality and erotic culture that connects "normal" to other less openly discussed forms of sexuality (e.g. anal sex or sex men between men who do not consider themselves homosexual or gay), remains unexplored. Instead, the article goes out of its way to restake a safe terrain for the exercise of "normal" heterosexual activity by creating a fantasized male homosexuality centered on promiscuous anal sexuality.<sup>19</sup>

Although none of these arguments presented is particularly solid, it is revealing to explore their inconsistencies and contradictions. One line of thought posits that since vaginal intercourse is less risky than anal intercourse, heterosexuals have less to fear from AIDS. Leaving aside the possibility that anal sex is an integral component of "traditional" Brazilian heterosexual relationships, as Parker's research suggests, the available data in 1985 from sub-Saharan African countries with high incidence of HIV clearly demonstrated that HIV could be transmitted through vaginal sexual relations as well. Yet, the authors are reluctant to assume unequivocally that heterosexual transmission of HIV is a real possibility. This denial of heterosexual HIV transmission is

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<sup>18</sup> See Gilberto Freyre's classic *The Masters and the Slaves: A Study in the Development of Brazilian Civilization* (Freyre 1956) and Richard Parker's *Bodies, Pleasures and Passions: Sexual Culture in Contemporary Brazil* (Parker 1991) for extended discussions of the diversity and fluidity of Brazilian sexuality. *Sacanagem* can be roughly translated as a combination of messing around and being bad, either in the context of sexual activity or the breaking and bending the rules for one's own advantage (see DaMatta 1991). Parker goes so far as to consider this type of transgression to be *the* dominant feature in Brazilian erotic culture.

<sup>19</sup> For example, in response to the question "what is the risk in multiple homosexual relationships?" the answer provided is "until now, this is the means of contamination por excellance, as corroborated in all the available statistics. The larger the promiscuity, the greater the possibility of contagion." This response is thoroughly misleading, if not simply factually incorrect, unless one assumes that all male/male sexual relations are anal intercourse (without condoms).

underscored by the response to the question "can a woman be contaminated and transmit the disease through sexual relations?"<sup>20</sup> The response is "yes, but . . ." - *but* their partners are usually bisexual, *but* the possibility of transmission of HIV from women to men is less than from men to women, *but* there have been no cases of lesbian transmission to date. But, do these qualifications really respond to the question of whether female to male sexual transmission of HIV is possible? The fact that vaginal intercourse is less effective than anal intercourse in terms of HIV transmission does not mean it does not exist or that its possibility should not be considered (it is small comfort to those infected through vaginal intercourse that their mode of transmission had lower odds of transmission than that through anal intercourse), particularly when the proper use of condoms prevents both kinds of transmission. Yet, there is only one mention of condoms in the entire thirteen pages of text.

The *Veja* article never manages to reconcile its many contradictions regarding the sexual transmission of HIV. In reality, the sexual transmission of HIV is not about the number of partners you have, nor how one categorizes sexual/gender identity, but is rather the result of a short list of known sexual practices with an HIV+ person.<sup>21</sup> And as the rapid spread of HIV among Brazilian women demonstrates, monogamy itself is no protection if your partner is HIV+.<sup>22</sup> Given the realities of sexual behavior and gender hierarchies, the call for a return to monogamy and "tradition heterosexuality" thus not

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<sup>20</sup> Note here the confusion between HIV and AIDS - one transmits HIV, not AIDS.

<sup>21</sup> Promiscuity only contributes to HIV transmission in so far as it increases a person's probability of having sex with an HIV+ person. However, if some form of safer sex is practiced, the likelihood of HIV transmission falls considerably, no longer making promiscuity per se a significant contributor to HIV transmission. Nor is one's sexual/gender identity at issue, except to the extent that this makes a person more likely to practice safer sex. On this point, various studies have suggested that men who self-identify as gay/homosexual are more likely to practice safer sex than those men who have sex with other men but do not have this self-identification.

<sup>22</sup> Even at the time this article was written, the number of cases of women with AIDS in Brazil was growing noticeably, with the male/female ratio of new cases decreasing from 193/1 in 1983 to 18/1 in 1985. By 1987, the men/women ratio of new AIDS cases had fallen to 10/1. For anyone who wanted to see, the writing was already on the wall.

only hinders a better understanding of HIV/AIDS epidemiology but leaves untouched the power relations implicated in HIV transmission. And ironically, it is this very breakdown of traditional sexual/gender patterns to which the authors attribute the spread of HIV that actually may offer one of the best hopes for stopping the spread of HIV. That is to say, through claiming control of their own sexuality and exposing the unequal risks and rewards involved in the exercise of human sexuality, women and sexual minorities may be able to negotiate safer sex more effectively and thereby protect both themselves and their sexual partners from HIV infection.

Of course, these alternative discourses and practices related to sexuality did not emerge out of a vacuum in Brazil or anywhere else, but largely grew out of the political mobilizations of feminist and lesbian/gay movements in which sexual self-determination and expression were considered to be collective rights. As I will discuss in a later chapter, these forms of cultural politics also laid the foundation for the subsequent development of conceptions of "safer sex" and the practice of non-technical, peer based health education. These histories of political organization based on gender and sexuality, and their relationship to AIDS-related mobilization, are not discussed in the article, which limits itself to a non-contextualized potpourri of US gay community responses to the epidemic. On the one hand, a photograph of a candlelight march contains the caption "homosexual vigil in the United States: all are mobilized." Yet, how did this organization occur? Is simply being a (male) homosexual in a city in the United States enough to guarantee that one will mobilize in response to AIDS? And what of the role of lesbians and non-homosexuals in AIDS-related mobilizations?

This sloppy recounting of the history of the response of US lesbian/gay communities to AIDS is continued in the article's description of New York writer/activist Larry Kramer (identified as a homosexual and playwright), who is quoted as stating "we are in a war and each of us needs to stay away from the bombs" (Veja 1985:64-65). Yet, the article fails to mention that Kramer was one of the founders of Gay Men's

Health Crisis (GMHC), one of the first and certainly the largest AIDS service organization existing in the world in 1985, even though the text cites his play *The Normal Heart*, which is a highly autobiographic account of Kramer's founding and subsequent dissatisfaction with GMHC. This highlighting of individual celebrities, and to a lesser extent the undifferentiated mass of the supposedly totally mobilized US gay community shown in the candlelight march, is affirmed in the conclusion of this section of the article:

In the United States, pioneers in research to combat the disease, part of society has begun to mobilize to hinder the spread of the moral stigma which is more damaging than the virus. On September 19, various artists and personalities led by Elizabeth Taylor intend to raise \$1,000,000 in a benefit show to fund scientific research on AIDS. Certainly they will count on the sympathy of Ronald and Nancy Reagan. (Veja 1985:67)

Although Elizabeth Taylor's interest in AIDS, and general support for lesbian/gay issues, is well documented, Reagan can hardly be considered sympathetic to fighting the AIDS epidemic. In fact, the Reagan Administration and important government agencies such as the National Institute of Health and the Food and Drug Administration were targets of harsh criticism by Kramer and other gay leaders and community-based organizations.

Are the *Veja* writers unaware of this situation, or are they making an ironic commentary that may be lost on their readers?

If the article's discussion of lesbian/gay communities in the United States is confused at best, its presentation of the experiences of a parallel Brazilian "homosexual community" is even more problematic. For starters, many would question if there is a "homosexual community" in Brazil.<sup>23</sup> Certainly, there are various places in large Brazilian cities where members of the same sex can socialize and encounter sexual partners, and "gay" and "homosexual" sexual/social identities are increasingly common

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<sup>23</sup> For discussions of the development of lesbian/gay communities and social identities in urban Brazil, see Costa 1992; Guimarães 1977; MacRae 1990, 1992; Parker 1989, 1994.



among urban Brazilians. Whether these constitute a "homosexual community," at least in terms of the US model, is open to question even today, let alone in 1985.

Nonetheless, *Veja* does not hesitate to position Celso Curi, a gay Brazilian journalist who was one of the first persons to put questions of homosexuality into the mass media, as "the spokesperson of the São Paulo gay community" - exactly what constituted the São Paulo gay community is not specified. And although Curi's statement that "dying of AIDS is a problem - it's like showing one's family and friends a giant Pinocchio's nose" (that is, that one is homosexual) nicely captures a dilemma experienced by many homosexuals in Brazil (and the United States as well), *Veja* leaves its analysis at the level of individual psychological troubles and neither provides a more detailed examination of the sociocultural factors that produce societal discrimination against "homosexuals" nor any description of the history or present configuration of the "homosexual community" that Curi supposedly represents.<sup>24</sup>

This disregard for organizations and the history of social movements in both Brazil and the United States is repeated in the text's passing notice of the *Grupo de Apoio à Prevenção de AIDS* (Support Group for AIDS Prevention - GAPA/SP) as a "private entity that works in the room next to Teixeira's" (the coordinator of the state of São Paulo Health Department AIDS Program quoted above). GAPA/SP was (and is) much more than a "private entity" - it is the first, biggest and perhaps best known AIDS-related organization in Brazil. Although in 1985 GAPA/SP was not the giant it is today, a more accurate reading of the role of non-governmental organizations in US lesbian/gay communities' responses to the epidemic would have alerted the *Veja* writers that the formation of GAPA/SP represented an important story in Brazil. Yet, the only other comment made about GAPA in the text is that "group members" express concern about

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<sup>24</sup> For a history of the Brazilian lesbian/gay rights movement, which included the influential São Paulo *Somos* (We Are) group and the Rio de Janeiro based *Lampião* newspaper, see MacRae 1990 and Trevisan 1986.

discrimination against homosexuals that might result should their HIV status become known. The fact the participants of GAPA/SP include doctors and health professionals is not acknowledged, nor is the type of work they do discussed (e.g. prevention and education, fighting against discrimination, helping HIV+ people obtain treatment and hospital beds, etc.). Instead, the paragraph concludes with the quote of a well-known São Paulo doctor who states that "the rights of homosexuals, in terms of public health, go only to the point of not interfering in the rights of the community" (Veja 1985:59), leaving the reader with the impression that the state Health Department and GAPA/SP are fighting against the (imagined) collectivity (in which homosexuals and people with AIDS apparently have no part), rather than being perhaps two of the institutions that were responding most effectively during this period to Brazilian HIV/AIDS epidemic.

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Three years later, *Veja* put AIDS on its cover with an image of a cracked paper machê, androgynous face composed in part of such text fragments as "family," "crime," "TV," "law," and "AIDS" (see Figure 1.3) accompanied by the caption "AIDS: Those who are going to die recount their agony." Once again, we are given glimpses of the suffering of people with AIDS, including photos of nameless people in hospital beds. The four subheadings for the profiles of people living with AIDS are similarly brutal: "death must be cold like a birth," "the disease is a punishment from God," "I thought that 'positive' was good." and "our life is over - what about our children's?" But if AIDS in general is still equated with violent and painful death, the patients in the 1988 narrative are generally presented in a more favorable, if nonetheless maudlin, light than the isolated (homosexual) men of the 1985 story. We learn about Sheila, a child with AIDS who is called "the mascot of the condemned" by an adoring hospital staff, and four families who are sharing the burdens of living with HIV/AIDS:

(1) a man with AIDS and his HIV- wife (we are told he is non-homosexual and non-drug using);

(2) an HIV+ couple and their two children (she contracted HIV in a work-related needle stick and then infected her husband; the children are HIV-);

(3) a repentant evangelical Protestant man with AIDS ("Ari had sporadic homosexual relations") who lives with his father; and

(4) another HIV+ couple (she, a housewife, contracted HIV through a blood transfusion and then infected him).

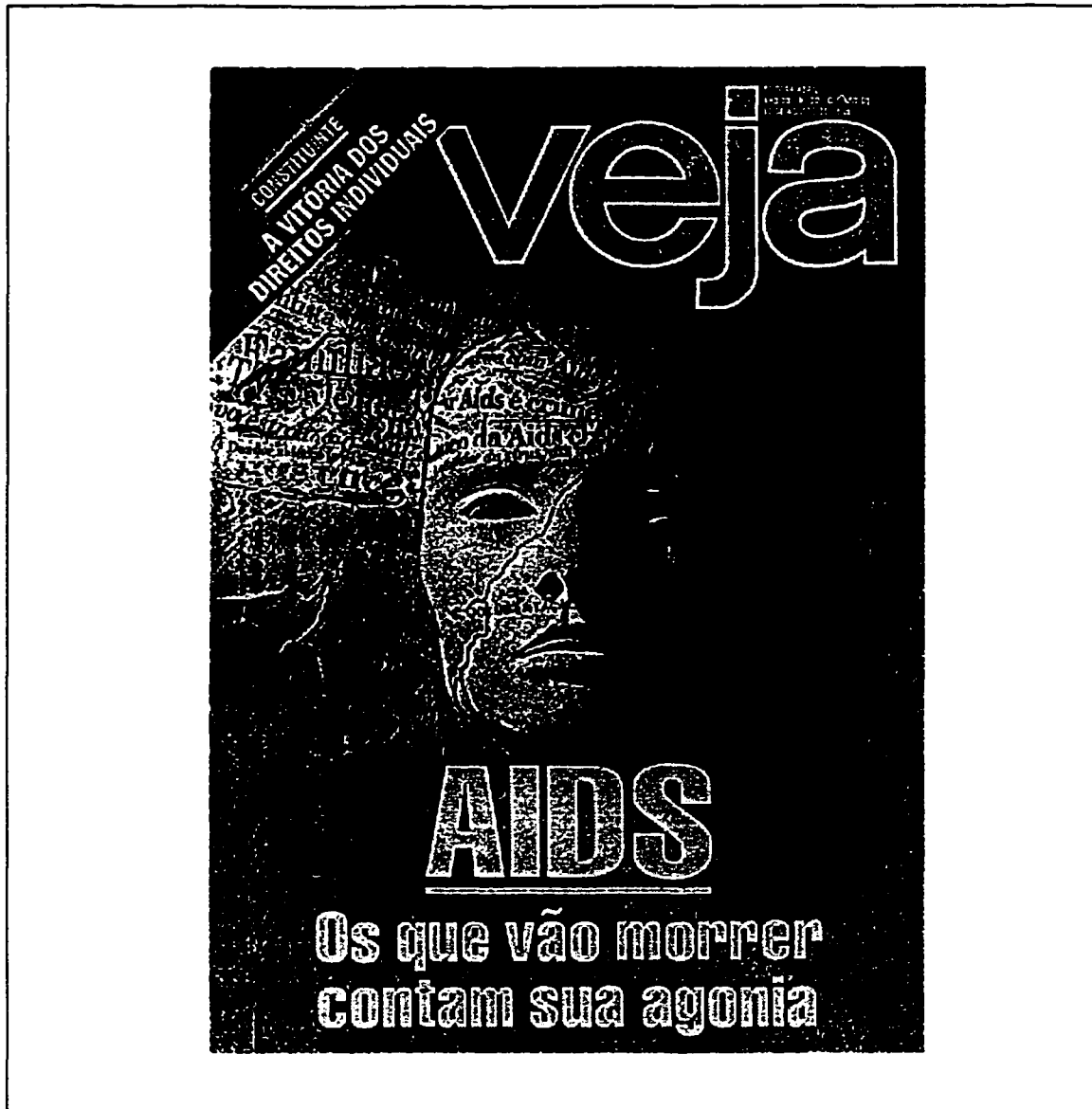
The general tone is one of dignified people who should be pitied and admired for bravely facing the seemingly hopeless challenge of awaiting their inevitable death.

In these profiles of people with AIDS, the homosexual has moved largely into the space-off (De Lauretis 1987:26),<sup>25</sup> absent from direct consideration but whose presence informs the narratives. At a textual level, there are no self-identified "homosexual" people with AIDS presented (Ari's "sporadic homosexual contacts" place him in an ambiguous position), despite the fact that "homosexual" and "bisexual" men still formed nearly half the total number of Brazilians with AIDS in 1988. More subtly, the photos of several nameless, thin, haggard looking white men in hospital beds may be intended to represent the earlier (and enduring) association of AIDS=terminal homosexual male="Aidético,"<sup>26</sup> but this connection is never made explicitly. Yet, if there are no voices of actual homosexual individuals, the idea of homosexuality is discussed frequently. For Ari, a recent convert to evangelical Protestantism, "the disease is a punishment from God, it is a punishment to end homosexuality and immorality in the world," and he sees his having AIDS as the price he is paying for his prior "sporadic

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<sup>25</sup> I use this concept as developed by Teresa De Lauretis. The space-off is "the space not visible in the frame but inferable from what the frame makes visible."

<sup>26</sup> The *Jornal do Brasil* defined *Aidético* as "a person who has contracted AIDS or suffers from this disease" (quote cited in Galvão 1992). This linguistic form in which the name of a disease is transformed into the designation for the person with the disease is not limited to AIDS but is in fact common in Brazil. For example, a "*canceroso*" has cancer, a "*leproso*" has Hansen's disease, and a "*sifilítico*" has syphilis. Like *Aidético*, *leproso* is consistently pejorative, while *sifilítico* tends toward neutral due to its medical connotation and the decreasing stigma attached to the now treatable disease. *Canceroso* normally falls somewhere in the middle of these two poles.



**1.3 "Those who are going to die recount their agony"**

homosexual relations" which he now denounces. Ilca, the woman who was infected with HIV through a needle stick, complains that "the doctors treat us as if we were drug addicts or homosexuals" (Veja 1988:74-75). After presenting this statement, the reader learns that an entire bus load of people emptied itself after Ilca entered (she had revealed that she was HIV+ in an interview broadcast on television a few days earlier). Without doubt, this is a horrible form of social discrimination that no one should have to endure. Nonetheless, juxtaposed next to her previous comment, one is left with the

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| 1986 | Founding of ABIA (Brazilian Interdisciplinary AIDS Association) in Rio de Janeiro, a group focused primarily on the analysis and shaping of public policy related to AIDS and the production of education materials   |
| 1987 | Usage of term "Aidético" becomes increasingly widespread<br>2,807 cumulative AIDS cases in Brazil, 2,461 deaths; male/female ratio 10/1<br>Founding of ACT-UP/New York  |
| 1988 | Prohibition of commercialization of blood and blood products enter Brazilian constitution<br><br>Montreal International AIDS Conference and accompanying meeting of NGOs from throughout the world<br><br>First national, Ministry of Health sponsored AIDS education commercials aired in Brazil |

#### **1.4 AIDS Timeline: 1986-1988**

impression that perhaps this is what homosexuals and drug users deserve, or at least if it happens to *them*, it is not worth worrying about.

But do the article's authors think that Brazilian doctors actually discriminate against people with HIV/AIDS? The text is ambivalent on this question. On the one hand, the physician Marinella Della Negra de Paula comments that "some doctors still look at the Aidético with distrust," but that "we are learning to fight against death, and our fight is against time" (Veja 1988:67-68). This statement implies that there is some discrimination against AIDS patients - after all, one would hope that patients with serious illnesses would at a minimum receive their physician's trust. Yet, the narrative quickly seeks to undercut the idea that doctors might actually share the sort of prejudice manifested by the people who refused to sit in the bus with Ilca, as in the following quote of psychologist Heloísa Helena de Araújo Campos on the difficulties of caring for people with HIV/AIDS: "AIDS patients nearly always suffer neurological problems, they become aggressive and provoke the attendants" (Veja 1988:68).<sup>27</sup> One is left with the idea that

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<sup>27</sup> While people with HIV/AIDS do suffer neurological problems and may at times be difficult to deal with, it would have been nice if the article had presented the voices of the people with AIDS and their loved ones in their own words as they live through these trying situations. The patient

the problem is with the patients rather than the doctors. Nonetheless, some heroic medical professionals such as Dr. Márcia Rachid are presented as not only overcoming these obstacles, but even "ending up involving themselves in the personal dramas of the patients":

When they are well, I go out with them, to shows, book openings, even parties at their homes. My small problems stop existing - I know I don't have anymore patience to deal with people who turn molehills into mountains. (Veja 1988:69)

Dr. Rachid is without doubt an admirable person and a model for other physicians, not to mention the general public. But strangely absent from this portrayal is her active involvement in various AIDS-related, non-governmental organizations in Rio de Janeiro during this period. Through this silence, Dr. Rachid's willingness to treat people with AIDS as individuals having emotions, needs and rights is individualized in terms of her personality and professional competence. At no point is her commitment to any sort of collectivity addressed, nor is the fact that she is a well-known critic of the current state of the Brazilian health-care system and the government's response to the HIV/AIDS given any voice.<sup>28</sup> More generally, the article does not consider collective responses to the epidemic and makes not a single reference to safer sex, condoms or prevention/education activities. While one article can not address everything, after ten pages of reading about the "agony of dying from AIDS," this absence becomes obvious and one wonders what the authors were thinking when they wrote the text.

This inattention to collective responses to the epidemic is particularly ironic given the diagonal headline in the magazine cover's left corner: "*Constituinte* [National Constitutional Assembly]: The Victory of Individual Rights." This National Constitutional

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profiles presented in the article do not service this purpose because none of these individuals had yet experienced significant neurological problems.

<sup>28</sup> During my fieldwork, I heard Dr. Rachid talk on several occasions, and her involvement with AIDS/NGOs goes back to her pioneering work at Rio de Janeiro's Gaffre-Guirle hospital, one of Brazil's first and busiest AIDS reference hospitals.

Assembly generated substantial political, social and cultural mobilization in which various sectors of Brazilian society presented their demands at a critical moment of national reflection on the form of political institutions and constitutional rights a redemocratizing Brazil should take.<sup>29</sup> The resulting 1988 Brazilian Constitution, admired throughout the world as one of the most progressive in the world in terms of individual and collective rights, also contains a provision prohibiting the commercialization of blood and hemoderivatives, which was achieved largely as the result of the political uproar caused by transfusion related cases of AIDS and which I will consider in more detail in the following chapter.<sup>30</sup> Yet, the AIDS cover story considers neither this significant political mobilization around the blood supply nor the impressive efforts by AIDS-related organizations such as GAPA/SP and ABIA to guarantee the rights of people with HIV/AIDS. Once again, *Veja* instead individualizes the epidemic in terms of noble heroes (e.g. doctors) and doomed yet admirable (non-homosexual) people with HIV/AIDS rather than providing any serious discussion of the political economic dimensions of the epidemic, which at this time included an extremely weak federal governmental response to the epidemic and the devastating consequences of a collapsing health-care system on both the prevention and treatment of HIV/AIDS.

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<sup>29</sup> Many actors from "new social movements" participated in the Constituent Assembly, including women's groups, Afro-Brazilian organizations, labor unions and tribal peoples. See Alvarez 1990 for a historical account of the role of Brazilian feminist and women's groups in the National Constitutional Assembly.

<sup>30</sup> The 1988 Constitution guarantees individual freedoms of speech, belief, association, etc. as well as social rights such as education, health, leisure, security, social welfare and ecological balance. Racism, torture and the death penalty are prohibited. In terms of gender issues, the Constitution treats women and men equally within the marital unit and in society as a whole and guarantees paid maternity and paternity leave, free child-care for children up to 6 years of age, the right to non-coercive family planning, and the legitimacy of all offspring.

## faces of AIDS

*But if you think  
That I am defeated  
Know that I am still rolling the dice  
Because time does not stop*

*Days yes, days no  
I am surviving  
Without a scratch  
Of pity from those  
Who hate me.  
Your pool is full of rats  
Your ideas don't match the facts  
Time doesn't stop.*

Arnaldo Brandão/Cazuza  
"O Tempo Não Pára" (Time Doesn't Stop), 1989

*From one minute to the next, the simple fact of saying "I'm alive" has become a political act. To affirm myself as a citizen who is perfectly alive is an act of civil disobedience. For this reason, ever since I found out that I had AIDS, I constantly repeat that I am alive and that I am a citizen. I have no deficiency that makes me immune to civil rights - in spite of abundant propaganda to the contrary . . .*

*In order to combat civil death, the person who becomes ill must break down the barriers of secrecy. I believe that we must all cure ourselves of shame, guilt and fear. People with AIDS must not go under cover.*

Herbert Daniel  
"News From Another Life," 1989.

The year 1989 marks an important milestone in the social construction of AIDS in Brazil, particularly in terms of the solidification of certain ideas about what it means to live with, or die from, HIV/AIDS. Although some Brazilian public figures had died from HIV-related illness prior to 1989, and Herbert de Souza (commonly known by his nickname Betinho) - a prominent sociologist and one of three renowned hemophiliac brothers who had been infected with HIV - had been living with HIV for two years at this point in time, the announcement that Cazuza had AIDS on February 14, 1989 had repercussions similar to that of the reporting of Rock Hudson's HIV-related illness and ultimate death in the United States. And even though Cazuza's health had been the



subject of media gossip for several years, including the comment in the 1985 *Veja* article mentioned above, his living with AIDS, and especially his evident physical decline throughout 1989 and until his death on July 7, 1990, generated a veritable "spectacle of AIDS" in the Brazilian mass media. In this process, Cazuzza came to embody the "face of AIDS" in the minds of many Brazilians, especially through the notorious and strongly criticized April 26, 1989 *Veja* cover story "Cazuzza: A victim agonizes in the public square" (*Veja* 1989a - see Figure 1.5).<sup>31</sup> These images of an extremely thin and sickly Cazuzza "wasting away" set the tone for much subsequent media coverage. At the same time, the linking of AIDS and marginalization was re-confirmed - in Cazuzza's case, to sex (with both women and men), drugs and rock and roll.<sup>32</sup> And with the concurrent circulating rumors (later confirmed) that television heart-throb Lauro Corona had AIDS, a more general association of AIDS to performers and artists was strengthened. As a columnist from the *Zero Hora* of Porto Alegre concludes a September 1989 feature story on Cazuzza, "so artists and the avant-guard, after centuries of difficult conquests and setbacks in the area of personal liberty, now live under the guillotine of AIDS."<sup>33</sup>

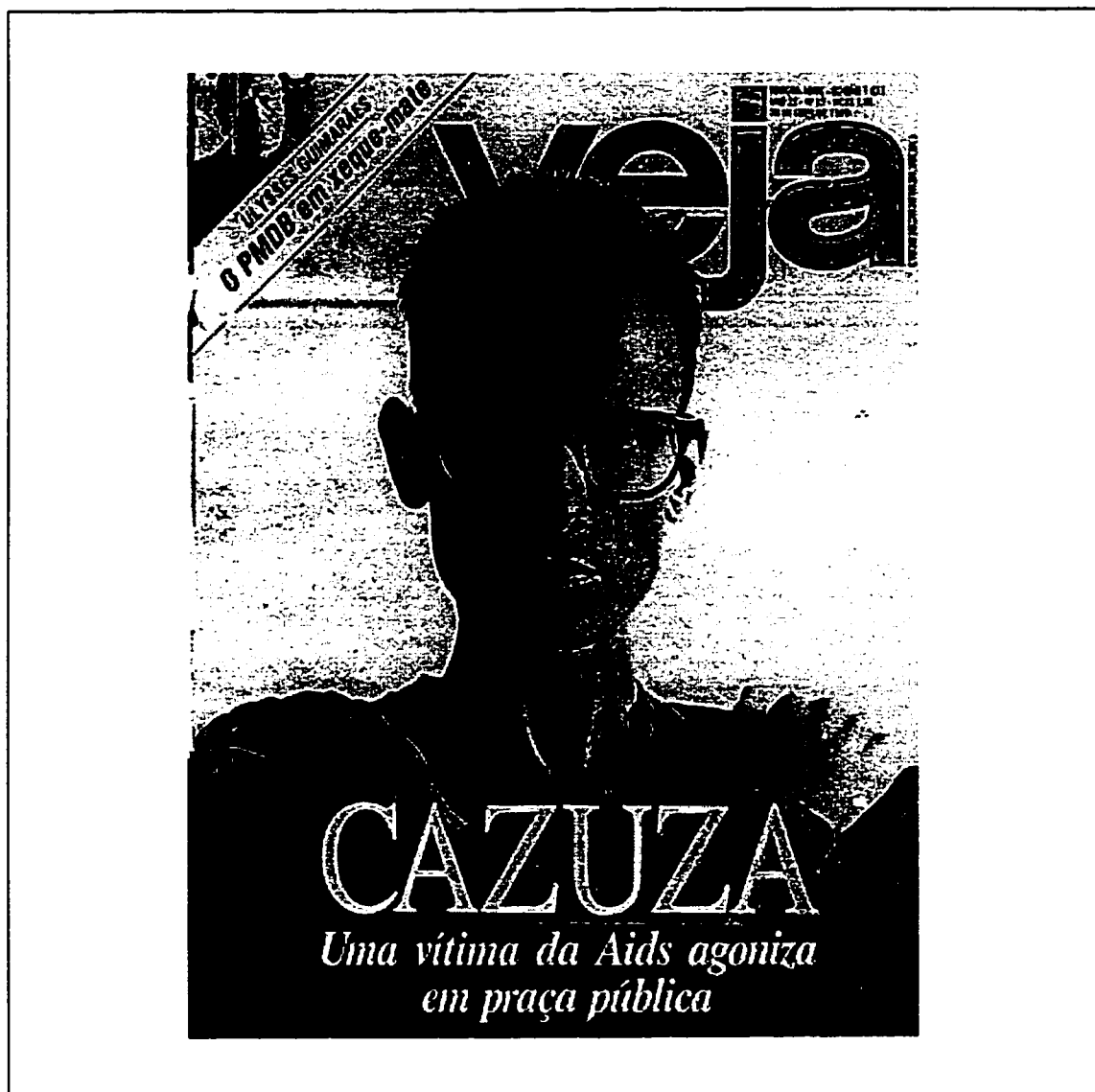
During the same period that Cazuzza and Lauro Corona were receiving significant media coverage, the writer Herbert Daniel, participant in the armed resistance against the dictatorship during the late 1960s and former political exile, announced that he had

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<sup>31</sup> In response to the question "Are you familiar with any well known people who are HIV+, have AIDS, or have died of AIDS" in my questionnaire administered to two hundred Vila Santos residents, Cazuzza (65.5%), Lauro Corona (19.5%) and Betinho (18.5%) were the three persons most often listed. Perhaps not surprisingly, no one identified Pela VIDDA founder and AIDS activist Herbert Daniel, whose writings are mostly read by middle class Brazilians.

<sup>32</sup> In a September 14, 1989 interview printed in Porto Alegre's principal newspaper, Cazuzza jokingly referred to his prior philosophy of life as *janisjoplina* (Janis Joplin like). "O Poeta Dilacerado Se Mostra Inteiro" (The Torn Up Poet Shows Himself Whole). *Zero Hora*, 14 September 1989, Segunda Caderno, 2-3.

<sup>33</sup> José Antônio Silva, "Cazuzza: Com o Espírito da Década" (Cazuzza: With the Spirit of the Decade). *Zero Hora*, 14 September 1989, Segunda Caderno, 1.



**1.5 "An AIDS victim agonizes in the spotlight"**

AIDS. Like Betinho, Daniel was one of the critical thinkers shaping ABIA and advocating solidarity as the only real solution to the HIV/AIDS epidemic. Upon learning that he had AIDS, Daniel increasingly emphasized the need for a greater voice and participation of HIV+ people in the fight against AIDS, and toward this end founded Pela VIDDA in Rio de Janeiro. From its inception, Pela VIDDA, with the articulate and inspiring Daniel as its media voice, presented a politically informed and at times angry

1989	<p>Founding of Grupo Pela Vidda/Rio de Janeiro, GAPA/Rid Grande do Sul</p> <p>Brazilian rock star Cazuza announced he has AIDS; Brazilian television actor and sex symbol Lauro Corona dies of HIV-related illness</p> <p>11,417 cumulative AIDS cases in Brazil, 6,806 deaths</p> <p>Male/female ratio of new AIDS cases 8/1</p>
1990	<p>Initiative started to form a network of solidarity among Brazilian AIDS/NGOs</p> <p>Cazuza dies of HIV-related illness</p>
1991	<p>Highly criticized "AIDS Has No Cure" television spots aired nationally by the Brazilian Ministry of Health</p> <p>First National Conference of People Living with HIV/AIDS held in Rio de Janeiro</p> <p>26,573 cumulative AIDS cases in Brazil, 12,904 deaths</p> <p>Male/female ratio of new AIDS cases 5/1.</p> <p>More than 100 AIDS/NGOs in Brazil</p> <p>Magic Johnson announces he is HIV+</p>

### **1.6 AIDS Timeline: 1989-1991**

counter-discourse to the prevailing idea that AIDS=(civil) death. And although Daniel never received as much media space as either Cazuza or Lauro Corona, his activism and public presence helped spark the growth of AIDS-related organizations throughout Brazil (including the founding of GAPARS in the same year) and the ultimately unsuccessful attempt to establish a formal network of Brazilian AIDS-related organizations, which I will discuss in more detail in chapter 2.

The barrage of media coverage on Cazuza and Lauro Corona made AIDS an item of household discussion as it had never been before. If many of these stories continued, explicitly or implicitly, many of the entrenched associations of AIDS with death, homosexuality and marginality, they also provided increased, if still limited, opportunity for politicized AIDS activists and people with HIV/AIDS such as Herbert Daniel to express their views. However, while many activists recognized the importance of the media in changing popular perceptions about AIDS and in improving the quality of life of people with HIV/AIDS, there was no consensus as to what media strategies should be used given the current invisibility, stigmatization and social isolation of many

people with HIV/AIDS. Should individual experience be stressed, or collective commonalities? Should people with HIV/AIDS speak out and "assume" the fact that they are HIV+ or have AIDS? If so, in what contexts, and using which discourses? And what of the possibility that in speaking out as a visible person with HIV/AIDS, the very stereotypes and prejudices one seeks to unsettle might be unintentionally reinforced?

In her discussion of AIDS reporting in the Brazilian media in general, and the year 1989 in particular, Galvão provides an excellent starting point for sorting out some of the elements at work here. Relying partly on a Foucauldian analytical framework, Galvão emphasizes the importance of the confession in media representations of AIDS in Brazil (the argument holds for many parts of the world as well) - that is, in addition to being sick, the person with HIV/AIDS must publicly confess his condition and assume a public identity as an "Aidético" (Galvão 1992). The July 26, 1989 *Veja* reporting on the death of Lauro Corona provides an excellent example of this confessional imperative in operation. In addition to the required exposé on physical degeneration of people with HIV/AIDS, we are told that Corona's denial to himself that he had AIDS may be somehow responsible for his rapid death:

Lauro Corona died little more than six months after the first symptoms of the disease, a very short time given that many Aidéticos, even after the virus begins to manifest itself, have years of survival. According to a thesis widely diffused in medicine, one of the factors that shortened the life of the actor may have been exactly his resistance to admit the disease. (*Veja* 1989b:89)

In contrast, a smaller side reporting presents brief profiles of Cazuza, Betinho and argues "for these Aidéticos, AIDS is not a ghost that they should run away from, but an enemy that needs to be confronted" (*Veja* 1989b:91).

These commentaries are troubling on several accounts. Without a doubt, many people living with HIV/AIDS throughout the world, including Herbert Daniel, have stressed the importance of speaking out in breaking down their stigmatization, invisibility and social isolation. In this sense, Cazuza, Betinho and Daniel provide concrete

examples for Brazilians which show that people with HIV/AIDS are indeed alive and contributing to society much the same as anyone else. Compared to these individuals, Corona's form of facing his illness and his "quick" death does seem sad and counterproductive. On the other hand, who is to decide how Lauro Corona should respond to his illness? Certainly, not *Veja*, which describes Betinho and Daniel as *Aidéticos*, apparently having failed to grasp that the term "*Aidético*" is considered as denoting civil death in the minds of many Brazilian AIDS activists, including these two men. One gets the impression that *Veja* is justifying its probing into the private lives of public figures (an effective way to increase magazine sales) and its long history of sensationalistic coverage of the HIV/AIDS epidemic on the grounds that it is really seeking to help people with HIV/AIDS. If Lauro Corona is incapable of taking the necessary step of "assuming" AIDS, *Veja* will do it for him.

In some respects, Corona's silence on the question of his HIV status constitutes a passive form of resistance against the confessional model of self-regulation in which people infected with HIV are transformed into the embodiment of disease ("*Aidéticos*"). However, I am reluctant to classify Corona's handling of his HIV-related illness as a deliberative oppositional political strategy or "practice of freedom"<sup>34</sup> since his non-participation in the discussion hardly seems to better the quality of life of either himself or people with HIV/AIDS more generally and ultimately facilitates *Veja*'s successful attempt to portray him as a troubled individual. It is also likely that Corona's disengagement from the realities of his HIV-related illness are tied directly to his not wanting to acknowledge his homosexuality publicly. As Daniel describes in his 1989 essay "*Above all, life*":

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<sup>34</sup> Building on one of Foucault's later essays, Watney argues that "we urgently need to establish a far more ethically grounded politics of gender and sexuality, in order to realise what Michel Foucault described in one of his final interviews as 'practices of freedom': 'For what', he asked 'is morality, if not the practice of liberty, the deliberate practice of liberty?'" (Watney 1994:156).

To this day, even in large cities and in the most liberal circles, homosexuality is lived either in complete or partial secrecy. AIDS has revealed the most tragic aspect of this situation of living in the shadows. For many, the worst thing is not the disease, it is having to reveal that one is gay. Pathetically, the person with AIDS is forced to reveal how he was contaminated. The diagnosis is transformed into a denunciation. So much so that people who don't get AIDS through sexual contact feel compelled to repeatedly and permanently "differentiate" themselves, so as not to be confused with those who have . . . the very same illness they have! (Daniel 1989:57)

Corona seems to be a prime example of this type of person living in the shadows, and unfortunately for him, because he is a celebrity, his shadow is continually under the light of media scrutiny.

How does Veja treat Corona's sexuality, and its relationship to his AIDS-related death? While Veja is willing to "out" Corona as having had AIDS, they never directly say that he is a "homosexual." Instead, we are told that

Aidéticos that belong to stigmatized social minorities, like homosexuals, drug addicts, and travestis, when they are assaulted by the disease [AIDS], tend to end their lives in total isolation, which facilitates the disease's action. . . . (Veja 1989b:89)

In his personal life, Corona, effectively, did not behave like a drug addict. Sports fanatic, he regularly swam, rowed, surfed and did aerobics . . . although he went out at night with female friends or escorts, Corona never presented in public a steady girlfriend or initiated a known romance. (Veja 1989b:91)

Putting two and two together, the implication is that (1) Corona's denial that he had AIDS stems from his being a "stigmatized social minority," and since he was neither a "drug addict" or a travesti, and (2) because he never had a steady girlfriend, despite playing roles of the stud next door and being physically attractive, then, (3) Corona must be a (closeted) "homosexual." This "homosexuality" in turn explains not only why he contracted HIV, but the sad and almost pathetic manner in which he died.

I bring up these questions of "coming out" either as gay or as a person with HIV/AIDS not to criticize Lauro Corona for the decisions that he made, but because they were central issues shaping the development of Brazilian AIDS-related political discourse and action strategies that were emerging during this same period. As I have

noted above, prior to 1989, AIDS-related organizations such as ABIA and GAP/SP emphasized the idea of solidarity as a solution to the societal and governmental inaction and larger political factors that were promoting the spread of HIV and the suffering of people with HIV/AIDS. In most of these discussions and political articulations, questions on whether individual and social differences, including those based on HIV status, gender and sexuality, generated specific needs and/or particular roles in the collective response to the epidemic, were not considered in much detail:

ABIA never assumed the idea that HIV+ persons had, and have, specific questions and interests regarding AIDS that are different from those who are not HIV+. ABIA never assumed this discourse. ABIA didn't say that there weren't differences, but never talked about the differences - this was diluted. (Silvia Ramos, 1992 Interview)

With Herbert Daniel's discovery that he was HIV+ and the subsequent founding of *Pela VIDA*, a new political discourse began to be articulated in which the concrete, everyday personal experiences of "living with HIV/AIDS" were highlighted. Unlike in the United States, this collective reflection on, and speaking out about, what it means to live with HIV/AIDS was not linked to the formation of an over-arching psychosocial identity as a "person living with HIV/AIDS" (PLWA). As Daniel eloquently argues:

Many people live with AIDS secretly in Brazil, from those who die without knowing that they have the disease to those who are killed by discrimination. Sick people who remain anonymous are not able to impede the cruel march that pillages our citizenship from us.

To satisfy this spoliation, tinged by the morbidity of a distorted curiosity, people with AIDS are shown in the shadows, their faces darkened, principally on TV. This is not a way to preserve the sick person's privacy - which, by the way, is an essential right. It is instead a way of depicting a depersonalized destiny. Of fumbling around in a region where we all live, unknowingly - a darkness that tests our civil rights.

The person with AIDS becomes someone without a name or a history. We must take him out of the darkness of concealment so that he can say, in the light of day; "this is my name, this is my story." Much more than "assuming" a "state of being" or a "condition," this action will be a collective way for us to write, more democratically, our history. (Daniel 1989:57-58)

Herbert Daniel was a remarkable person, and his ability to combine reflections on personal experience and harsh social criticism in a way that was at once deeply inspirational and intensely political enabled him both to obtain substantial media space and to energize the rapidly growing Pela VIDDA. Much as Cazusa became the "face of AIDS" for many Brazilians in 1989, Daniel, with his prolific writings, talks, television appearances and participation in national and international AIDS-related conferences, emerged as the most visible Brazilian person *living* with AIDS at home and abroad from 1989 until his death in 1992. By the time I arrived in Pela VIDDA in August 1991, this media interest in presenting the everyday lives of people with HIV/AIDS - rather than simply providing morbid coverage of their deaths - had grown significantly, and journalists regularly contacted the group seeking "representative" individuals who would "tell their stories" of living with HIV/AIDS. And with Magic Johnson's revelation in late 1991 that he was HIV+, a new round of Brazilian media attention to AIDS and people "living with HIV/AIDS" ensued in which the delineation and exploration of the category "heterosexual AIDS" quickly became a national imperative.

### "heterosexual aids"

*We thought that only gays could contract the AIDS virus, that it will never happen to us. It can happen to anyone. It happened to me.*

Magic Johnson, American basketball player,  
who revealed that he had AIDS on Thursday.  
(Veja 1991: cover)

Magic Johnson's November 1991 announcement that he was HIV+ received extraordinary coverage in Brazil and marked a major shift in Brazilian media discourse on AIDS. Although prior to this event, the question of whether AIDS might be of concern to heterosexuals was routinely considered and then downplayed, after Johnson's revelation, "heterosexual AIDS" and the potential "Africanization" (i.e. AIDS



would increasingly become a disease concentrated among the poor and be propelled by heterosexual transmission)<sup>35</sup> became *the* central issues in Brazilian AIDS reporting. Gone was the emphasis on morbid descriptions of the "agony of the dying" and the sensationalistic exposés linking the (homo/bi)sexuality of public figures (e.g. Markito, Rock Hudson, Cazuzza, Lauro Corona) to their deaths. Instead, the late 1991 stories use Magic Johnson as a means to consider the possibly terrifying future of the HIV/AIDS epidemic in Brazil, as can be seen in the *Veja* reporting "AIDS: The Virus Catches the Pelé of Basketball" (see Figure 1.7):

The World Health Organization estimates that in the year 2000, there will be 40 million people infected [by HIV] throughout the world. But: if consistent precautions are not taken, the predominant form of contagion will be sexual relations between men and women. . . .

"14 African countries already possess 30% of their urban population infected," said Merson [Director of the WHO's Global Program on AIDS], adding, "If Brazil continues to maintain the current levels of the advance of the virus, in two years it will be on the same level as the Africans." In a visit to the country, Merson warned the Brazilian Health Minister Alceni Guerra of the risks of the "Africanization" of the epidemic in Brazil, which lives with chronic problems of poverty, lack of access to information and the means of prevention, and high levels of drug use.<sup>36</sup> (*Veja* 1991:51)

In Magic Johnson, the media not only created a media icon representing the face of "heterosexual AIDS," but also found a new crusader in the fight against the epidemic.<sup>37</sup> If Johnson had conquered the basketball courts of the world in such an

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<sup>35</sup> As various analysts have noted (Patton 1990, Watney 1989, Treichler 1992a), these constructions of "African AIDS" and the "Africanization" of the HIV/AIDS epidemic in US and European press reports often are built upon problematic racial and colonialist categories of "diseased, dark Africa." Many Brazilian press articles from this period similarly present AIDS in Africa as an undifferentiated calamity and do not consider the concrete political economic factors behind HIV/AIDS epidemics in Africa, such as shifting population patterns in response to changing conditions in the global economy and the consequences of rapid urbanization over the past few decades.

<sup>36</sup> Throughout the article, sexual transmission of HIV remains the focal subject. Issues of transfusion and injecting drug transmissions are limited to a few questions in the question and answer section.

<sup>37</sup> A contemporaneous *Manchete* cover story on Magic Johnson is entitled "The Game of Courage" and similarly presents Johnson as admirable and brave (*Manchete* 1991a).

impressive manner, might he not also be able to defeat both discrimination and the virus within his body? Yet, while not I do not discount the importance of public, heterosexual figures such as Magic Johnson in AIDS education programs, Veja's claim that "[t]he image of a virile athlete who is not humiliated in the specter of an accursed disease has sufficient force to knock down a large amount of prejudice" (Veja 1991:41) is troubling on several accounts. To begin with, virility, with all its implied heterosexuality and masculinity, is strongly linked to values and practices upholding gender and sexual inequalities (e.g. men as active, women/homosexual men as passive) that provide the symbolic and physical means through which much discrimination against people with HIV/AIDS, women and homosexual men is played out. These same power relations also facilitate the spread of AIDS through preventing men and women from accurately assessing their risk of HIV infection and through limiting women's capacity to negotiate safer sex with their male partners. Equally questionable is the text's implication that women and non-virile (read homosexual) men are too weak to make productive contributions to AIDS education campaigns. This idea goes against the history of much AIDS organizing throughout the world in which women and homosexual men have been key actors in mobilizing societal responses to the epidemic and in fighting against the many forms of discrimination generated as a result of AIDS.

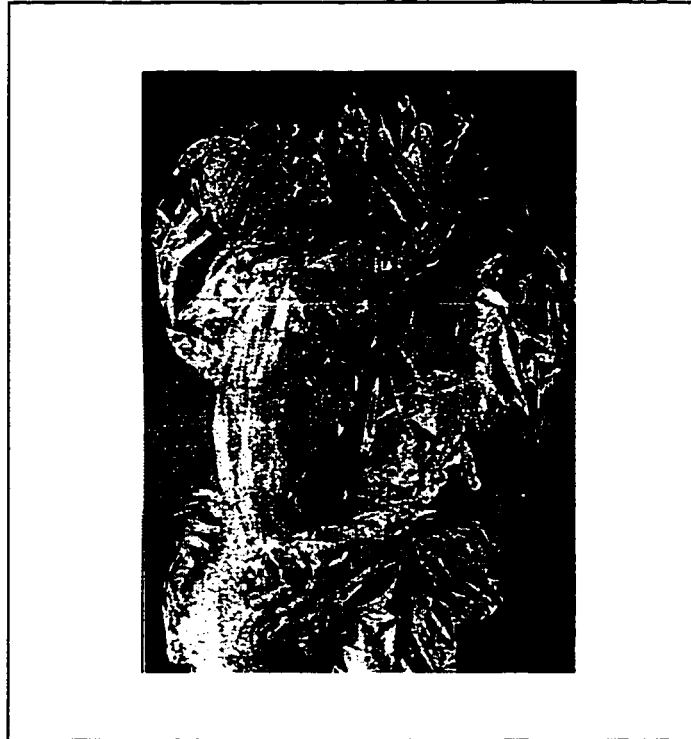
This privileging of the attributes and interests of heterosexual men is mirrored in the attention Veja and other Brazilian media reporting on Magic Johnson give to the supposed "polemic" of whether men can be infected with HIV through sexual activity with women.

There are, in Brazil and in the rest of the world, representatives of two opposing currents - those who are convinced that the woman can infect the man as much by blood as vaginal secretions, and those who consider this hypothesis remote, of no particular risk. (Veja 1991:52)



**1.7 "The virus gets the Pelé of basketball"**

A Manchete article from the same month continues along this line of reasoning and provides a page and a half discussion of the ideas of Dr. David Everson Uip, a São Paulo AIDS specialist who is the main Brazilian proponent of the argument that women very rarely sexually transmit HIV to men. According to Uip, women are the "victims, and not the villains," and he attributes most male to female transmission to (male) bisexuals who hide their sexuality and HIV status from their wives, and to women who inject drugs or are the sexual partners of injecting drug users (Manchete 1991b:16-17).



### **1.8 Sex in the time of AIDS**

The fact that the World Health Organization and the vast majority of AIDS researchers and educators disagree with Uip is not fully explained - the two "sides" of the argument are treated as equally plausible, with more space given to the discredited Uip than to more respected spokespersons.<sup>38</sup>

While it is not difficult to discredit Uip's arguments on female to male sexual transmission of HIV, the large amount of coverage his arguments receive demonstrates their powerful resonance in the Brazilian social imagination. It appears that many men (and journalists) are unable to, or perhaps do not want to, perceive of themselves as potentially at risk for HIV transmission through sexual relations with women, and that

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<sup>38</sup> Asserting the possibility and the importance of female to male HIV sexual transmission does not deny the importance of male to female HIV transmission, nor the various social factors that Uip identifies, such as male bisexuality and the position of women in negotiating sex with their partners. However, as I have argued earlier, that fact the one form of transmission is less probable and produces fewer HIV transmissions than another does not indicate that it is accordingly of no concern.

when they do contemplate this possibility, their overwhelming emotion is fear (see

Figure 1.8):

Excluding the unfortunate victims who contracted AIDS in blood transfusions, a majority of humanity until recently believed that AIDS was reserved for homosexuals, prostitutes, and drug users. When basketball player Magic Johnson announced that he had contracted the disease through sexual contact with a woman - confirmed by the superathlete's doctor - *there wasn't a heterosexual who didn't feel a chill in the spine*. (Manchete 1991b:24, my emphasis)

A closer look at the inconsistencies and contradictions expressed in the Manchete article's discussion of the sexual transmission of HIV reveals the extent of confusion and denial on this question. For example, the argument begins with the statement "[t]he official Brazilians statistics do not register a single case of transmission of a man by a woman" (Manchete 1991b:26). But was this even considered to be an option for those recording the statistics?<sup>39</sup> Furthermore, given the substantial time lag between a person's being infected with HIV and subsequently developing AIDS (often five to ten years, if not more) one would expect that much as the number of reported AIDS cases among Brazilian women rose from one in 1983 to 1,380 in 1991, there would be a gradual rise in the years to come of the number of men infected with HIV through having unprotected intercourse with these HIV+ women. And what about the data from sub-Saharan Africa that has undeniably demonstrated both male to female and female to male HIV transmission for many years?

Having strongly discounted the possibility of female to male sexual transmission of HIV in this manner, the articles makes a strange turn of argument only a few lines later by using the controversial case of Kimberly Bergalis, a young woman from Florida

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<sup>39</sup> Epidemiology is not nearly as cut and dry as it is sometimes portrayed to be. For example, in the reporting of AIDS statistics, if a man has had sex with both men and women (of unknown HIV status), the HIV transmission is almost always attributed to his having had sex with another man and therefore enters the "homosexual/bisexual" category. Health professional also have a certain amount of discretion in making these apparently behavioral but frequently social categorizations (i.e. this person says he is an injecting drug users, but I do not believe him; this women says that she only had sex with her husband, and I believe this, etc.).

who apparently become infected with HIV in the course of receiving dental treatment, as a means to highlight the lurking danger of HIV infection in our everyday lives:

From this [the Bergalis case], it is necessary to realistically confront the question of AIDS: there are no absolute certainties, all theoretical risks of contagion are possible, all human beings are absolutely vulnerable to the disease.<sup>40</sup> (Manchete 1991b:26)

Lost in the midst of "all theoretical risks of contagion" is the previous question of female to male heterosexual transmission of HIV, and this passage ultimately contributes more to fatalistic risk taking (e.g. if you can get infected with HIV by going to the dentist, what is the point of practicing safer sex?) and discrimination against people with HIV/AIDS (e.g. with no absolute certainties, perhaps one should avoid people with or perceived to be with HIV because they might infect you from casual contact) than to seriously consider the realities of female to male HIV transmission. In this world of "total risk," the actual factors that make persons vulnerable to HIV infection - such as men's unwillingness to accept the possibility of female to male HIV transmission, one-sided monogamy on the part of many Brazilian women, and a general reluctance among both women and men to use condoms for sexual intercourse and/or to practice non-penetrative forms of sexual pleasure - drop out of the picture. Instead, and in keeping with its overall sensationalism, the article attempts to play its part in the "fight against AIDS" by attempting to scare the reader into what it considers to be "responsible" sex in the age of AIDS:

If each of us doesn't assume our individual and social responsibility, the prognosis for the disease in our country is apocalyptic. For men as much as women, sexual option doesn't matter. Sexual activity outside of the context of strict monogamy

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<sup>40</sup> Kimberly Bergalis was a young women who became infected with HIV and later died from HIV-related illness without (according to her) having had any practices of risk other than having gone to an HIV+ dentist (i.e. she was a virgin, did not use injecting drugs, and had received no transfusions). The transmission remains controversial until the present, with some experts arguing that the dentist did infect Kimberly, whereas others find this highly improbable and think that either something else was going on or that Kimberly may not be telling the truth.

should only be with condoms. If not, one could squeeze the wrong trigger in a game of Russian roulette. (Ibid.)



AIDS returned to the cover of *Veja* in August 1993 when Sandra Brea, a well-known if somewhat forgotten television sex symbol, became the first female Brazilian public figure to reveal that she was HIV+. Like Magic Johnson, Brea provided an effective symbol of both the changing profile of the AIDS epidemic in Brazil and its increasing "heterosexualization" in the social imagination. However, if both Johnson and Brea are examples of "heterosexual AIDS," *Veja's* analyses of the two cases are significantly different in tone. In its reporting on Johnson, much of the text functions as a meditation on the shock produced by the seemingly unbelievable occurrence of a healthy, athletic heterosexual superstar being infected with HIV. And while Johnson is sometimes presented as a "victim" of a lethal virus (rather than of the woman who apparently infected him), much more is made of his courage and strength in confronting his latest and greatest challenge than his victimization. On the other hand, Brea's becoming HIV+ is presented patronizingly as the logical consequence of her sexual past in a manner reminiscent of earlier stories of AIDS among homosexual men,

In her affective relations, the actress always preferred mobility. She married three times. She never hid her numerous sexual relationships. "In relation to sex, I accept all kinds of credit cards," she said in a 1977 interview in *Manchete* magazine. (*Veja* 1993a:80)

A subsequent discussion discounting Brea's explanation that she became HIV+ as a result of a blood transfusion after a car accident further suggests that she is in a state of denial (much like Lauro Corona in 1989) and unable to face the fact that she has been victimized as a result of her many sexual relations with men.

This presentation of HIV+ women as unknowing and/or helpless victims is repeated throughout the article and is exemplified by the following quote:

The idea that women are secure at the side of their husband or a fixed boyfriend was overthrown by the statistics, but continues being the principal argument used to justify the practice of sex without the protection of condoms. . . . Women, who in

1992	34,256 cumulative AIDS cases in Brazil; 15,120 deaths; male/female ratio of new AIDS cases 4/1. Number of HIV+ people estimated at 12,890,000 worldwide
1993	Ministry of Health estimates that there are 450,000-750,000 HIV+ people in Brazil Media reports Brazilian soccer star Gerson has AIDS Implementation of joint World Bank/Ministry of Health AIDS project totaling more than \$225 million Brazilian Actress Sandra Brea announces that she is HIV+
1994	More than 400 AIDS-related NGOs in operation in Brazil Over 65,000 cumulative AIDS cases in Brazil (preliminary data for 1994 and first half of 1995) Male/Female ratio of new AIDS cases 3/1

### **1.9 AIDS Timeline: 1992-1994**

the majority had monogamous behavior, received one day the astonishing, frightening, unbelievable, spontaneous news. They are going to die. And the poison was inoculated by the men with whom they shared the bed. (Veja 1993a:80)

While presenting a basically accurate description of some of the dynamics involved in many Brazilian female/male relations, this neat separation of innocent/passive women and criminal/irresponsible/active men is overly simplistic and denies the possibility that women may have some degree of agency in their own sexual and affective lives, which is shown in two of the article's quotes of HIV+ women who participate at AIDS/NGOs:

I don't want to play the role of the victim, I don't look for some guilty person  
Albertina Volpato, thirty-nine years old, Pela VIDDA/Curitiba member (Veja 1993a:78)

I took care of him until the end. Without these two [her now deceased husband and child], my life lost part of its order. I loved my husband and I don't regret having married him. C.O.V., twenty-eight years old, journalist and participant at GAPA/SP (Veja 1993a:80)

However, for Veja, these women's comments are but yet another example of how HIV+ women are victims:

This solidary and altruistic attitude of women has a highly positive and admirable humanistic side. A colder analysis, however, reflects as well on the feminine conformity, that, as a long held behavioral pattern, ends up permitting that women



become easily contaminated. For the majority of these women, the hypothesis of distrusting a recent partner, boyfriend, fiancé, or husband, because of drugs or bisexuality, is something very remote, generally unthinkable, even though in some cases there are clues for this. Even knowing that the husband has romances outside of the marriage, they rarely demand condoms use. In general, they associate condoms with transitory relations. (Veja, 1993:81)

This assessment of Volpato and C.O.V.'s willingness to move beyond moral judgment of their sexual partners as an example of "feminine conformity" and apparently misplaced emotional solidarity is disturbing. Far from constituting feminine conformity, an HIV+ woman's refusal to consider herself a victim may be considered a political act through which she asserts control over her life. Likewise, the caring and support provided by AIDS-related organizations in the face of societal disinterest and/or hostility is not simply altruism but represents a concrete and collective response to the various forms of discrimination that people with HIV/AIDS experience in their everyday lives. Equally problematic is article's rather glib advice that women need to change their male partners' attitudes to condom use and to be more attentive to their partners' "inclinations" (Veja 1993a:81). But if, as the text suggests, many women already have some idea that their husbands are not fully monogamous and/or inject drugs, how would explicitly acknowledging these situations give women more control over their sexual lives? Would they suddenly be able to better negotiate their sexuality, demand condom use, or say no to their partners' sexual desires? And would they somehow have greater economic independence so they could support themselves and their children if their partners/husbands decided to leave these relationships after they became more assertive in sexual matters?

This disregard for contextualizing HIV risk reduction strategies within larger gender, social and political economic realities is repeated in the concluding two page segment entitled "A male barrier: research shows that outside of risk groups it is very difficult for a man to catch AIDS having sex with women." Citing two studies, one from San Francisco, California and the other from São Paulo, as well as the omnipresent Dr.

Uip, the text highlights the bio-physiological reasons why women are more easily infected by men that visa versa. The reader is then provided a ranking of risk, whose subtexts are as revealing as the text itself:

1. In absolute first place, with 99.9% chances of contracting the disease, infection with blood with HIV. . . . for this reason, the number of injecting drug users has increased 250% in the past five years. (Veja 1993b:82)

This ranking of blood transfusion as the most efficient means of HIV transmission is correct, although the 99.9% figure is too high - not everyone exposed to HIV becomes HIV+. More serious is the omission of any consideration of why injecting drug use has risen so substantially in Brazil over the past few years, which many commentators link to a shifting in international cocaine trafficking routes to Brazil after United States government sponsored crackdowns in Columbia and Bolivia.

2. The second most common manner of transmission is a contaminated homosexual having sexual relations without condoms with another healthy homosexual. 50 relations result in a 90% chance of transmission. The passive homosexual has a three times greater chance to be contaminated than the active. Identical risk for women who have anal sex with contaminated men. (Veja 1993b: 82-83)

Here, the authors both erroneously equate male/male sex to anal sex and confuse "health" and HIV status - many HIV+ individuals are healthy, many HIV- individuals are not. And while the possibility of heterosexual anal sex is acknowledged, it seems to be tacked on as an afterthought. Perhaps anal sex is symbolically considered some form of homosexual sex, even when practiced in a heterosexual context?

3. In third place comes the relation of a contaminated heterosexual man with a healthy woman. The chances of transmission of the disease for the woman in a relationship vary between 30-50% without anal sex. (Veja 1993b:83)

Once again, the terminology is inexact (e.g. "healthy") and inaccurate - one transmits HIV, not the disease AIDS.

4. The fourth risk is from infected woman to the child in childbirth . . . the chances are between 4 and 20%. (Veja 1993b:83)

Most studies have shown between a 20-30% chance of perinatal transmission of HIV, making the 4% low bound questionable.

5. In last place is the risk of AIDS for the healthy heterosexual man who was sporadic relationships with female partners who don't pertain to risk groups (who don't use drugs or have relationships with bisexuals). (Veja 1993b:83)

This last statement suggests that this entire analysis is little more than an exercise in convincing "heterosexual men" that they have nothing to worry about in terms of female to male transmission. Why else only consider those men who have "sporadic relationships" with infected females - is it so inconceivable that "healthy heterosexual" men might have continuous relations with HIV+ women? And why limit the universe of females to those who do not use drugs or have sexual relationships with bisexuals? If, as the article states at various points, women can never assume to know or trust their partners' sexual and drug use histories, it seems that men might be equally prone to such errors in assessing their female sexual partners. When combined with the article's prior emphasizing of female passivity and conformity, the reader is left with the impression that the heterosexual transmission of HIV is really only a problem for women and that men can continue to conduct their sexual lives much as they always have.

♦

It is strange what a difference a year makes. In August 1993, *Veja* presented women as victims and "heterosexual" men as above risk. In December 1994, the weekly *ISTOÉ* presented a cover feature on AIDS entitled "I, Valéria Lewis, 29 years old, HIV+, contaminated my boyfriend" (see Figure 1.10). Lewis, one of the women quoted in the 1993 *Veja* "Women and AIDS" feature article analyzed in the previous section,<sup>41</sup> serves as entry point for a lengthy discussion on the changing characteristics

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<sup>41</sup> In the 1993 *Veja* article, a photograph of Lewis sitting on the floor is accompanied by the following text: "I found out that I was contaminated by phone. My first reaction was to lock myself

of the HIV/AIDS epidemic in Brazil, which includes the profiles of various HIV+ women and men who were infected by their female sexual partners. The first paragraph of the article sets its tone:

From passive to active: the woman, considered until now a secondary link in the HIV transmission chain, is today the new motor of AIDS. Nearly everywhere in the world, it is women who are currently and actually those who are making the disease grow. (ISTOÉ 1994a:40)

No longer mere victims of "injecting drug users, bisexuals, or the sexually promiscuous," women are now presented as HIV "retransmitters." In addition to the stories of how women unknowingly were infected by their HIV+ male sexual partners, we learn that some of these women also infected some of their male partners before they discovered that they were HIV+.

Taking the discussion to a personal level, two profiles of men who were infected by their female sexual partners are provided. An interesting twist in the standard HIV transmission narrative is provided by José Araújo, director of the Grupo de Incentivo à Vida (Life Incentive Group, or GIV, a São Paulo self-help group for people with HIV/AIDS):

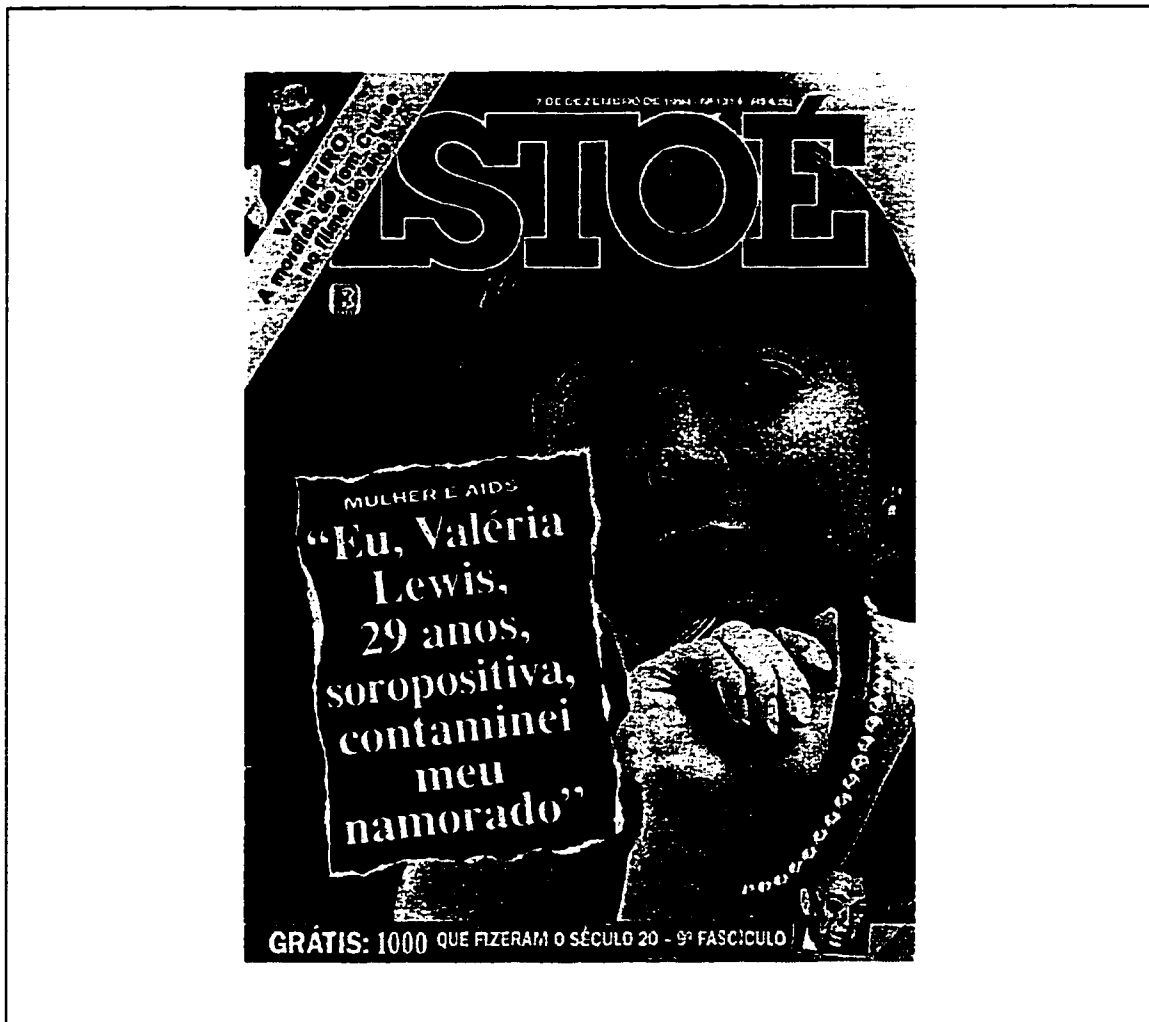
[Araújo] took his first HIV test in 1987; it was negative. . . . He came to have simultaneous sexual relations with a man and a woman. One year later, a new test. The result changed: positive. As he did not inject drugs, Araújo supposed he had been infected by his male partner. Wrong. Who was sick was his female partner. "In that time there was a myth that it was difficult to contract the virus from a woman. It was a surprise to me how I became infected." (ISTOÉ 1994a:44)

Unlike the prior Brazilian media investigations of "heterosexual AIDS," this time there is no second guessing or doubting Araújo's story; at least for Araújo and the ISTOÉ writers, female to male transmission is treated as a reality.

The 1994 ISTOÉ material marks a significant improvement over Veja's 1993

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in the bathroom and look in the mirror. I saw a pretty young woman who was *gordinha* (a little fat/plump) and agreeable and still was going to live for awhile." (Veja 1993:80).



**1.10 "I, Valéria Lewis, 29 years old, infected my boyfriend"**

"Women and AIDS" reporting in many respects. In addition to the acceptance of the possibility of female to male HIV transmission, there are fewer factual errors in the article (such as confusing HIV and AIDS transmission), the term *portador* (carrier) is used more frequently than the often pejorative *Aidético*, and there is even a photograph of an Afro-Brazilian woman living with AIDS that helps break the connection of AIDS with (wealthy) "white" Brazilians. Nonetheless, the presentation of women as dangerous (as in the cover text) and the reliance on apparently well-bounded and consistent categories such as homosexual, bisexual, heterosexual, injecting drug user,

prostitute and sexually promiscuous are problematic. As a letter to the editor from Pela VIDDA argues,

3. the material exploits a climate of panic, in which the ever advancing disease is threatening the heterosexual man, who is discursively presented as the majority of the planet; 4. the tone is one of looking for villains - the first were homosexuals, the second bisexuals and injecting drug users, and now, women are presented as the great risk. (ISTOÉ 1994b:10)

In this manner, the ISTOÉ article creates the false impression that either the epidemic is under control among "homosexuals" or injecting drug users (this is not the case), or that these individuals are no longer of interest except as historical agents who brought HIV/AIDS into the general (i.e. non-drug using, non-homo/bisexual) population.

Equally complicated is the presentation of AIDS-related groups in the text. Of the six HIV+ people profiled, two participate in Pela VIDDA/Rio de Janeiro and one at GIV/SP. Yet, other than identifying that certain individuals receive support from these two groups, nothing else is said about AIDS-related organizations, despite the fact the many journalists are quite familiar with their work and regularly seek them out to find people with HIV/AIDS to profile in their stories. The resulting media individualization of the experiences of people living with HIV/AIDS and inattention to the collective responses of AIDS-related groups to the epidemic thus may be seen as a conscious decision on the part of writers or their editors, which many AIDS activists are quick to condemn. Because I was at Rio de Janeiro when the Lewis cover story came out, I was able to sense the frustration of many Pela VIDDA participants with what they saw as Lewis' exploitation by the media. As one Pela VIDDA leader commented to me about the Lewis article:

João [another group member] is always telling us that we need to create a media image, an image of Pela VIDDA, an image that we understand as fighting for *cidadania*. This work really doesn't exist in a structured way at present, and we are looking into this now. Because the first opportunity that the media has to sensationalize, they do. But this is a fact. . . .

One more time, the media is, as it is always trying to do, directing things as they want. They use a person who is willing to talk to them about their being HIV+, not

only as a result of their power, but also because the person lets it happen. The media doesn't do this alone.<sup>42</sup> (Beto, 1994)

### **você decide (you decide)**

Up until this point, I have focused my discussion on magazine feature length articles about AIDS because they provide an effective means to investigate the development of popular perceptions of the epidemic over time. This is not to say that other media forms, including daily newspapers, radio and television news reporting, were not equally if not more important (especially television) in solidifying particular constructions related to AIDS in the Brazilian social imagination.<sup>43</sup> Yet, as the following analysis of an episode of the television drama series "Voce Decide" (You Decide) shows, the same discourses and silences I have identified in the magazine articles can be found here as well.<sup>44</sup> *Você Decide* is also interesting to analyze because of its dialogic format - the program has both a narrator/host who frames the dramatic segments and periodically announces the vote tally of the viewers who call in from throughout the country as well as the interspersed comments of live viewers who are watching the program via a giant screen that is set up in some public space in a different Brazilian city each week.

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<sup>42</sup> Recently I obtained a copy of a *Veja* article (*Veja* 1995) about long-term survivors living with AIDS that included interviews from several *Pela VIDA* participants. In terms of its presentation of living with HIV/AIDS, the reporting is basically positive, although once again, the role of AIDS-related groups in promoting the quality of life of long-term survivors is not directly addressed.

<sup>43</sup> I had difficulty coming across tapes of television programs about AIDS, especially fictional ones, and after several unsuccessful attempts to view or obtain copies/screenplays from Rede Globo (Brazil's largest television network), I gave up. However, tracing the development of AIDS on Brazilian television would be important research - I am aware of no article or thesis that systematically addresses this issue.

<sup>44</sup> There were two other *Você Decide* episodes from 1994 in which AIDS appeared tangentially to the main narrative. One centered on whether a male homosexual school teacher should be dismissed once his homosexuality becomes known after a male student who is having an affair with another male student comes to him for advice (the viewers decided that the teacher should retain his position). The other revolved around whether a doctor should remove the kidney from an indignant patient without his consent in order to provide a transplant organ for his dying daughter (the viewers decided that he should).

Here is the basic plot of the episode. Tuca, a young man in his late teens or early twenties who is the star of a volleyball team, finds out that he is HIV+. He feels that his life is over and becomes extremely depressed. After he shares this information with his girlfriend, she accuses him of betrayal and leaves the room. The young man's mother arrives at their home and sees her distraught son sitting on the floor. She asks him what is the matter, and he reveals to her that he is going to die from AIDS. The mother tries to calm Tuca down by telling him that he will not die, but he does not seem very convinced.

The dramatic hinge around which the remainder of the program revolves is whether Tuca can or should continue to play on the volleyball team. His coach, mother, and girlfriend (a few scenes later she decides that she loves Tuca and wants to be with him forever) are all adamant about his remaining on the team, since they need him to win the championship game and since keeping active is a good way for him to get on with his life. However, one of Tuca's teammates threatens to quit if he stays on the team. A heated argument at practice ensues between him and the coach, who convinces the teammate that there is nothing to fear, but Tuca remains literally at the edge of the court. Several subsequent internal monologues show that Tuca has not dealt with his being HIV+ and that he does not want to play in the championship game.

Neither Tuca's mother nor the coach are satisfied with his attitude and decision, and they continue to apply pressure to get him to play in the championship game. The coach argues that Magic Johnson in the United States and Betinho in Brazil are fighting against the epidemic, and that he should do the same and help educate young people about AIDS. His mother, who has seen him earlier with a gun, accuses him of being a coward. Later, Tuca, his mother and his girlfriend are watching television during dinner when a special program comes on about Cazuzza. After the program shows Cazuzza singing *Vida Louca* (Crazy Life), the image flashes to Cazuzza's mother who says "whoever does not have solidarity has no character." Tuca's mother picks up on this



and tells Tuca that he will play in the tournament. The girlfriend concurs and adds "I will cheer you on, and we will get married as we had planned."

Tuca decides he will play, and his team gets off to a good start in the championship game. Then, tragedy strikes - Tuca dives for a ball, cuts his arm and crashes bleeding into another player. After this (melo)dramatic moment, there is a commercial and the final tally of the voting - should Tuca continue to play even after his worst fear has come true? The callers decide "yes" by an overwhelming margin (61,674 to 15,399). So, Tuca comes off the bench and leads his team to victory, and the episode ends with the wedding of Tuca and his girlfriend.

As is demonstrated by this plot summary, *Você Decide* is stylistically a melodrama involving the reworking of basic clichés from Brazilian popular culture from week to week. Mahler-esque music escalates in volume at each critical moment, the narrator talks in a serious voice, and Tuca's various internal monologues border on the ridiculous. But rather than undertake the easy task of criticizing *Você Decidê's* artistic merit, I will conclude this chapter focusing on the same three general themes I have traced through all the magazine articles: portrayals of people living with HIV/AIDS, the sexual transmission of AIDS, and the treatment of collective responses to the epidemic.

In terms of presenting a heterosexual male living with HIV, the program continues the trend toward the "heterosexualization" of the epidemic that took off after Magic Johnson's revelation that he is HIV+. And although we never learn how Tuca became infected with HIV, his heterosexuality is never doubted; if anything is called into question, it is his violation of fidelity, as when Tuca's girlfriend screams in her initial rejection of him "who was the cow, who was she, who you betrayed me for?" In an curious, if disturbing, reversal on the assumption that people with HIV/AIDS are all male homo/bisexuals, the only moment in which homosexuality is mentioned is when the coach criticizes the other players as being *maricas* (sissies/faggots) for not wanting to play with Tuca. Now, instead of the person with HIV/AIDS being seen as

homosexual/bisexual, those who have "irrational" fears in relation to HIV transmission are chastised as not being "man enough." But overall, homosexuality is not an issue in the narrative, and none of the comments by viewers address these theme.

The basic issue explored in the program related to Tuca's living with HIV is his need to accept that he still has a life ahead of him and that he can make valuable contributions to society even though he is HIV+. As the plot demonstrates repeatedly, most of the problems Tuca experiences come from within himself; other than the one teammate who does not want to play with him, everyone supports him. On the one hand, this presentation of such a caring environment is a bit fantastic and underestimates the extent to which prejudice still exists in relation to people with HIV/AIDS in Brazil. It is also not apparent why the girlfriend so quickly overcomes her sense of betrayal and becomes his greatest advocate (other than the classic gender motif of the women doing all she can for her man). On the other hand, emotional support is critical in helping people adapt to the realities of being HIV+, and it is a pleasant surprise to see Globo show an HIV+ person who is accepted by his family, friends and love ones. Of course, the question remains if this positive portrayal is related directly to Tuca's being a middle class, white, heterosexual - I doubt Globo would present a gay man, injecting drug user, or "promiscuous" woman in the same manner.

The episode's treatment of the sexual transmission of HIV is limited to a scene on Tuca's bed in which his girlfriend attempts to convince him that they can have great sex together even though he is HIV+. As in the case of the hyper-supportive coach, the scene is a bit too idealized to believe. Bounding with energy, Tuca's girlfriend informs him that she took an HIV antibody test and that the result came back negative.<sup>45</sup> She proceeds to tell him that she wants to make love to him and throws a bag of condoms all

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<sup>45</sup> She even mentions the window period (the three-six months of time it sometimes takes the body to produce antibodies after being exposed to HIV) and how she will be taking another exam in six months.

over the bed while explaining that they can kiss and touch without risk, as well as the fact that sharing cups and silverware does not transmit HIV (here, an mini safer sex education skit). He is reluctant, but in the end of the scene it appears that they will make some kind of love. What is particularly odd is the lack of attention given to male resistance to condom use, which is so common among Brazilian men (and some Brazilian women as well). From what one can gather from the dialogue, Tuca's asexualization is more a product of his fear of infecting his girlfriend and a general hesitation to re-enter the world of the living rather than any aversion he might have to condoms. And while Tuca's desire to protect his girlfriend is commendable, it is a far cry from the actual sexual behavior of many married men who have unprotected intercourse outside of the marriage but who would not dream of using condoms with their wife or principal female sexual partner.

Turning to the representations of collective responses to the epidemic, the same paradigm of individualizing responses to the epidemic in terms of celebrities or supposedly representative people with HIV (e.g. Valéria Lewis from the 1993 *Veja* and 1994 *ISTOÉ* articles) demonstrated in the magazine stories is repeated in the *Você Decide* episode. For example, the coach urges Tuca to follow in the footsteps of Magic Johnson and Betinho (founder of ABIA and person living with HIV) and "seek out that group (*turma*) who cares for *Aidéticos* and do something for young people. Be useful in your life." While the coach's idea that Tuca could be an excellent peer AIDS educator seems a good one, his description of AIDS-related groups largely reduces their activities to taking care of (needy) people with HIV/AIDS or perhaps giving talks but nowhere considers the possibility that these groups have more explicitly political dimensions. Similarly, Lúcia Araújo, Cazuza's mother and participant in Rio de Janeiro's high society, is quoted on the importance of solidarity. Nowhere is it mentioned that after her son's death she founded the *Sociedade Viva Cazuza* (Viva Cazuza Society) to provide assistance and social services to people with HIV/AIDS in Rio de Janeiro. In both the

case of Betinho and Araújo, the many volunteers and substantial organizational infrastructure behind the public personalities is ignored, leaving viewers free to imagine what these "turmas" of people who work on AIDS-related issues might be like. And while this attention to famous people with HIV/AIDS (Betinho), or who have lost a loved one to AIDS (Araújo) may encourage Brazilians to follow their examples and become involved in the fight against AIDS, it seems equally likely that this reduction of AIDS "activism" to celebrities may generate complacency among the majority of viewers - if one is neither famous, nor HIV+ nor a star athlete like Tuca, what is the point in getting involved in questions related to HIV/AIDS?

That the HIV/AIDS epidemic in Brazil continues to be conceived largely as a problem of individuals, rather than of collectives, is further reflected in the viewers' comments aired as part of the program. Although a large majority express their support for Tuca's remaining on the team, few link his dilemma to the larger issues of social discrimination and political economy that so greatly shape the experience of living with HIV/AIDS in Brazil. Nor do any viewers make reference to the work of AIDS/NGOs or any other activist organizations. Instead, most of the comments follow the program's narrative structure and center on how Tuca's continuing to play on the team would help him at a personal level and insure that the team would win the championship, with the only "collective" actions mentioned by viewers being a call for more education and information about HIV/AIDS. This idea that information will somehow solve the AIDS epidemic is also very common among public policy makers and informs the content and format of many AIDS education campaigns in Brazil and beyond. Yet, as the work of AIDS-related groups throughout the world has shown, information alone is insufficient to achieve either behavioral change or to eliminate discrimination of people with or perceived to be with HIV/AIDS. As a result, for all its apparently good intentions, the *Você Decide* episode may ultimately serve to contribute to the banalization of AIDS in Brazil rather than to promote individual or collective responses to the epidemic. That is

to say, in offering such an idealized and reductionist presentation of the issues raised by the HIV/AIDS epidemic, the episode re-enforces a pre-existing tendency among many Brazilians to outwardly adopt a discourse stressing that "AIDS is a problem of us all" while neither understanding the power relations shaping the HIV/AIDS epidemic (e.g. gender, sexual and class inequalities), believing themselves to be at personal risk for HIV infection, nor involving themselves to any significant extent with the actual people with HIV/AIDS in their communities. How Brazilian AIDS activists have responded to the challenges raised by this growing public complacency will be explored throughout the remainder of this dissertation.

## **Part Two The Politics of AIDS in Brazil**

*I am going to talk about human rights and epidemic diseases, specifically about the AIDS issue. I am convinced that AIDS is a revolutionary disease.*

Herbert de Souza (1994:11)

## 2 The Rise of a National AIDS/NGO Movement

In recent years, some Brazilian journalists have taken to calling their country "Belindia," a neologism formed by combining the words Belgium and India. In adopting this usage, these writers highlight the marked economic and social contradictions that characterize contemporary Brazil. On the one hand, a small portion of Brazilians - approximately equivalent in size to the population of Belgium, have living conditions similar to that of western industrialized countries. At the other end of the socioeconomic spectrum are nearly 100 million people, or seventy percent of the population, who live in the poverty or abject misery that is associated in the Brazilian social imaginary with countries such as India. With these internal divisions come a series of contradictions - economic development produces greater poverty, controllable diseases coexist with state of the art plastic surgery and organ transplant facilities, millions in the northeast suffer from a supposedly unsolvable draught while the country faces the burden of a huge international debt partially acquired from constructing several of the world's largest hydroelectric projects, and extensive constitutionally guaranteed individual and collective rights often exist only on paper. As Cristavão Buarque, economist and current Worker's Party governor of the Federal District suggests, paraphrasing the positivist slogan on the Brazilian flag, there has been a "disorder of progress" (Buarque 1990).<sup>1</sup>

When the first Brazilian AIDS cases were reported in 1983, the country was in the midst of an intense moment of national reflection on the nature of its troubled modernization project and the form a slowly redemocratizing state should take.<sup>2</sup>

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<sup>1</sup> The Brazilian flag features a globe with the phrase "Order and Progress" written around its equator.

<sup>2</sup> That the Brazilian modernization project may be troubled is of course not a recent realization, and throughout this century Brazilians have explored the roots of and possible solutions for the "Brazilian dilemma." Some examples include Prado 1931, Freyre 1956, Cardoso and Faletto 1979; Buarque, 1990, 1991.

Building on the political energy generated in 1982 surrounding the first open nationwide elections for state governors and local, state and federal level legislators since the beginning of the military dictatorship in 1964, millions of Brazilians took to the streets in the 1983 *Diretas Já* (Direct Elections Now) movement and demanded the immediate return to direct presidential elections. Such high levels of grassroots political activity after nearly twenty years of authoritarian rule were facilitated by the rise of the so called new social movements of the 1970s and early 1980s, whose militant labor unions, neighborhood associations, Christian base communities and women's, Afro-Brazilian and homosexual liberation groups both provided an organizational base for opposition to the dictatorship and an arena for developing new kinds of political action (see Alvarez 1990; Gonzales and Hasenbalg 1982; Guimarães 1977; MacRae 1990; Mainwaring 1987, 1988; Pontes 1986; Scherer-Warren and Krischke 1987). And even after some of the impulse toward collective action diminished in the period immediately following the national legislature's failure to institute direct elections in 1983, there was significant national level political mobilization at various points in the 1980s, including the 1988 *Assembleia Nacional Constituinte* (National Constitutional Assembly), the 1989 presidential election campaign, and the gradual rise of Brazilian AIDS/NGOs as a new form of political activism.

In this chapter, I will show how these Brazilian AIDS/NGOs have attempted to mobilize individuals to participate in their groups and to stimulate other political actors, community organizations and social movements to integrate AIDS-related issues into their regular activities and political discourse. I begin with a brief discussion of the formation of Brazil's first AIDS/NGOs in Rio de Janeiro and São Paulo in the mid to late 1980s. Next, I provide a case study of how AIDS entered into Brazilian national political discourse during the successful 1988 campaign to prohibit the commercialization of blood and blood by-products in the new constitution. I then examine the rise of "community-based" AIDS/NGOs throughout Brazil the late 1980s and early 1990s and



place particular attention on intra-NGO and NGO/state relations. In the final section, I consider whether the significant increase in state funding of AIDS/NGOs that has occurred in the past few years may be fundamentally altering the character of many of these groups. Throughout my analysis, I highlight the transnational dimensions of Brazilian AIDS-related mobilization - which include the flow of ideas, organizational and political strategies, and financial resources - and the ways in which ideas of community have been invoked to establish the political and moral authority of AIDS/NGOs.

### **the ngo model**

As I have discussed in the previous chapter, the first Brazilian AIDS cases were reported in 1983 and generated considerable sensationalist media coverage. Yet, despite quickly becoming a part of the national social imaginary, most Brazilians continued to view AIDS as a problem of the "other" and not something that might affect them or their communities throughout the 1980s. This tendency to underestimate, deny or ignore the gravity of the growing epidemic was equally present among government health officials during the same period. As Richard Parker argues,

In this context [the economic, social and political crisis of the 1980s], and at least in part as the result of the inheritance of authoritarianism, perhaps it is not surprising that the Brazilian government did not manage to offer a significant response to the emergence and subsequent growth of the epidemic. Instead, its attention was concentrated on a series of other problems related to public health and political processes that seemed more salient like the transition to democracy, and AIDS was widely discarded as a disease limited to homosexuals - a segment of society that was relatively small and *a priori* marginalized in Brazilian society. By the mid-1980s, these prejudices had become more deeply ingrained, and the level of negligence on the part of the official authorities was practically absolute. Various ministers of health described AIDS as an epidemic of a privileged and well traveled elite who have the capacity to pay for their own medical treatment - and not as a problem of public health of the Brazilian population as a whole. (Parker 1994:89-90)

Over time, the federal government gradually mounted a coordinated, if still inadequate, response to the epidemic. In 1985, an Executive Order stipulated that a *Programa Nacional de AIDS* (National AIDS Program) would be developed by the

*Divisão Nacional de Controle de Doenças Sexualmente Transmissíveis e SIDA-AIDS* (National Division for the Control of Sexually Transmitted Diseases and SIDA-AIDS, better known as the National AIDS Program) within the Health Ministry. Other executive orders required the mandatory notification of AIDS cases (1985) and the screening of all blood donations for HIV (1987), and the National Commission on the Control of AIDS was established in 1987 to advise the Health Ministry on national AIDS policy (Parker 1990:66). Yet, it was only in 1987 and 1988 that AIDS education programs began to be implemented on a national scale, and as Parker notes, these initial campaigns were often "inconsistent and at times incoherent" (Parker 1994:91).

It is within this context of a delayed and insufficient governmental response to the HIV/AIDS epidemic that a group of concerned individuals - primarily but not exclusively gay men (some of whom were HIV+) and assorted health professionals - founded Brazil's first AIDS-related organization, the *Grupo de Apoio à Prevenção à AIDS/São Paulo* (Support Group for the Prevention of AIDS - GAPA/SP) in late 1985. Several months later, Herbert de Souza, a well respected sociologist and vocal opponent to the dictatorship who headed the renowned *Instituto Brasileira de Análises Sociais e Econômicas* NGO (Brazilian Institute of Social and Economic Analysis, or IBASE), brought together a group of distinguished progressive leaders from Rio de Janeiro, including medical researchers from the Oswaldo Cruz Foundation, activist lawyers associated with the powerful *Ordem dos Advogados do Brasil* (Order of Brazilian Lawyers), and bishop Dom Mauro Morelli, to form the *Associação Brasileira Interdisciplinar de AIDS* (Brazilian Interdisciplinary AIDS Association, or ABIA). And in 1987, the *Apoio Religioso Contra AIDS* (Religious Support Group Against AIDS - ARCA) was established as a project within the *Instituto de Estudos de Religião* (Institute for Religious Studies, or ISER), one of Brazil's oldest and most respected NGOs that dated back to the late 1960s.

Like their counterparts in North America and other parts of the world, these three pioneering Brazilian AIDS-related organizations quickly developed a wide range of activities to raise AIDS awareness and to mobilize civil society and the government in response to the epidemic. Given the many misconceptions about HIV/AIDS that were circulating in Brazil during the mid-1980s, much of their energy was spent responding to inquiries about AIDS in general and HIV transmission in particular. And since government health officials had not yet produced any HIV/AIDS-related educational materials or implemented any coordinated AIDS awareness campaigns, these organizations filled this void and became some of Brazil's most respected and efficient AIDS educators. But if these groups were willing to fulfill functions such as health education - and in the case of GAPA/SP, the provision of direct services to people with HIV/AIDS, an area that previously had been considered largely a governmental responsibility - they were also outspoken public critics of the governmental neglect that frustrated HIV/AIDS prevention programs, failed to guarantee the civil rights of people with HIV/AIDS and facilitated the continued decline of the Brazilian public health and social welfare systems.

That formally structured NGOs such as ABIA, ARCA and GAPA/SP emerged as the driving force behind Brazilian AIDS activism is largely a consequence of existing patterns of social movement formation and institutionalization in Brazil and requires some further explanation. As I noted above, under the dictatorship, oppositional political activities were constrained severely, and neighborhood associations and Christian base communities were two of the few forums in which collective organization was tolerated. As a result, many leftist intellectual activists, who often had been purged from their jobs at universities, began to form NGOs in the late 1960s and 1970s in order to have an ostensibly "non-political" base from which to conduct research and to affect social change. Relying primarily on financial resources from western European and North American agencies of international cooperation, this first wave of Brazilian NGOs

provided technical and at times financial assistance to grassroots associations, workers groups associated with the "new syndicalism,"<sup>3</sup> and popular movements centered on questions of agrarian reform and labor (Fernandes and Carneiro 1991, Fernandes 1994). A second and somewhat different wave of NGO formation occurred in the 1980s, when groups centered on "identity politics" (e.g. feminism, race, sexuality) or particular social issues (e.g. ecology, street youth) established their own transnationally funded NGOs, which soon came to constitute the driving force behind, rather than an accessory to, the social movements of which they were a part (see Fernandes and Piquet 1991; Landim 1988, 1993; Fernandes 1994).<sup>4</sup>

Both first and second wave NGO political strategies and operating styles can be found in these three pioneering AIDS groups. On the one hand, ABIA and ARCA, with their strong connections to first wave NGOs, initially emulated the technical assistance and research model from the 1970s and sought to capacitate and stimulate civic, political and religious leaders to mobilize their particular constituencies in response to AIDS. On the other hand, GAPA/SP's combination of prevention/education activities, political action, and support groups and services for people living with HIV/AIDS has been closer in practice and spirit to the second wave NGOs of the 1980s. And as will be seen in the remainder of this chapter, it is GAPA/SP, rather than ABIA or ARCA, which become the prototype for the many AIDS/NGOs that were established throughout Brazil in the late 1980s and early 1990s. But before examining why and how Brazilian AIDS

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<sup>3</sup> The *novo sindicalismo* (new unionism) emerged among São Paulo metal workers and other unionized industrial workers during the late 1970s. These unions were instrumental in the foundation of the *Partido de Trabalhadores* (Worker's Party, or PT) in 1979.

<sup>4</sup> Fernandes makes an interesting point regarding how the term *movimentos populares* (popular movements - as in mass and class-based) that was common among the Brazilian left in the 1960s and 1970s gave way in the 1980s and 1990s to the idea of *movimentos sociais* (social movements) that transcended the division between left and right (Fernandes 1994:63-64). This argument is similar to that made by Mouffe and Laclau on new social movements in western Europe and North American (Mouffe 1988, Laclau 1985).

activism came to be concentrated and increasingly isolated within AIDS/NGOs, I would first like to turn my attention to the one striking moment in which AIDS-related issues captivated the Brazilian national political arena - namely, the mobilization to prohibit the commercialization of blood and blood by products in the 1988 Brazilian constitution. Here, I will highlight the crucial role of these three AIDS/NGOs in this mobilization, explore the factors behind its success, and offer my interpretation as to why such a broad based, national level AIDS-related mobilization has not been repeated until the present.

### **the blood of the nation**

Since the beginning of the HIV/AIDS epidemic in Brazil, the number of AIDS cases linked to blood and blood product transfusions has been extremely high. During the period 1980 to 1986, almost eight percent of the total number of reported AIDS cases were the result of either blood transfusions (4.1%) or treatment for hemophilia (3.7%), and even as late as 1993 more than three percent of reported cases occurred through these transmission modes (2.9% through blood transfusion and 0.3% through treatment for hemophilia).<sup>5</sup> In the state of Rio de Janeiro, the situation has been particularly grave, and at one point in the mid 1980s, one in five reported AIDS cases was the result of a blood or blood product transfusion (ABIA 1988c).<sup>6</sup>

As this shocking scenario became public knowledge, journalists, health professionals and AIDS activists turned their attention to the Brazilian blood industry in search of explanations and solutions. What they found were blood banks, paid donors from the lowest socioeconomic strata, and an alarming incidence of disease

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<sup>5</sup> Ministry of Health AIDS Statistics, February 1995.

<sup>6</sup> For an excellent overview of the history of political mobilization in response to the blood, particularly as a result of AIDS, see Castro Santos et al 1992 and Castro Santos et al 1994. For a more detailed history of hemotherapy in Brazil, see Castro Santos et al 1991.

transmission associated with blood products, and the national conscience quickly became enraged. As Sylvia Ramos, one of the key articulators of the resulting political mobilization to control the quality of blood and hemoderivative products and to prohibit their commercialization, explains:

It was a problem that reached the question on national dignity. AIDS revealed an area of health that was unimaginable - it reached everyone, and was a national cause, as if you had unveiled an aspect of medicine that no one knew about. People never talked about blood in Brazil. This blood industry was, and still is, although less so, more dirty than could be imagined. Even the numbers game is more ethical. Silvia Ramos, former ABIA Secretary-General, 1992 Interview

Now, with the very blood of Brazil revealed as frighteningly polluted, the question of controlling blood and hemoderivative products became of utmost national interest - practically, politically and symbolically. As one of the growing movement's slogans urged, the time had come to "save the blood of the Brazilian people."

That the nation's hemotherapy system was in need of substantial reform was an idea that pre-dated AIDS. Building on discussions that had begun in the 1960s, the federal government drafted a National Blood Plan (*Pró-Sangue*) in 1980 in order to regulate the blood industry more closely (Castro Santos et al 1991:167). This question of blood and blood products was also on the agenda of the public health professionals/activists who made up the *movimento sanitaria*, which since the late 1970s had been working for the creation of a Brazilian national health system that would provide universal and unified health services to all Brazilians.<sup>7</sup> However, with the arrival of AIDS, the immediate need to reform the Brazilian blood industry received a strong stimulus.

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<sup>7</sup> In addition to advocating a free, coordinated national health system, the *movimento sanitaria* has developed an intensive critique of the political and economic factors behind the continued decline of the Brazilian public health system. In contrast to neo-liberals, who typically offer privatization as the cure all for health-care in Brazil, most *sanitaristas* believe that a high level of state involvement in health education and provision is essential in order to maintain the quality of life of the Brazilian people. At the same time, *sanitaristas* generally favor increased democratization and public participation in health-care systems.

In 1981 there arose what they call the Horseman of the Apocalypse. AIDS came. It was the atom bomb of hemotherapy. (Guido de Azevedo, Chief of Hemotherapy Services of INCA)<sup>8</sup>

As Herbert de Souza, or as he is more commonly known, Betinho, described this situation, "AIDS criminalized blood, because blood kills."<sup>9</sup> And with Betinho's 1987 revelation that he and his brothers - cartoonist and social critic Henrique de Souza Filho (Henfil) and musician Francisco Mario de Souza (Chico) - had become infected with HIV as a result of blood products used to treat their hemophilia, the movement acquired a public face, and after Henfil's death from HIV-related illness in January 1988, the proposal to prohibit the commercialization of blood and blood products in the Constitution became known as "Henfil's Law."

The resulting political mobilization around blood was extremely broad based and involved the active participation of the recently formed AIDS/NGOs, the Brazilian Hemophiliac's Association, doctors associations in Rio de Janeiro and São Paulo, activists from the *movimento sanitarista*, and non-health related organizations from civil society (e.g. the National Student's Union, the Order of Brazilian Lawyers, and the São Paulo Journalists Union) (Castro Santos et al 1992:119-124). And given the link between AIDS and blood, the AIDS/NGOs quickly assumed important leadership roles in the movement:

At the end of 1987 and all of 1988, all of the question of AIDS in Brazil was linked to the question of blood. And all the big demonstrations, regional and national, and space in the media every day, were about AIDS and blood. Silvia Ramos, 1992 Interview

In this manner, the blood question catapulted the AIDS/NGOs into national prominence in both media and political arenas. Moreover, the emotional resonance of the AIDS/blood connection also put health issues at the forefront of the public discussion

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<sup>8</sup> Castro Santos et al 1992:110, citing interview from CEBRAP, 7/1/1988.

<sup>9</sup> Ibid., citing interview from TEMA 10.

surrounding the impending 1988 National Constitutional Assembly (Castro Santos et al 1994:307).

The ultimate inclusion of Henfil's Law in the 1988 Constitution represented a significant victory for the emerging AIDS/NGOs, as did the creation of the *Sistema Único de Saúde* (SUS - Single Health System) for the progressive Brazilian health movement as a whole.<sup>10</sup> But how were a small number of AIDS activists and other concerned leaders able to stimulate a broad-based national mobilization focused in large part on an AIDS-related issue? The 1988 ABIA Bulletin article "*Sangue Novo*" (New Blood) offers the following analysis:

The new Brazilian Constitution prohibits whatever commercialization of blood. This was a significant advance to guarantee the life and health of our people. It was a difficult victory, against powerful interests, that has been awaited for some time. In including this provision, the new Constitution is making a first step in a still long path in order to **SAVE THE BLOOD OF THE BRAZILIAN PEOPLE.**

With this refrain, a broad based movement formed in order to guarantee the quality of blood for transfusion in our country. For years, the tragedy of contamination by blood or its derivatives has been denounced by groups particularly victimized by the criminal action on the part of those who sell blood. Now, with the situation created by the AIDS epidemic, this blood disaster took on unprecedented dimensions. It is this which mobilized public opinion. Collectively, we have become conscious that the quality of blood for transfusion is a question that touches everyone and not just small groups. Blood is part of the collective patrimony. It cannot be treated as something for the market. This awareness stopped the powerful blood industry lobbyists from defeating the conquest we have made in the Constitutional Assembly. They do not have arguments to defend genocide. (ABIA 1988b)

I believe that this ABIA text effectively captures the powerful emotions, symbols and moral certainties that helped insure the mobilization's success. Here, in a classic example of first wave NGO politics, a united national collective was juxtaposed to the

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<sup>10</sup> Article VIII (On Social Order), Chapter II (Social Security), Section II (Health) codifies the Single Health System. Article 199, Paragraph 4 specifically prohibits the commercialization of blood and blood products:

The law will place in order conditions and requirements that facilitate the removal of organs, tissues and human substances for transplants, research and treatment, as well as the collecting, processing and transfusion of blood and its derivatives, being prohibited any form of commercialization.



immoral "*porões de morcego*" (cellars full of bats) and *vampiros mafiosos* (Mafia vampires) of the semi-clandestine blood industry. However, as would become apparent to AIDS activists over the course of the next five years, it is one thing to mobilize the nation in opposition to an identifiable enemy and toward a concrete end (e.g. legislation to guarantee a clean blood and blood product supply and a constitutional prohibition of a for-profit blood industry); it is quite another to organize around safer sex or social discrimination issues. For who is the enemy in these situations? Our desires? The individual who discriminates against a person with, or perceived to be with, HIV/AIDS, or the social/cultural practices and political economic forces that structure this discrimination (e.g. gender and class relations, homophobia, racism)? Or both? And if the mobilization around the Henfil Law was able to draw on traditional Brazilian populist and leftist political discourses centered on the "nation" and the "people" (*povo*), most of the issues raised by HIV/AIDS involve differences that are neither easily subsumed into wholes (e.g. sexual, gender, states of wellness) nor particularly stable or consistent. How AIDS/NGOs attempted to organize themselves and Brazilian society in the face of these challenges forms the central theme of the remainder of this chapter.

### **movement consolidation and stratification**

In the first few years following the 1988 national campaign to outlaw the commercialization of blood and blood products, Brazilian AIDS activism entered into a dramatic upswing, with the number of Brazilian AIDS/NGOs soaring to over one hundred by the end of 1991 (Parker 1994:97).<sup>11</sup> Most of these new organizations explicitly or implicitly fashioned themselves on GAPA/SP and combined prevention and education programs, social and material support for people living with HIV/AIDS, and political

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<sup>11</sup> Some of the most influential AIDS/NGOs established in this period include GAPA/Bahia (1988), GAPA/RS (1989), GAPA/Ceará (1989), and Pela VIDDA/Rio de Janeiro (1989).

action, while a smaller but sizable group primarily limited themselves to meeting the physical needs of people with HIV/AIDS (e.g. religious charitable associations, support houses).<sup>12</sup> Other organizations focused on AIDS issues within specific populations and communities, such as sex professionals, male homosexuals and street youth. And with the founding of Pela VIDDARJ by Herbert Daniel in 1989, still another model for Brazilian AIDS activism was created in which the political dimensions of living with HIV/AIDS were stressed.<sup>13</sup>

What factors account for this remarkable growth in AIDS-related Brazilian organizations at the end of the 1980s? At the level of national politics, the first direct elections for president in more than twenty five stimulated significant mobilization throughout Brazil in 1989, particularly surrounding the campaign of Worker's Party candidate Luis Ignácio Lula da Silva. This election also served to display the complexity and political importance of what Brazilian anthropologist Ruben Cesar Fernandes has called the "third sector" - that is, those civil associations, non-profit and non-governmental organizations that are neither organs of the state nor private, for profit businesses (the first and second sectors) - which had been developing steadily during the more than ten years of the *abertura* (Fernandes 1994). The energy produced by this combination of a growing, organized civil society and a hotly contested presidential campaign helped attract increasing numbers of individuals to become active participants in AIDS/NGOs. This newfound willingness to work on AIDS-related issues also was reinforced by the memory of the recent blood mobilization, which made the rather daunting task of tackling AIDS in Brazil seem, if not less formidable, at least necessary and potentially successful.

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<sup>12</sup> A Ministry of Health publication identifies 10 separate GAPA groups operating in Brazil in 1994 (Ministério de Saúde 1994).

<sup>13</sup> In 1994, there were Pela VIDDARJ groups in eight different Brazilian cities (Ministério de Saúde 1994).

This climate of political optimism and a belief in the possibility of impending social transformation received a jolt with the election of the neo-liberal Fernando Collor as President of Brazil at the end of 1989. If only one year earlier the Brazilian left was savoring their many successes at the National Constitutional Assembly, they now were once again relegated to the role of the political opposition. This sense of "us" (the people) versus "them" (the State) pervaded AIDS/NGOs as well, and quickly was fueled by the questionable AIDS policy offered by the Collor Administration. Not only did the National AIDS Commission stop meeting, but the new government's first AIDS prevention campaign recalled the paranoia of the early 1980s, replete with images depicting male and female figures in black and white with red targets in their genital regions accompanied by the slogan "if you are not careful, AIDS will get you" (*se você não se cuidar, a AIDS vai te pegar*) (Parker 1994:93-94).<sup>14</sup>

Recognizing the unwillingness or inability of the federal government to treat HIV/AIDS as a serious public health and political question and encountering relatively little success in their continued efforts to mobilize political organizations and social movements in response to AIDS-related issues other than the blood supply, Brazilian AIDS/NGOs increasingly turned to North American and western European philanthropic organizations, international health organizations, and global AIDS activist networks for assistance.<sup>15</sup> And since AIDS had emerged as an important policy question and funding

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<sup>14</sup> One of the spots presented a series of men and women talking in a dark corridor like space. The first one says "I had syphilis, but I was cured," the next says "I had tuberculosis, but I was cured," a third says "I have cancer, but I was cured," and the final desperate man says "I have AIDS - there is no cure." The viewer is then urged to protect himself/herself.

<sup>15</sup> This is not to say that AIDS/NGOs have not been interested in working with other organized sectors of Brazilian political and civil society; rather, the stigma associated with AIDS and the marginalization of AIDS-related issues within Brazilian mainstream and oppositional politics (other than the previously discussed blood mobilization) often has prevented these partnerships. This isolation of AIDS/NGOs even occurs within NGOs more generally - in 1994, there was not a single AIDS/NGO in the Southern Forum of NGOs, which serves the three southernmost states of Brazil, and there are only a few AIDS/NGOs (ABIA for one) in the several hundred member Brazilian Association of NGOs (ABONG).

priority of agencies of international cooperation beginning in the mid-1980s, these approximations were well received. By the end of the 1980s, established Brazilian AIDS/NGOs such as ABIA, GAPA/SP, ARCA, Pela VIDDA/RJ and GAPA/Bahia had developed on-going political and financial relationships with organizations such as the Ford Foundation, Caritas and Miseror, and other AIDS/NGOs soon followed in their path in the early 1990s. Through these connections came substantial exchange of ideas and materials between the Brazilian AIDS/NGOs and their transnational counterparts and funders, with western Europeans and North American AIDS activists and public health professionals regularly visiting Brazil and Brazilian AIDS/NGOs, while a few Brazilians, such as Herbert Daniel, emerged as prominent voices at international AIDS conferences and meetings.

With these international allies at their side, Brazilian AIDS/NGOs mounted a series of attacks on the Collor government's AIDS policy and the head of its National AIDS Program, Dr. Eduardo Cortes, which culminated in public confrontations at two national conferences sponsored by AIDS/NGOs in 1991. The first of these acrimonious exchanges occurred at the August 1991 First National Seminar of People Living with HIV/AIDS. Organized by Pela VIDDA/RJ and ABIA and held at the Rio de Janeiro Physicians Council (CREMERJ) offices, this conference brought together participants from more than one hundred Brazilian AIDS/NGOs, Dr. Eduardo Cortes, and several high profile representatives from international health agencies, including Dr. Michael Merson, the head of the World Health Organization's Global Programme on AIDS.<sup>16</sup> This convergence of local, national and international AIDS activists and policy makers

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<sup>16</sup> There were also representatives from the Pan American Health Organization and the London based Appropriate Health Resources & Technologies Action group (ARHTAG) at the conference. ARHTAG is an English international development agency that centers on health-related issues. In 1992, ARHTAG's AIDS Program was receiving financial support from many sources, including HIVOS (Holland), the Norwegian Red Cross, Oxfam, the Save the Children Fund and the World Health Organization's Global AIDS Program.

provided an unprecedented opportunity to expose the Brazilian federal government's negligence in response to the HIV/AIDS epidemic.

Toward this goal, conference organizers skillfully orchestrated the plenary opening session to discredit Dr. Cortes and the National AIDS Program before a substantial regional and national press corp. After opening remarks by a representative from Pela VIDDA/RJ and the president of CREMERJ laid the moral and political foundation of the conference, Pela VIDDA president Herbert Daniel made an impassioned appeal that people living with HIV/AIDS must not give in to the "civil death" in which society frequently confines them. With Daniel's leading the audience in a rousing "Viva a Vida" (Live Life) yell serving as a transition, ABIA president Herbert de Souza launched into a scathing attack on the aforementioned federal government's AIDS "education" campaign, which he characterized as a terrorist offense against human dignity. This criticism of the Brazilian federal government's response to AIDS continued in the following speech by Global AIDS Program Director Dr. Michael Merson, who argued that three days of visiting Brazil had given him the impression of an epidemic dangerously out of control and warned that if a national AIDS plan was not developed soon by the federal government, Brazil faced the possibility of losing all AIDS-related funding from the World Health Organization (WHO).

Not surprisingly, Dr. Merson's talk was well received by the AIDS/NGO dominated audience, but the auditorium quickly became silent as Dr. Cortes stepped to the podium and presented a general overview of the National AIDS Program's desire to decentralize and municipalize federal AIDS resources and activities.<sup>17</sup> And seemingly

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<sup>17</sup> That Cortes would argue for the *municipalização* (municipalization) of the National AIDS Program was seen by many health-care and AIDS activists as ingenuous since in practice the Collor Administration was actively undermining the Single Unitary Health System by simultaneously promoting privatization while passing on formal control of the public health-care system to local governments without providing them sufficient financial resources to effectively provide these services.

oblivious to all of the previous speakers' comments, Dr. Cortes proceeded to paint a picture of collaboration between AIDS/NGOs and the National AIDS Program ("we have met with AIDS/NGOs on many occasions") and general governmental responsibility vis-à-vis the epidemic ("only last week the Ministry of Health had identified AIDS as one of the government's priorities").<sup>18</sup> Upon the end of Dr. Cortes' speech, not a single person in the audience applauded, and many incredulous leaders of AIDS/NGOs bombarded Dr. Cortes with questions and comments focused largely on the absurdity of talking about decentralizing and municipalizing a program whose very existence was in doubt.

About two months later, this acrimonious and public debate between the AIDS/NGOs and Dr. Cortes continued at a special session at the conclusion of the September 1991 National AIDS/NGOs Conference in São Paulo. Once again, the federal government's AIDS policy assumed center stage, but this time the primary issue under consideration was whether and how Brazil would participate in the WHO's planned program to conduct clinical HIV trials in several developing countries. Dr. Cortes began the exchange by recounting a series of meetings that the National AIDS Programs had organized between the WHO officials responsible for the vaccine program and Brazilian research scientists, AIDS/NGOs, gay groups and other concerned parties. As at the previous People Living with HIV/AIDS conference, Dr. Cortes' speech stimulated a round of increasingly confrontational questions from AIDS/NGOs representatives. And as it became apparent that Dr. Cortes would not or could not respond to these queries in a direct manner, several prominent leaders from AIDS/NGOs began to reiterate the harsh criticisms of Dr. Cortes and the National AIDS Program that had been voiced at the Rio de Janeiro conference:

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<sup>18</sup> I have taken these quotes from my field notes, and while they may not be exact, I think I have captured the tone and general content of the statements made.

[T]his is the same old discourse . . . Cortes talks very calmly for a very nervous person. Where are the concrete results of the government program? Why doesn't the government talk about condoms? Herbert Daniel, Pela VIDDA President

[W]here is the government's AIDS program? At least before, there was one, even if it was bad. What control will the National AIDS Program have in the municipalization process? Who will receive the money in this process? How can you talk about credibility after the last series of AIDS ads? Where are the programs? Jane Galvão, then ARCA Coordinator

In an atmosphere of mounting tensions, Nelson Solano of GAPA/São Paulo attempted to restore order by suggesting that this emotional debate represented the "opening of a door" and that there was still time to work some kind of agreement regarding both the WHO vaccine trials and the municipalization of the National AIDS Program. However, Dr. Cortes had lost his patience and nearly in tears, said:

I work hard, and have enemies in the government because I try to get things done related to AIDS. What you talk about is not my fault. If you want things to change, you must do your political part and pressure those who have the real power, like the Health Ministry and the President. There is only so much I can do.

Dr. Cortes' outburst arguably represents the low point in both the National AIDS Program and its relationship with Brazilian AIDS/NGOs - things could not get much worse than the Director of the National AIDS Program disavowing any responsibility for the federal government's response to the epidemic. However, this period of extreme antagonism between the federal government and the AIDS/NGOs abruptly came to an end in early 1992 when the acting Health Minister, Dr. Alceni Guerra was forced to resign amidst accusations of misappropriation of federal health funds. The next Health Minister, Dr. Adib Jatene, quickly removed most of the program directors at the Health Ministry, including Dr. Cortes (Parker 1994:95). Under the leadership of his replacement, Dr. Lair Guerra, the National AIDS Program gradually restructured and began to collaborate with AIDS/NGOs in a more systematic and productive manner, particularly as the planning for the distribution of millions of dollars to AIDS/NGOs through the joint World Bank/Brazilian federal government "Brazilian Project for the Control of STDs and AIDS" began in late 1992.

But before concluding this chapter with an analysis of how this reconciliation between AIDS/NGOs and the state has transformed contemporary Brazilian AIDS activism, I would first like to return my discussion to late 1980s and early 1990s and briefly examine intra-AIDS/NGO relations during this period. For even as ABIA and a few other AIDS/NGOs were successfully politicizing the blood question in 1988, and a group of older and newer AIDS/NGOs were joining together in opposition to the National AIDS Program from 1989 to 1991, marked political and organizational divisions between AIDS/NGOs also were emerging which threatened the cohesion of the nascent movement. These intra-AIDS/NGO tensions reached crisis proportions in a series of discussions in 1989 and 1990 surrounding the proposal to create a formal network of AIDS/NGOs. In the following section, I will trace the history of this ultimately unsuccessful attempt to establish a national Brazilian AIDS solidarity network and highlight some of the key structural factors - including competition over funding, participant demographics and organizational characteristics - which frustrated these groups' efforts to overcome their differences and to develop a shared, proactive political agenda that went beyond simple opposition to the state.

### **a national solidarity network**

As I have discussed above, the late 1980s witnessed a dramatic surge in AIDS related mobilization in Brazil. With this growth in the number of AIDS/NGOs came increased attention to defining a common political program and creating productive working relationships between these organizations. By 1987, periodic scheduled meetings (*encontros*) were being held for leaders and participants at the GAPA chapters that had been founded in various Brazilian cities, and by April 1989 these gatherings had been opened up to all groups that worked on AIDS-related issues (see Solano Vianna 1994:7). These approximations between AIDS-related organizations were reinforced when several Brazilians, including ABIA coordinator Silvia Ramos and Pela



VIDDA founder Herbert Daniel, brought back the idea of creating a formal Brazilian solidarity network after having attended the Fifth International AIDS Conference in Montreal, Canada and the parallel "Opportunities for Solidarity" congress for community-based organizations and people living with HIV/AIDS.<sup>19</sup>

The idea that AIDS-related mobilization in Brazil could benefit from the formation of a solidarity network was well received by most participants at Brazilian AIDS/NGOs.

As former GAPA/SP and ABIA staff person Nelson Solano Vianna argues,

The "Opportunities for Solidarity Conference," held in June 1989 in Montreal, made explicit a latent desire, though one not very well understood, of Brazilian AIDS/NGOs - that is, the creation of a network of AIDS/NGOs. (Solano Vianna 1994:7)

With this goal now stated openly, and pushed forward by the spirit of optimism generated by both the Montreal Conference and the prior GAPA sponsored encounters, activists held two National Meetings of AIDS/NGOs in the second half of 1989 in which they collectively reflected on the current shape and future directions of their organizations.<sup>20</sup> By the second of these meetings, which was held in October 1989 in Porto Alegre, these discussions resulted in the drafting and approval of a Declaration of the Fundamental Rights of the Person with HIV/AIDS and a Proposed Letter of Principles defining the outline for a *Rede Brasileira de Solidariedade (ONGs/AIDS)* (Brazilian Network of Solidarity - AIDS/NGOs).<sup>21</sup> And as the following excerpts from the

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<sup>19</sup> The June 1989 Montreal Conference, which included protesters taking over the stage during the opening plenary session for more than an hour, is often described as the "Activists' Conference" (Treichler 1992). While extremely popular among people living with HIV/AIDS and community-based organizations - who generally see Montreal as one of the high moments of international AIDS activism (see for example Parker 1994:98, Treichler 1992) - many scientists were uncomfortable with both this activism and the conference's attention to the "social aspects" of the epidemic. In reaction, subsequent International AIDS Conferences typically have been much more "scientific" in orientation, with activists and community-based organizations generally positioned on the margins.

<sup>20</sup> The first meeting for Brazilian AIDS/NGO conference was held in Belo Horizonte in July 1989 and consisted of 30 people from 14 NGOs (Solano Vianni 1994:7).

Introduction to the Proposed Letter of Principles indicates, the vision of AIDS activism developed at the Porto Alegre conference was strongly influenced by the Montreal meetings and their emphasis on solidarity and global cooperation:

A specter surrounds the planet - it is the AIDS epidemic. More than a disease produced by an only recently discovered virus, more than an imbalance between an organism's defenses and infectious agents, AIDS, the world's biggest public health problem at this turning of the century, involves complex social dimensions that demand from humanity a historic response surpassing the search for simple remedies instead of demanding a solution.

One certainty reassures humanity: solidarity is the solution for the disequilibrium that AIDS has produced in the planet; solidarity is the collective force that is able to create new and more dignified social relations for a more just and harmonious world.

We are a network, in Brazil, of organizations born from the bosom of civil society, formed by citizens who believe that although there is still no remedy or vaccine against HIV, the AIDS virus, there is in fact a remedy and vaccine against the AIDS epidemic, as understood in the complexity of its dimensions. This remedy is hope, or rather, the conviction that humanity will not be defeated by a virus, but imposes against the virus - and against prejudice and panic - the victory of its project of life. The vaccine is solidarity, or rather, our ability to unite together, through our differences, in order to overcome an epidemic that is not the problem of any one group, or of a minority, but of all humanity today and now.

Today and now we constitute ourselves as a Network of Solidarity, linked by practice and concepts to innumerable other initiatives in all parts of the world, to propose solutions against AIDS in our country, so affected by an epidemic and so poorly prepared to confront it. Today and now we are structuring a response that invents a better world, for all, tomorrow and forever. (ABIA 1989:3-4)

In the period immediately following the Porto Alegre meeting, Brazilian AIDS activists in general were inspired by this vision of national and international solidarity offered in the Proposed Letters of Principles, and the ABIA Bulletin went so far as to proclaim the Porto Alegre conference as the moment of maturity for a "new social movement".<sup>22</sup>

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<sup>21</sup> 82 people from 38 NGOs attended the Porto Alegre conference, whose organizing committee was composed of two people from GAPA/RS (the host organization), and one each from ARCA, GAPA/SP and ABIA (Solano Vianni 1994:7). The draft proposal for the solidarity network was drafted by Jane Galvão (ARCA), José Eduardo Gonçalves (GAPA/RS), Nelson Solano (GAPA/SP) and Ranulfo Cardoso, Jr. (ABIA) (ABIA 1989a:2).

<sup>22</sup> At this time, the ABIA Bulletin was one of the most important forums where information about AIDS and AIDS/NGOs in Brazil and other parts of the world was exchanged. The ABIA Bulletin was and continues to be distributed every two months.

What we have seen in Porto Alegre, and consider a historic fact in our country, was a moment of the maturing of a new social movement that is born with the list of defined demands and establishes a political project that can be described as a radical militancy for life. (ABIA 1989:1)

However, by the time of the April 1990 Third National Meeting of AIDS/NGOs in Santos, the combination of significant differences in political philosophies and operating styles among the groups and pre-existing personal/organizational rivalries had killed any hope for the creation of a formal network. In only six months, the movement had gone from the near euphoria of Proposed Letter of Principle's "coming together through difference" and "interchange without centralization, hierarchy or bureaucratization" to an atmosphere of suspicion, if not outright hostility, which produced a growing fragmentation among the still young movement.<sup>23</sup>

How can we account for this dramatic shift in intra-NGO relations and expectations from the Porto Alegre to Santos conferences? Jane Galvão, one of the four people who drafted the Proposed Letter of Principles and a principal proponent for the National Solidarity Network, provided me this explanation:

Through these meetings in Porto Alegre and Santos, the lack of definition in the organizations became obvious. People confuse things. At times you have NGOs with discourses similar to the state, and sometimes they are even worse. At the Montreal conference, with NGOs from all over the world, it seemed that it might be possible to have regional and national networks of AIDS organizations.

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<sup>23</sup> The entire text on "Practices of Solidarity," which concludes the Proposed Letter of Principles, reads as follows:

Throughout Brazil, groups have emerged that are fighting against AIDS in all its dimensions. We now understand that these groups should coordinate their forces, guaranteeing the autonomy of each group, through a structure that facilitates interchange, without centralization, hierarchy or bureaucratization

Thus, we create the Brazilian Network of Solidarity, articulating between non-profit, community organizations who provide services related to AIDS.

Without wanting uniformity (*uniformização*), we believe that these principles govern the practice of solidarity. We are committed to the democratic principle of the right of health for all our people. We are committed to life, now and always. For this we are making life a great act of love, called solidarity. Now, tomorrow, and forever. Proposed Letter of Principles, Part 6: The Practice of Solidarity. (ABIA 1989b:4)

But there is a certain difficulty in doing this, and our attempt to form a network in Brazil was very complicated. This was the first space that the NGOs had to discuss their works, and many differences emerged. Sometimes the differences were personal, sometimes they were political. There were questions of whether you should work with people whose visions are opposed diametrically to yours, who have reactionary programs and policies.

In Porto Alegre, it seemed as though it could still be possible to create these networks. But in Santos, this fell apart. The differences were revealed so strongly. And there were always various motives behind the creation of a national network - for some, you create an NGO, not knowing what work you will do, except that you will work with AIDS. . . . [T]here has been a certain "creation of reflex" rather than an explicit discussion of what it means to have this type of political engagement. Jane Galvão, 1992 Interview

Richard Parker, who also participated actively in these discussions about the formation of the National Solidarity Network, offers a similar description of the breakdown of the network:

[A]fter three national meetings in which the ideological differences among the nearly seventy organizations then involved in community activities related to AIDS prevention were accentuated to such a degree as to prohibit a more formal approximation among the groups. Although there were innumerable important differences, perhaps the most fundamental was the separation between organizations associated with specific groups, or those formed before or independently of the AIDS epidemic, and the AIDS Service Organizations formed exclusively in response to problems related to AIDS. (Parker 1994:98)

Perhaps the most consequential of these organizational divisions that Parker identifies in terms of the future of the network were those between the AIDS/NGOs and homosexual rights groups. These relations often had been distant, if not hostile, throughout the 1980s and into the early 1990s (see Parker 1994:98, Vaillinoto 1991),<sup>24</sup> despite the many homosexual men and lesbians who have worked at Brazilian AIDS/NGOs since their inception and the pronounced gay/homosexual ambiance of many of these groups.<sup>25</sup> This history of animosity between AIDS and homosexual

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<sup>24</sup> The relationship GAPA/RS and Porto Alegre's emerging gay "movement" provides an exception to this general trend of suspicion and animosity between gay groups and AIDS/NGOs, and GAPA even let Nuances, Porto Alegre's principal gay organization, base itself out of GAPA's office in 1993 and 1994. At a 1994 conference of gay groups from Brazil's three southern states, several gay leaders from one of the other states questioned this close relationship between Nuances and GAPA/RS as though it somehow compromised Porto Alegre's gay movement.

<sup>25</sup> Most Brazilian AIDS/NGOs historically have been composed of - in descending order - homosexual/gay identified men, gay friendly heterosexually identified women, and

groups dates to the mid-1980s when several well-known leaders at homosexual rights groups, such as Triângulo Rosa in Rio de Janeiro, initially declined to work extensively on AIDS-related issues during the first years of the epidemic largely out of a desire to not reinforce the idea that AIDS was a homosexual disease (Câmara 1993). And as AIDS-related organizations came to outnumber and eclipse the homosexual rights groups in the late 1980s, accusations and criticisms were exchanged between two increasingly antagonist camps, with prominent gay leaders criticizing AIDS organizations for not developing more activities directed specifically toward male homosexuals, while AIDS organizations wondered how self-described gay leaders could remain so distant from an epidemic that was infecting and killing so many of the people they claimed to represent.

By the time of the attempts to form the National Solidarity Network in 1989 and 1990, these political differences among AIDS/NGOs and homosexual rights groups had developed into a sort of turf battle over who was best capacitated to work on AIDS issues in general and among homosexual men more particularly. On the one hand, AIDS/NGOs had emerged as local, regional and national "AIDS experts" who were regularly sought out by the media, community organizations, concerned individuals and governmental agencies. With this knowledge and practice came a tendency for many AIDS/NGOs to consider AIDS as their terrain and to not readily accept the possibility that other organizations who did not exclusively focus on AIDS issues, such as homosexual rights groups, could develop effective and politically appropriate AIDS education programs. And given some of the materials and misinformation that were being offered to the public by supposedly well-intentioned individuals and organizations during this period, this skepticism on the part of AIDS/NGOs is understandable.<sup>26</sup> On

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homosexual/lesbian identified women. And although there has been a trend toward a greater number of women participating in the everyday administration and operation these groups as the shape of the epidemic has changed, heterosexually-identified men have remained largely absent.

the other hand, as agencies of international cooperation began to look into the possibility of funding AIDS-related projects at "community-based" organizations who worked with "specific populations" but did not focus exclusively on AIDS issues, many homosexual rights groups saw AIDS-related grants as a possible avenue for developing meaningful projects while simultaneously stabilizing their organizational infrastructure and increasing their social legitimacy.<sup>27</sup> As a result, the hegemony of AIDS/NGOs as *the* "AIDS experts" for men who have sex with men increasingly was increasingly and openly challenged by homosexual groups, and not all AIDS/NGOs were pleased with what they saw as opportunism on the part of many homosexual rights groups who in their eyes lacked the political understanding of the epidemic that was present in the AIDS/NGOs.<sup>28</sup>

I believe that this sort of competition over financial resources and organizational legitimacy between AIDS/NGOs and homosexual rights groups was equally present

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<sup>26</sup> One example that particularly shocked many AIDS activists was the use of fear in some of the initial AIDS materials produced by the Grupo Gay de Bahia (GGB) and its leader Luiz Mott during the 1980s. Most AIDS activists did not believe that fear would motivate lasting behavioral changes in response to the epidemic and felt that the role of AIDS/NGOs was to educate and to politicize, rather than to drive people into panic.

<sup>27</sup> A similar argument can be made regarding the role of AIDS-related projects in the development of prostitute's associations. In contrast, Brazilian injecting drug users generally have not come together and formed their own organizations, which in turn has limited their active participation in the development and implementation of AIDS intervention programs directed toward them.

<sup>28</sup> In 1994, one leader at GAPA/RS provided me this overview of the history of the relationship between AIDS/NGOs on the one hand and homosexual rights and women's groups on the other:

Now, we have had this fight, which is over financial resources. And it is about more than just money - it is about political representativity. The homosexual movements have their merits, but they are paying the price of not having worked on AIDS in the beginning. In the 1980s, they did not want to work on AIDS. . . .

Today, both the homosexual and women's movements are running after [AIDS] resources - because the money is there and they have been affected by the epidemic, or because it is a way to sustain their groups and their movements. This is bad because they see AIDS only from one perspective - that is, they don't expand the discussion about AIDS, but reduce it to the question of a group, and so on. Not that projects and specific interventions aren't fundamental - obviously they are. But one was to know that there are others, that AIDS is much more than the question of women or homosexuals - it is a question of public health. It is sad because we have lost much energy, time and words over this. João, 1994 Interview

among AIDS/NGOs themselves and played a significant role in preventing the realization of the National Solidarity Network. For if in the mid-1980s there were few Brazilian AIDS-related, community-based organizations applying for grants from agencies such as the Ford Foundation, Misericórdia and Caritas, by the time of the mobilization around the National Solidarity Network, competition had intensified greatly both among Brazilian organizations and between Brazilian and non-Brazilian AIDS/NGOs. As a result, more established groups who had received international funding in the 1980s (e.g. ABIA, GAPA/SP, ARCA, GAPA/Bahia) were better positioned than their newer counterparts in this increasingly competitive market for international development aid because they had a proven track record and the experience, knowledge, and organizational infrastructure necessary to write high quality grant proposals.

This unequal access to financial resources produced growing stratification among the AIDS/NGOs, which was further reinforced by the tendency for some groups to classify AIDS organizations as either *político* (political) or *assistencialista* (assistance-oriented).<sup>29</sup> At the political end of this *políticoassistencialista* spectrum were groups such as ABIA and Pela Vidda; at the opposite pole were the many religious organizations, *casas de apoio* (support houses) and some GAPAs who provided social services and material goods to those in need without either devoting much attention either to the political dimensions of the epidemic or incorporating the *político's* discourse of "living with HIV/AIDS." And since the "political" AIDS/NGOs were generally much larger and better funded than the assistance-oriented groups, these political/assistance and big-rich/small-poor classification systems overlapped considerably and supported

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<sup>29</sup> *Assistência* is the act/state of giving assistance to someone, including material and social services. For the more "political" groups, *assistencialista* was a pejorative term used to describe those who provide services for the needy without considering in any detail the social and political economic forces that produce these needs. A more neutral word for those who provide services within the context of a larger political vision is *assistencial*.

the symbolic and practical separation of AIDS/NGOs into two often antagonistic camps. On the one hand, many of the smaller and newer groups felt that they were being overpowered by the "elite" AIDS/NGOs:

In 1989, when we began to have these first meetings of NGOs at a national level, there was an internal dispute over whether to privilege a hegemony of the NGOs in São Paulo and Rio de Janeiro, but specifically ABIA and GAP/SP, that already existed. These groups had very brilliant, very active (*atuante*) individuals who were known nationally, like Herbert Daniel, Betinho and Paulo Bonfim [from GAP/São Paulo]. And these organizations also had a distinguished history and a strong sense of their mission. Leonardo, founding member of GAP/RS, 1992 interview

At the same time, some *assistencialistas* questioned the value of the larger AIDS/NGOs' working style, which seemed to them distant from the human dimensions of HIV/AIDS as directly experienced by those who were ill. On the other hand, *políticos* in general and especially those associated with ABIA countered that *assistencialistas* were naive in not recognizing the importance of financial resources in developing effective responses to the epidemic:

ABIA has always thought that it is important to have a fax, computers, telephone, a nice office and such in order to work effectively on AIDS issues. Some other NGOs think that they must be poor - they have this Christian idea of charity, of suffering, and of being volunteers . . . [on the other hand] this was a clear thing with ABIA - we could not enter into a circle of poverty. When Betinho put forward the idea of ABIA, he said we had to think big. ABIA always got a big reaction, and for this reason people see ABIA as elitist. Miguel, founding member of Pela VIDD, 1992 interview

With the collapse of the Solidarity Network at the Santos Conference, it became evident that the differences among AIDS/NGOs organizations were greater than the proponents of the network had initially imagined, so much, in fact, that the very idea of an AIDS-related social movement in Brazil was called into question. For if, as I have argued in the previous section, the vast majority of Brazilian AIDS/NGOs did not grow out of preexisting social/political movements, and if, as became obvious in the debates between *políticos* and *assistencialistas*, there was no political ideology or practice uniting these groups, what did they have in common other than the fact that they all worked on AIDS-related issues? In my opinion, the answer to this question is the NGO itself. That



is to say, since its inception, the one consistent characteristic of Brazilian AIDS-related mobilization has been its consolidation into non-profit organizations that have sought to maintain themselves through charitable donations or grants from agencies of international cooperation and that have defined themselves as community-based, all-inclusive organizations open to all who have been or might be affected by the HIV/AIDS epidemic.<sup>30</sup> And whereas in other some countries formally structured NGOs have been a part of a broader mobilization that includes other social actors such as political action groups (e.g. ACT-UP in the United States), informal support groups of people living with HIV/AIDS, and cultural activists working on AIDS-related issues, until recently in Brazil these functions generally have remained within the domain of AIDS/NGOs.

This concentration of AIDS-related mobilization within AIDS/NGO presents several troubling questions for Brazilian AIDS activists. To begin with, in what sense can these AIDS/NGOs be considered "community-based organizations"? In my interviews and conversations with GAPA/RS and Pela VIDDA participants, a large majority would invariably state that their groups are "community-based" because they prioritize the needs of "those who are economical and socially marginalized." Such constructions of "the community" (*a comunidade*) are reminiscent of more general populist and leftist Brazilian political discourses in which community is roughly synonymous to the expansive category of the *povo* (people) and has served to link AIDS/NGOs to the geographically based ideas of community politics exemplified by the Christian Base Community and Neighborhood Association Movements of the 1970s and early 1980s. At the same time, this invoking of the extremely polysemic terms *comunidade* and all its derivatives (*organização comunitária*, *organização de base*

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<sup>30</sup> I use the term "all-inclusive" as developed by Altman in his comparative study of community-based AIDS organizations (Altman 1994: 63-64). Altman distinguishes between groups open to all those who might be affected by AIDS (i.e. the all-inclusive organization) and those AIDS groups that are primarily directed toward a specific population or community (e.g. HIV+ people, gay men, low income women).

*comunitária*) has resonated well with the model of "community-based AIDS education" that has been incorporated into the official discourse of international agencies (e.g. the World Health Organization) and most philanthropic institutions that have funded AIDS-related activities worldwide since the mid-1980s.<sup>31</sup> But is providing services to economically and socially marginalized people - which most Brazilian AIDS/NGOs do - sufficient to make a group a community-based organization, particularly when nearly all of those who play a significant role in the everyday operation and administration of AIDS/NGOs have middle class backgrounds?

This demographic distinction between the client and staff/volunteer base of AIDS/NGOs further complicates determinations of exactly to whom AIDS/NGOs are, or should be, ultimately responsible. Is it their clients? The social groups from which leaders and volunteers are drawn (i.e. women and homosexually identified men of middle class background)? The homosexual rights, women's and other popular movements that seek to represent the classes of people identified above? Or what about the agencies of international cooperation on whose support these groups historically have depended? And with the transfer of millions of dollars to these groups through the joint World Bank/Brazilian federal government "Brazilian Project for the Control of STDs and AIDS," additional concerns have been raised regarding accountability and political autonomy. Can AIDS/NGOs work with the federal government and maintain a critical political perspective on the epidemic, or is this increased financial dependence on the State a sign of the co-optation of Brazilian AIDS activists? Have these organizations become more concerned with maintaining their

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<sup>31</sup> In the case of AIDS, the idea of the centrality of the "community-based organization" in AIDS-related mobilization largely grew out of the experiences of North American lesbian/gay communities in general and San Francisco in particular. Seeing the impressive levels of services created for people living with HIV/AIDS and the substantial decrease in new HIV transmissions, international public health leaders sought to encourage similar, if context specific, responses in other "communities" throughout the world.

infrastructure and salary levels than in mobilizing society in response to AIDS? How Brazilian AIDS/NGOs responded to and reflected upon this increased approximation between themselves and the State forms the focus of the following discussion with which I conclude this chapter.

### **a time of reconciliation or retreat?**

The year 1992 represents a dramatic turning point in the relationship between AIDS/NGOs and the Brazilian federal government and its National AIDS Program. As I have noted earlier, at this time the acting Minister of Health, Alceni Guerra, resigned amidst political scandal. The new Minister of Health, Adib Jatene, a respected cardiologist who had worked in public health administration for the state of São Paulo, replaced the coordinator of the National AIDS Program, Dr. Eduardo Cortes, as part of his more general restructuring of the Ministry of Health (Parker 1994:95). While few AIDS activists had expected that Dr. Cortes would remain in this position after his repeated failures to construct an effective National AIDS Program, the selection of Dr. Lair Guerra as his replacement was not expected, since Dr. Guerra already had served as the coordinator of National AIDS Program from 1985 to 1989. This unlikely appointment was accompanied by an equally surprising shift in governmental policy related to AIDS, at least at the discursive level. As the August 1992 ABIA bulletin commented in an article entitled "Government and AIDS/NGOs: Consensus in Sight? - It was Sudden, Like Everything Happens":

[T]he return of Lair Guerra Macedo Rodrigues to the Coordination of the National Division for the Control STDs/AIDS [the National AIDS Program] of the Ministry of Health has resulted in the redefinition of the position and space occupied by Brazilian NGOs in the arenas where national AIDS strategies are defined. From one day to the next, the government assimilated almost all the theoretical bases and political principles that the NGOs had systematically and justly criticized regarding the prior governmental policies to control the epidemic. This established, at least on paper, the foundation for a rearticulation and a better - and there is much to be desired - coordination of the activities developed by governmental entities and by civil society to control the epidemic. (ABIA 1992:3)

This reinvigoration of the National AIDS Program was motivated by a variety of factors, including the new Minister of Health's political commitment to prioritizing AIDS as a public health problem, a growing hopefulness regarding the possibility of political change produced by the mobilization for the impeachment of President Fernando Collor, and perhaps most importantly in terms of AIDS policy, international political pressure by agencies such as the World Health Organization and the World Bank. As I have discussed earlier, Dr. Michael Merson, the director of the World Health Organization's Global Programme on AIDS, visited Brazil in August 1991 and warned that Brazil risked losing access to international AIDS funding if the Brazilian federal government did not develop a five year AIDS plan and begin to respond more seriously to the epidemic. With the World Bank's recognition of the potential negative impacts of AIDS on the world economic order and its subsequent entry into funding large-scale AIDS-related projects, the stakes of the Brazilian federal government's inaction became much larger, particularly as negotiations proceeded between Brazil and the World Bank from April to September 1992 over the details of a three year, \$300 million "Brazilian Project for the Control of STDs and AIDS." During these discussions, World Bank officials made it clear that Brazil's receipt of a \$150 million loan from the World Bank for this project - which was to be matched by federal funds - was contingent on the development and implementation of a national Brazilian AIDS plan and a commitment to the active involvement of AIDS/NGOs, as well as state and local governments, in both the World Bank project and national AIDS policy.

At the Fifth National Meeting of AIDS/NGOs held in November 1992 in Fortaleza, Dr. Guerra and Paulo Roberto Teixeira, the coordinator of the National AIDS Program's Technical Unit for AIDS/NGOs and the Business Sector, presented an overview of the World Bank proposal to the thirty-seven NGOs participating at the encounter. The three year project, which later was scaled down to a figure closer to \$250 million, was divided into three primary components:

- prevention, including the establishment of 220 anonymous testing centers, the purchase and distribution of 100 million condoms through "social marketing" directed at low income Brazilians, *the disbursement of \$16 million to 150 NGOs (100 in 1993) for AIDS-education programs and materials* [my emphasis], six national prevention campaigns, and 322 behavioral modification projects;
- services, including 110 ambulatory care facilities for people with HIV/AIDS, 300 Health Centers to diagnosis and treat STDs, and 15 support houses and *60 community projects to provide direct assistance to people with HIV/AIDS* [my emphasis];
- epidemiological vigilance, including 50 posts linked to both "high" and "low" risk populations, and laboratory improvement. (ABIA 1993)

Dr. Guerra and Teixeira further notified the conference participants that applications from state governments would be due January 10, 1993, with proposals from individual NGOs to be turned in at a yet to be determined date in early 1993. Regarding the AIDS/NGO component of the project, Dr. Guerra and Teixeira proposed four stages for the effective participation of AIDS/NGOs,

1. A register of NGOs, taking into account their existing financial support and the local or regional in which they worked;
2. The subsequent disclosing of the areas to be financed;
3. The subsequent disclosing of the selection criteria;
4. The applications for funding.<sup>32</sup>

The availability of \$16 million to be distributed from the federal government to Brazilian NGOs who worked or proposed to work on AIDS-education profoundly altered relations both among AIDS/NGOs and between these groups and the federal government. Encouraged by the large amounts of money available and a rule stipulating that no NGO could have more than three proposals approved, many smaller AIDS/NGOs and other groups that focused on "specific populations" were able to receive international/national support for the first time. However, if this decentralization of AIDS-related funding represented a positive development in terms of helping diminish

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<sup>32</sup> Final report of the Fifth National Meeting of NGOs/AIDS, Fortaleza, Ceará, November 8-12, 1992.

the financial hierarchies existing among Brazilian AIDS-related organizations, the creation of so many new AIDS/NGOs - which had grown in number from about 100 in 1991 to 200 in 1993 to more than 400 in 1994 - raised questions that some individuals might be using AIDS and the World Bank project to enrich themselves personally.<sup>33</sup> One article for the GAPA/Bahia newsletter went so far as to suggest that the disorderly proliferation of NGOs in the 1990s might itself constitute a "fourth epidemic" associated with HIV/AIDS.<sup>34</sup>

But if participants in NGOs have been divided on whether the growth in the number of AIDS/NGOs represents a positive development, most AIDS/NGO participants - with a few notable exceptions (e.g. Richard Parker and Jane Galvão from ABIA, Milton Quintano at ARCA) - have not questioned the continued viability of the NGO as the dominant form of AIDS-related mobilization in Brazil, and even these critics have been based primarily within AIDS/NGOs. Instead, the implementation of the World Bank project has solidified a prior tendency toward the institutionalization and in many cases the professionalization of AIDS-related activism within NGOs. At a rapid pace, new key words such as "projects" (*projetos*), "methodology" (*metodologia*), "workshops" (*oficinas*), "management" (*gerenciamento*) became as common as "solidarity" (*solidaridade*), "struggle" (*luta*) and "activism" (*militancia/ativismo*). This professionalized version of AIDS/NGOs culture has been particularly evident both in

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<sup>33</sup> The fact that some Brazilian NGOs and their leaders have not always correctly spent the money that they received from international agencies became particularly apparent during a national investigation of groups working with street children, which revealed that a significant number of NGOs had misused funds, and some organizations only existed on paper. Long-time AIDS activists were well aware that they potentially could be seen in this same light and took a lead role in criticizing those AIDS-related groups that they considered questionable and/or opportunistic.

<sup>34</sup> This idea that the HIV/AIDS epidemic can be conceived of as having three parts was popularized by Dr. Jonathan Mann when he coordinated the World Health Organization's Global Programme on AIDS. The first epidemic is the spread of HIV, the second the development of AIDS and AIDS-related illnesses in people with HIV infection, and the third the social discrimination suffered by those with or perceived to be with HIV/AIDS.

recent conferences for Brazilian AIDS-related groups, where workshops on "How to Manage an NGO" and "How to Organize a Workshop" now coexist with panels on the more personal and political dimensions of living with and responding to the HIV/AIDS epidemic, and in the everyday operation of individual groups, where writing grants, submitting reports and financial statements, and administering projects have become central preoccupations at many AIDS/NGOs. By 1994, GAPA/Bahia had even published, jointly with the New York based and "model" bureaucratic AIDS organization Gay Men's Health Crisis, a nearly ninety page "Manual for Managing Volunteers in AIDS/NGOs" (*Manual de Gerenciamento de Voluntários em ONGs-AIDS*), which would have been unheard of only a few years earlier.

This institutionalization of an increasingly professionalized Brazilian AIDS activism, when combined with the growing and at times total financial dependence of the vast majority of Brazilian AIDS-related organizations on the federal government/World Bank project, has led some long-time AIDS activists to question whether many AIDS/NGOs were not losing their political militancy as a result of these government/NGO partnerships (*parcerias*):

The World Bank project neutralized the power of political discussion that the NGOs had. It's like this - they think that the Ministry of Health is doing them this big favor [ironically] by choosing their projects to be financed as part of the World Bank project. So, they think that they have to return this favor, to act a certain way, to lose the capacity that existed before within NGOs - to criticize, to observe, to put forward questions. . . . This partnership between the Ministry of Health and NGOs, for me, it s a great farce. It is something that came suddenly from above to hide things. Margarete, Pela VIDDA Project Coordinator, 1994 Interview

Another Pela VIDDA veteran expanded this criticism and suggested that the AIDS/NGOs were becoming more like governmental organizations (GOs) than NGOs,

It's absurd. I know that some groups only were established to get this financing. And they are in the arms of the National Program of the Ministry of Health. They are completely out of character as NGOs; these days, they are more like GOs. The majority are extensions of the work of the government, executing the work the Ministry should do.<sup>35</sup> Marcos, long-time Pela VIDDA activist, 1994 Interview

For Margarete and Marcos, most AIDS/NGOs, including Pela VIDDA, are in danger of becoming a part of what Richard Parker has termed "domesticated society" (*sociedade domesticada*) in which NGOs have exchanged their political independence and militancy for formal participation in AIDS-related policy development (e.g. the National AIDS Commission, the National HIV/AIDS Vaccine Commission, and various work groups structured through the National AIDS Program) that ultimately carries no real weight but enables the government to say that it is working jointly with "community" organizations (ABIA 1993:6).

That activists like Margarete and Marcos highlight the dangers posed by partnerships between NGOs and the federal government is not surprising given the previous relationship between the State and AIDS/NGOs and a more general pattern in Brazilian history of the absorption/co-optation of social movements and community-based organizations by political parties and the state apparatus (Cardoso 1988, 1992; Nascimento and Barreira 1993). But this is not to say that most long-time NGO participants are against working with the government on philosophical grounds; after all, one of the fundamental criticisms of the NGOs against the federal government for many years was its lack of serious dialogue and cooperation with the AIDS/NGOs. In fact, beginning with the return of Dr. Guerra to the National AIDS Program in early 1992 and her establishing a unit focusing on NGO/community issues, leaders from several of Brazil's most politically active AIDS/NGOs (i.e. ABIA, GAP/SP, and Pela VIDDA/RJ) have worked with Dr. Guerra as consultants or permanent staff people program in order to enable the federal government and the AIDS/NGOs to work together in certain contexts.<sup>36</sup> And although this task of achieving a common ground between AIDS/NGOs

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<sup>35</sup> This sub-contracting to NGOs of activities that previously were the domain of the government is often referred to in AIDS/NGO circles as *tercialização* (contracting out to third parties).

<sup>36</sup> The list includes some of the most important articulators of the political discourse and practice of Brazilian AIDS/NGOs, including Richard Parker from ABIA (who served as a consultant to the National AIDS Program for several months in 1992 before political differences between him and



and the State without the former losing their political autonomy is by no means simple, many NGO leaders are guardedly optimistic that this balance can be achieved:

The discourse of several years ago was always "the NGO is opposed to the government." . . . I think that this has changed in the past five years. In the beginning, we called this a critical position - our criticism was nearly always in opposition to the government.

I think that the NGOs have shown that it is possible to do quality, creative and attractive work in relation to AIDS prevention. And at the same time, we have perceived that some governmental personnel, in some cases, but not all, try to learn what we do well, and that we have criticized them for not doing well. In this sense, we begin to create a space for partnerships, with the National Program, and in some cases, with state or municipal programs.

This partnerships are productive, but only if you know the position from which you are talking. If you are an NGO, you are an NGO, and not the government. So, if you establish a partnership, and during all this partnership you know where you stand, I think it can work. Because in the end, no one is here to fight with anyone - we are here in order to work, and our target as AIDS/NGOs is prevention, that is, to end the HIV/AIDS epidemic. (Beto, Pela VIDDA leader, 1994 Interview)

The work of AIDS/NGOs such as Pela VIDDA and GAPA/RS, which I will consider in more detail in subsequent chapters, demonstrates that some NGOs can receive significant government funding without necessarily losing their political autonomy.<sup>37</sup> But Pela VIDDA and GAPA/RS are hardly typical of the more than five hundred AIDS/NGOs now in existence - both were established in the late 1980s (1989, to be exact), have long records of political activism, and continue to receive funding through international agencies (e.g. MacArthur Foundation, Miseror). In contrast, most of the other NGOs operating today in Brazil lack an institutional and political history and are fully dependent on the World Bank Project, raising the question of what will happen when its planned three years of funding end in 1996. Once again, many long-time activists are skeptical about the future of most of these newer organizations. As Gerson

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Dr. Guerra caused his resignation), Paulo Roberto Texeira (a founder and strong supporter of GAPA/SP who also developed the state of São Paulo AIDS Program in the mid-1980s), and Nelson Solano Vianna (a long-time leader at GAPA/SP who later worked at ABIA). And since 1993, ex-Pela VIDDA/RJ president José Stalin Pedroza has been working at National AIDS Program.

<sup>37</sup> Both GAPA/RS and Grupo Pela VIDDA/RJ were awarded funding for the maximum number of projects (three) permitted under the program the World Bank program.

Winkler, GAPARS founder and current coordinator of the city of Porto Alegre's AIDS program, argues

[T]hey are going to die out. And worst of all is that we will see that this money has not been taken advantage of, when all the final accounting is done. And not just in numbers, but in terms of the results of each project. The NGOs don't like to talk about their faults - none of them criticize the others and ask "look what are they doing there in such and such a state - I think they are using their money poorly." They have no legitimacy. (Gerson Winkler, 1994 Interview)

Although I tend to agree with Winkler that Brazilian AIDS/NGOs in general are not engaging in critical debate among themselves about the efficacy of their programs, a 1994 survey reported in the Zero Hora newspaper of Porto Alegre suggests that the Brazilian public does value and legitimize the work of these organizations.<sup>38</sup> The poll, made between August 1993 and March 1994, sampled 801 persons in seven state capitals, including Porto Alegre. 90% of respondents approved of the GAPAs, in contrast to only 65% for human rights groups, 45% for the black movement (*movimento negro*) organizations, and 25% for women's groups. These numbers indicate that many urban Brazilians are satisfied with the work of AIDS/NGOs. But left undisclosed are why people have such a high level of confidence in the GAPAs. How many people actually have direct contact with these AIDS-related organizations? Do they really understand the political component of GAPA activities? The numbers suggest that perhaps not, or why do survey respondents so strongly disapprove of women's groups that fight against discrimination and for citizenship using many of the same practices and discourses as the GAPAs? And why is approval for the GAPAs thirty percentage points higher than human rights groups - is not AIDS an issue fundamentally linked to human rights?

Perhaps the people interviewed are familiar with and support the work of the GAPAs. Or perhaps they valorize the work of the GAPA as a form of charity or personal solidarity with perceived "victims" of an illness that frightens them. But I believe that

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<sup>38</sup> Zero Hora, 9/22/94.

these attitudes are indicative of a more general reluctance on the part of Brazilian society to treat AIDS as an important political question, even after nearly ten years of AIDS/NGO attempts to generate widespread mobilization in response to the HIV/AIDS epidemic. As a 1994 ABIA bulletin cover article "The Time to Evaluate, the Time to Change" on the state of national AIDS policy in Brazil argues,

Until now, and as is usually the case, the candidates for elected offices, from state governor to the presidency, have not presented in their discourse the least concern about the AIDS epidemic. Or rather, AIDS still is a problem of the other, which signifies in practice, the lack of an integrated program that can offer responses to the epidemic that are not merely technical or medicalized. . . .

These days, we are sure that confronting the HIV/AIDS epidemic is not only a question of financial resources, but is also a question of how these resources are managed and used. Our major concern today is that the HIV/AIDS epidemic has already been banalized. (ABIA 1994:1-2)

ABIA places most of the blame for this situation on the National AIDS Program and the ways in which it has divided AIDS/NGOs and confused the role of both GOs and NGOs. Whether AIDS/NGOs have a role to play in changing this situation is increasingly being discussed by long-time Brazilian AIDS activists, such as Jane Galvão, who made this observation in her talk at the 1994 X International AIDS Conference in Tokyo:

Over the course of more than a decade of living with the HIV/AIDS epidemic, we have learned many lessons. For all of us, and especially for those in developing countries, it has been a decade of profound economic crisis that has made both national and international finances to develop AIDS programs and policies highly problematic. In spite of some advances, we are still far from achieving the more profound changes that must be made in the area of collective health as well as in the politics of international development cooperation.

We have succeeded in being more frequently heard at large conferences such as this one, but we have also lost a bit of the singularity that made us so equal yet so different, and which we perceived at the first international conference of AIDS/NGOs - the Opportunities for Solidarity - held in Montreal in 1989. From this time to the present, the AIDS industry has grown rapidly. We have lost friends, while other new friends have arrived. Our numbers have been multiplied in the thousands. We have learned from lessons that have come to us from throughout the world. We have become more professional and sometimes more audacious. But we must admit that in some ways we are living the exhaustion of a model. (Galvão 1994:12)

To recognize that AIDS/NGOs have substantial limitations is not to say that nearly ten years of NGO-based AIDS activism in Brazil have been in vain or that existing

programs do not make concrete and important contributions to meeting the many demands raised by the HIV/AIDS epidemic. For even if AIDS/NGO have not succeeded in mobilizing a general and consistent societal and governmental response to the HIV/AIDS epidemic in Brazil, some of their programs have affected particular individuals and communities in often profound ways that are not always visible at the first glance since they entail the gradual changing of cultural values and practices. It is these more middle and micro level consequences of Brazilian NGO-based AIDS mobilization that I wish to explore in the following four chapters of this thesis. In chapter 3, I will present an overview of AIDS activism at Pela VIDDA and GAPARS from 1989 to 1994. In Part Three (chapters 4-6), I will focus on some of the many social spaces and fields of power reached by GAPARS' prevention/education activities. With this multi-leveled analysis in hand, I will then return in the closing section of this thesis to consider Galvão's critical question of whether the NGO model of Brazilian AIDS-related activism may be becoming obsolete.

### 3 Two AIDS/NGOs

Writing about the history of Brazilian AIDS-related organizations is a complicated matter, for although most of these groups have existed for less than a decade, they have become the subject of significant romanticizing. That AIDS-related groups have emerged as the prototypic good guys in an otherwise generally chilling narrative of governmental irresponsibility, societal apathy, and discrimination against people with HIV/AIDS is not surprising - without AIDS-related organizations, the amount of human suffering produced by the HIV/AIDS epidemic would be even more profound than it already is today. Yet, without discounting the remarkable accomplishment and social transformative potential of many AIDS-related organizations world-wide, there is a danger in highlighting only the positive dimensions of AIDS activism, particularly in light of the existing tendency among social analysts, media commentators and members of the general public to latch onto to new, "cutting edge" political groups/movements as the "great hope" only to lose interest in them once their novelty wears off and/or they are shown to be less than perfect.

In this chapter I will strive to present an overview of the history, organizational characteristics and political practice of two Brazilian AIDS/NGOs which avoids either heroic or disenchanting narratives (see Starn 1995 for an excellent discussion on how social analysts typically romanticize or villainize certain types of social movements).<sup>1</sup> I begin by providing two narratives - first focusing on Pela VIDD/A/Rio de Janeiro, then turning to GAPA/RS - which describe how these organizations gradually transformed

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<sup>1</sup> For example, Starn notes that social scientists usually study "progressive" social movements and merely mention but rarely consider "non-progressive" movements (e.g. evangelical groups, neo-Nazi youth groups, drug traffickers). He further makes the important observation that not all that comes out of "progressive" movements is automatically "good", and that "bad" social movements (e.g. neo-Nazi youth groups, drug traffickers) also have their positive qualities (Starn 1995).

from being small, informal groups dependent on charismatic leaders in 1989 and 1990 to increasingly complex institutions with heterogeneous volunteers, staff and clients by 1992 and 1993. Throughout this discussion I place particular attention on how the general tensions characteristic of Brazilian AIDS-related mobilization that I have identified in the previous chapter - including informal versus formal operating styles, intra-group rivalries, and the construction of a shared group identity versus the recognition of difference - have played out in the particular contexts of these two groups. I then conclude my discussion by considering the challenges posed to Brazilian AIDS activism by the increased bureaucratization and professionalization that has occurred in these organizations during the past few years.

#### **pela vidda/rio de janeiro (1989-1992)**

The *Grupo Pela Valorização, Integração e Dignidade do Doente de AIDS* (Group for the Affirmation, Integration and Dignity for the Sick Person with AIDS, or hereafter Pela VIDDA) was founded in May 1989 in Rio de Janeiro under the leadership of Herbert Daniel, a well-known writer, political activist<sup>2</sup> and staff person at the Brazilian Interdisciplinary AIDS Association (ABIA). As various written accounts (see Adams 1989, Parker 1993, Vallinoto 1991) and the group's oral traditions recount, the primary impetus to establish Pela VIDDA occurred after Daniel was diagnosed with AIDS and recognized that there was a need for an organization focused primarily upon the political dimensions of living with HIV/AIDS. After a series of informal conversations about the form such a group might take, a public meeting was held at which Daniel and a small number of mostly, though not exclusively, HIV+ persons formally institutionalized the

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<sup>2</sup> Daniel was one of the last exiled guerrillas to return to Brazil during the *abertura*. He also unsuccessfully ran for the state of Rio de Janeiro's Legislative Assembly as a Worker's Party candidate in 1986 and was the symbolic presidential candidate for the *Partido Verde* (Green Party) in 1989.

group, choose its official name, and elected Daniel its first president (Adams 1989:27, Vallinoto 1991:59).<sup>3</sup>

While it is undoubtedly true that Daniel's AIDS diagnosis played a pivotal role in stimulating the formation of Pela VIDDA, the idea that there might be a need for a group specifically focused on the needs of people living with HIV/AIDS had been the subject of substantial discussion among ABIA staff people before Daniel learned he had AIDS.

One long-time participant in both these organizations offers this analysis of ABIA's role in Pela VIDDA's creation:

[One of the reasons] Pela VIDDA came to be was because ABIA needed to reinforce its social legitimacy with the community. That is to say, ABIA both needed and wanted to create, since it didn't have volunteers, a social movement in terms of AIDS. In the beginning, the idea was that ABIA would be an umbrella organization for other NGOs, but this became very complicated. And long before the Santos AIDS/NGO meeting in 1990, there had already been a discussion about this at the Belo Horizonte AIDS/NGO meeting in 1989. But in any event, ABIA needed to show what they were doing to mobilize the community. This was before Daniel was sick. The group needed to show social legitimacy and a response from the community.

Then Daniel became sick, and he began thinking about what it meant to be seropositive, given his own personal experience. So, why not a group of seropositives? This is when he wrote *Life Before Death*, and presented his idea of AIDS as civil death.

There was another thing as well. ABIA creating Pela VIDDA, and Pela VIDDA proposing a project for funding, occurred as part of the spirit of the Montreal AIDS Conference . . . where NGOs, and AIDS Service Organizations and community mobilization were congealing in terms of political solidarity. All of this is an important context for understanding Pela VIDDA. Miguel, 1992 Interview

This involvement of ABIA in Pela VIDDA's origins continued after the new group was established, with ABIA providing Pela VIDDA the use of several rooms at ABIA's offices as well as more or less free access to its telephone lines, fax, computers and assorted office supplies. In addition, ABIA was instrumental in Pela VIDDA's receiving a US\$75,000 institutional support grant from the Ford Foundation in December 1989.

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<sup>3</sup> The other two elected group officers were Rio de Janeiro gay activist Zeca Nogueira, who left the group in late 1989 and subsequently founded an AIDS/NGO in nearby Petrópolis, and German Donoso, who died of AIDS-related illness in June 1989.

Unlike most other Brazilian AIDS/NGOs in existence at this time, the early Pela VIDDA did not provide direct assistance or psychotherapy to those affected by the HIV/AIDS epidemic. Instead, the group was dedicated to developing and putting into practice Herbert Daniel's political vision of "living with HIV/AIDS." At the risk of oversimplifying an extremely rich concept, Daniel's basic argument posits that in order for people with HIV/AIDS to counter the "civil death" (*morte civil*) that they suffer at the hands of a prejudiced, discriminating and unjust society, they must "speak out" against these injustices and for themselves in *solidariedade* (solidarity) as living *cidadões* (citizens) wherever and whenever possible. This "speaking out" can entail many forms: living one's life openly as a person with HIV/AIDS; conversing informally with family, friends, co-workers and strangers; giving organized talks to school children, hospital workers, community organizations and other interested groups; producing educational materials; talking to newspaper, radio and television reporters; participating in governmental commissions and non-profit sector associations; taking to the streets in protests and visibility actions, etc. In this manner, the idea of "living with HIV/AIDS" addresses both the macro level political economic structures (e.g. governmental policy, institutionalized discrimination within private firms, economic inequalities) and micro level cultural practices and values (e.g. gender relations, sexual identities, constructions of desire) which shape the Brazilian HIV/AIDS epidemic and the ways it is experienced at individual and collective levels.

According to all accounts of those who participated in this initial phase of the group confirm, the early Pela VIDDA was a very unique and special place:

When I came to GPV, Daniel was there. There was structure *and* a climate of a party. There were beautiful, marvelous people. I read the manifesto of the group during the reception, and I liked the idea of fighting for the citizenship of HIV+ people. On December 1 [World AIDS Day] I went to the events, and I have continued in the group until today. Egberto, 1992 Interview



Particularly important for solidifying this activist energy that Egberto describes were a series of AIDS-related demonstrations organized by Pela VIDDA and ABIA during 1989. These protests, which were among Brazil's first AIDS-related political actions, took the group and AIDS issues to some of Rio de Janeiro's most symbolic public spaces,<sup>4</sup> and greatly stimulated public awareness about the discrimination suffered by those with or perceived to be with HIV/AIDS, the inadequacies of the Brazilian health-care system, and the lack of a governmental and societal response to the HIV/AIDS epidemic. Building on the media coverage and word of mouth generated by these demonstrations as well as other public appearances by Daniel, Pela VIDDA grew rapidly in late 1989 and early 1990. By June 1990, over 100 hundred people had come to the group (79 men, 28 women); by December 1990, this number had skyrocketed to more than 400 (277 men and 156 women; 70% were HIV+),<sup>5</sup> causing the January 1991 Pela VIDDA newsletter to pause and reflect:

Pela VIDDA (For the Valorization, Integration and Dignity of the Person with AIDS), founded in May 24, 1989, in Rio de Janeiro, is recognized in society as one of the most important happenings in the fight against AIDS in Brazil. In the last two years, the group exercised significant influence within the universe of community-based organizations and groups, which through their specificities, provide the greatest hope in the fight against AIDS in this country. This fact is demonstrated not only by the unprecedented constitution of a group for people living with HIV/AIDS, and **not** [bold in original] for patients and carriers (*portadores*) of HIV/AIDS, but also the proper quantitative growth of its members. (Pela VIDDA 1991:1)

This dramatic expansion of Pela VIDDA during 1990 and its emergence as a key player among Brazilian AIDS/NGOs profoundly affected the group's everyday operating style. After all, underlying political discourse of "living with HIV/AIDS" notwithstanding,

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<sup>4</sup> These locations included the Cristo Redentor statue; the Pedro Ernesto Hospital, one of Brazil's most important AIDS reference hospitals; the Palácio de Guanabara, the seat of the Rio de Janeiro state government; and the sidewalk in front of Varig airlines in the busy Cinelândia commercial area of downtown Rio de Janeiro.

<sup>5</sup> The most sought out activity at Pela VIDDA during this period was the Legal Orientation Program, with 159 persons seeking assistance and 129 legal processes being filed. Buletin Pela VIDDA 2(8)(1991):2.

there is a huge difference between a group composed of less than a dozen friends and acquaintances (Pela VIDDA in May 1989) and a growing institution reaching hundreds of people on a monthly basis (Pela VIDDA in late 1990/early 1991). When combined with the decline of Herbert Daniel's physical participation in the group - first due to his role as a public speaker traveling within and beyond Brazil sharing Pela VIDDA's political message of "living with HIV/AIDS," then due to the deterioration of his health beginning in 1991 - this internal growth caused most regular participants to recognize that Pela VIDDA needed more formalized structures in order to guarantee the group's smooth functioning. As a result, despite a certain disenchantment among some long-time participants about the form Pela VIDDA was taking, by 1991 the group's practice of "living with HIV/AIDS" had been consolidated into a series of regularly scheduled weekly activities (see Figure 3.1) that varyingly emphasized political action/reflection (e.g. the administrative/political meeting, *Tribuna Livre*, the women's group), prevention/education (e.g. the AIDS Hotline, the new member reception, the theater workshop), self-help (e.g. the corporal expression and art workshops, the women's group, *Tribuna Livre*), and service provision (the legal orientation department).<sup>6</sup>

Christine Vallinoto has described this period of Pela VIDDA's history (1991-1992) as involving a movement on the part of many participants from one of "listening" (*ouvindo*) to one of "speaking" (*falando*) (Vallinoto 1991). During the "listening" phase (May 1989 to mid/late 1990), Pela VIDDA was dominated by Daniel personal charisma and his articulate political discourse; some long-time activists went so far as to

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<sup>6</sup> This division of Pela VIDDA's activities into political action/reflection, prevention/education, self-help, and service provision is my own analytical construct. Some Pela VIDDA members would particularly object to my saying that they provide services and self-help activities and instead argues that all of their activities/programs are about the political empowerment of people living with HIV/AIDS. But I believe that many people who came to the group did so more as service users or persons seeking self-help than as collaborators or political activists.

- Women's group (Monday afternoon)
- Corporal Expression workshop (Monday and Thursday evenings)
- Administrative/political Meeting (Tuesday evening)
- Legal Orientation Clinic (Wednesday afternoon)
- Art Workshop (Wednesday evening)
- Reception Meeting for new arrivals at the group (Thursday afternoon)
- Theater Workshop (Friday evening)
- *Tribuna Livre* (Free Forum): a place to discuss various themes related to living with HIV/AIDS to living with HIV/AIDS (Friday evening), where a different theme related to some aspect of living with HIV/AIDS is discussed
- *Disque AIDS* (AIDS Hotline - staffed by volunteers Monday-Friday)

**Table 3.1. Pela VIDDA Weekly Schedule: 1991-1992<sup>7</sup>**

characterize the meetings of this era as sermons or catechism in which most of those attending generally listened to Daniel talk without sharing their own experiences or ideas.<sup>8</sup> As Daniel became less physically involved in the day to day operation of group<sup>9</sup>, significant numbers of group participants began to fill this void by "speaking up" for the first time and later assuming positions of responsibility within the group that previously had been in the hands of Daniel and a few other leaders. For many of these individuals, particularly those who were HIV+, this process of intense participation within Pela VIDDA and their resulting politicization as activists "on the front lines" in the "fight against AIDS" not only served to solidify group identity but also amounted to a profound

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<sup>7</sup> In 1993/1994, the only significant changes in the weekly schedule of activities were the addition of the Monday evening Cafe Positivo, which provided a designated time and place for (mostly) HIV+ persons to socialize, and the discontinuation of the theater and corporal expression workshops.

<sup>8</sup> Of course, group participants did share their experiences with one another before and after meetings and at other times, but according to my interviews with those who participated at Pela VIDDA during this period, the meetings remained largely centered on Daniel.

<sup>9</sup> During my time at Pela VIDDA from August 1991 to April 1992, Daniel came to only one of the regularly scheduled group meetings that I attended.

personal transformation, as can be seen in this excerpt from a 1992 interview with Raimundo, one of the emerging leaders of the "speaking out" period:

I discovered that I was HIV+ in September 1990. I came to Rio because there were better options for treatments and because I had more friends there and a better structure for living. At this time, I already had HIV-related illness manifestations. One of my doctors indicated Pela VIDDA to me. I had no project, either social or political, but was seeking my own equilibrium. I was stressed, unbalanced. I thought that I knew a lot about AIDS, but I really knew very little. To continue my life, I needed to make concrete changes.

It was a difficult process. I had shut myself off and was afraid. At times I wasn't satisfied with the group, but I continued to come and also began homeopathic treatments. By June 1991, I had a better view of life, and began to lead more in the group - I wanted to do something for Pela VIDDA. Then, Disque AIDS (the AIDS Hotline) was created, and I went to the training [given by Miguel] to be a Disque AIDS volunteer. I wondered if my emotional condition was ready for this work. At first it was hard, but I kept with it and integrated more with the group. Now, I am the group. I gave several talks [as a representative of Pela VIDDA] at the end of last year and currently give the orientation for those who are newly arriving at Pela VIDDA. Raimundo, 1992 Interview

With the politicization of a new cadre of Pela VIDDA activists such as Raimundo who had not known Daniel intimately came increased questioning and "speaking out" about what many of them saw as a gap between a group discourse emphasizing equality and participation and the effective concentration of the group's real decision-making in the hands of a few. Certainly, the issue of Pela VIDDA's centralization in the person of Daniel had been a subject of discussion among group participants since the group's inception (see Adams 1989). But as the following statement made by Jaime, an activist whose personal trajectory at Pela VIDDA parallels that of Raimundo, illustrates, the continued absence of Daniel from the group allowed these concerns to reach center stage in a way that would have been extremely unlikely in the group's "listening" phase.

For me, the physical presence of Daniel isn't key [to the continued success of Pela VIDDA]. I came to Pela VIDDA after Daniel mostly stopping coming here. I don't like this "cult of personality." What is Pela VIDDA's program? Why aren't people working on various projects? Something is wrong - we need to discuss this. This leadership transition process seems to me like a dictatorship. We never discussed this transitional process, and this bothers me. Jaime, statement made at Pela VIDDA administrative/political meeting, February 11, 1992

And even if only a few Pela VIDDA participants agreed with Jaime's description of the group as a "cult of personality," many more expressed concern as to whether Daniel's message of "living with HIV/AIDS" as a political act was actually being absorbed and put into practice in the personal lives of most of those who arrived at the group. Supporting this possibility was the fact that although nearly all Pela VIDDA participants applauded the group's public demonstrations and Daniel's speaking out as a person living with AIDS, many had not even told their families and friends about their HIV infection, making it difficult, if not impossible, for them to associate themselves publicly with either AIDS or Pela VIDDA. As Egberto explains:

For a time, I have noted a paradox between the discourse and action of the group. There was the Varig demonstration [in 1989] - and I came to the group looking for this kind of street action. Then there was the AZT demonstration [in 1991] in Cinelândia. At the December 1st, World AIDS events [in 1991], there were very few people who participated. We have many people at the group, but we lack the structure to get people to work on political questions. There are twenty to forty people at meetings, but only seven or eight on the street. There is a fear of being seen. I even hide behind a costume and mask during the AZT demonstration.  
Egberto, 1992 Interview

On the other hand, most group leaders countered that AIDS activism should not be evaluated in terms of the number of public protests staged, and that changes in the group and the HIV/AIDS epidemic itself prevented Pela VIDDA from functioning as it had in the past. Francisco, a close friend of Daniel's and one of Pela VIDDA's most articulate spokespeople, offers this interpretation of the changes Pela VIDDA was experiencing during the speaking out phase:

I think that this word, *ativismo* (activism) isn't exact, and we have to be careful about imposing the reality of what activism is in the United States on Brazil. I think what we do is activism, this daily work, that has many repercussions in the media and in terms of social visibility, this work of fighting for rights. The activism that people refer to a lot [in Brazil, and in Pela VIDDA] is the activism of groups - gays in the United States - who work against AIDS. People associate activism with what ACT-UP does. I think this is important and fundamental, but here in Brazil we do not have the conditions to do it as they do it there. . . .

I don't think that what we did in the past is better than today - I don't want to get into this kind of assessment. The character of the group has changed. Before, when we were smaller, we could act almost immediately. Now, the proper profile of

the group has changed. With its social ascension, it is incomparably bigger and different than it was before. There are so many daily tasks - the desk, the office, the telephone, the legal service, the offices, the publications, materials, tasks, organizing meetings, consultations, contact with the press and other NGOs - these activities require a lot of attention. We don't have the conditions to do big street demonstrations on a daily basis. . . .

Our activism is not just public demonstrations, but is an activism of everyday life - primary, secondary and tertiary prevention, fighting for civil rights and legal rights, and working to insure that Brazil will have access to new medical conquests. . . .  
Francisco, 1992 Interview

This high level of interest - and disagreement - on how the group should practice "living with HIV/AIDS" was reflected in many *Tribuna Livre* (Free Forum) themes in late 1991 and 1992, which included "What does it mean to be living with AIDS and to be political at Pela VIDDA?", "What does Pela VIDDA signify for each of us?," "Why don't people with AIDS identify with groups that work with AIDS?," "AIDS and Citizenship," and "How to deal with burn out in AIDS activism."<sup>10</sup> Moreover, this intense introspection on activism and group identity focused increased attention to questions of whether and how Pela VIDDA was responding to the specificities of its participants. For example, although the group was fundamentally committed to a political project centered on the idea that "we are all living with HIV/AIDS," rather than on some kind of biologically based "person living with HIV/AIDS identity,"<sup>11</sup> some HIV+ participants such as Egberto

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<sup>10</sup> The *Tribuna Livre*, or Free Forum, was established in 1991 to provide a place where people could come together to discuss various themes related to living with HIV/AIDS. After a few months, this Friday evening discussion became the most popular collective activity at Pela VIDDA, regularly attracting between twenty and forty people in comparison to the ten to twenty who attended the Tuesday evening political/administrative meeting. In addition to themes centered on politics/activism, other Friday forums explored sexuality, alternative and biomedical treatments for HIV/AIDS, family relationships, death and grieving, drugs, and women and AIDS. For a list of the forty three themes discussed at *Tribuna Livre* during 1992, see *Boletim Pela VIDDA* 15 (March/April 1993).

<sup>11</sup> Unlike in the United States and some western European countries, where collective reflections centered around the personal dimensions of living with HIV/AIDS have resulted in the articulation of a "people living with HIV/AIDS" (PLWA) *identity* organized around self-help groups and cultural production by and for those who are HIV+, most Brazilian AIDS activist organizations have not significantly incorporated the idea of PLWA identities into their political discourse or practice. One disturbing event that was recounted to me on several occasions as evidence of the contradictions and limitations contained within such North American and western European PLWA identity constructions involved the attempt of Enrique, a well-known AIDS activist from São Paulo, to attend an international conference for people living with HIV/AIDS that was being held in France. Upon arriving at the conference, Enrique was denied entry because he could not or would not

voiced concern that the group was not devoting sufficient energy to "their" issues (e.g. treatment options, dealing with serious illness and death, empowerment as HIV+ people). On the other hand, several of the most active HIV- participants at the group during this period privately commented to me on various occasions that they felt left out or discriminated against because they were *not* HIV+. Taken together with the commonly invoked "we are all living with HIV/AIDS" discourse, these discussions and conversations left me wondering if questions related to the HIV antibody and health status of group participants were more important to the operation of Pela VIDDA than was apparent at first glance.

These tensions between participants' specificities and the group's desire to be an all-inclusive organization were equally visible in terms of issues related to gender and sexuality. Since its inception, a majority of regular participants at Pela VIDDA have been homosexual/gay identified men, and the group's everyday practice has often operated according to what might be described as a homosexual/gay subcultural ambiance or even a homosexual/gay structure of feeling (see Bordowitz 1993, Williams 1977).<sup>12</sup> That Pela VIDDA would have a strong homosexual/gay male presence is not unexpected for a variety of reasons - Herbert Daniel was a prominent gay activist, the Brazilian HIV/AIDS epidemic has disproportionately affected men who have sex with

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"document" that he was HIV+. Six months later, he died from an HIV-related illness. To many Brazilian AIDS activists, this fetishizing of HIV antibody status reconfirmed their commitment to a Brazilian model of AIDS activism in which everyone - whether HIV+ or HIV-, ill or well, self-consciously a "PLWA" or not - is considered to be "living with HIV/AIDS" and can and should work together in response to the epidemic.

One exception to this general trend is *Grupo de Incentivo à Vida* (Incentive to Live Group, or GIV), a São Paulo based self-help group composed nearly exclusively of HIV+ people and whose practice is similar to that of North American and European PLWA organizations.

<sup>12</sup> In using the phrase "homosexual/gay," I seek to highlight that the ambiance/structure of feeling of Pela VIDDA at this time was similar, though not identical, to that of many North American gay spaces. Of course, as Richard Parker and others have noted, there are other Brazilian spaces organized around same sex desires that are not best characterized as "homosexual," "gay" or "queer," the latter being the label used by Bordowitz in his analysis of certain types of US AIDS-related cultural production/activism. However, during this period, nearly all of the men who I knew at Pela VIDDA self-identified as either *homosexual* or *gay*.

men, and Pela VIDDA has been one of the few places where these men can openly discuss both their sexuality and HIV/AIDS in a relaxed and supportive atmosphere. Yet, despite this demographic base, group leaders consistently emphasized during the speaking out phase that Pela VIDDA was not a "gay" organization, and the question of whether the group's ambiance might be limiting its ability to reach out to other social groups emerged periodically as a subject of heated debate.<sup>13</sup> In these discussions, it became apparent that both a majority of the women at Pela VIDDA and the group's largely male leadership felt that their organization was not doing all it could to meet the needs of women affected by HIV/AIDS, even though most women at Pela VIDDA were extremely positive about having a formally organized weekly Women's Group where they could share their experiences.<sup>14</sup> But even this partial response to the "women's question" within Pela VIDDA was not satisfying to all, with a sizable number of homosexual/gay men questioning why women received "their own group" whereas HIV+ people and gay/homosexual men people did not, while others opposed the existence on any separate groups within Pela VIDDA because they saw this as a form of institutionalized discrimination and separatism.

By early 1992, these various disagreements over Pela VIDDA's existing practices and future direction had reached crisis proportions, which were further intensified as it became apparent that Daniel might die at any moment.<sup>15</sup> Recognizing that something needed to be done to restore group unity and that new group officers

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<sup>13</sup> In practice, many women and some heterosexually men identified did come to Pela VIDDA, especially to receive free counseling from Pela VIDDA's legal department or to obtain basic information about HIV/AIDS transmission and the health and social services available to HIV+ persons. But the vast majority of these women and heterosexually identified men did not end up becoming regular participants in the group, other than those who continued to receive legal orientation.

<sup>14</sup> The Women's Group, which meets on Monday afternoons, was established in March 1990.

<sup>15</sup> This characterization of Pela VIDDA as being in crisis (*em crise*) follows that of most Pela VIDDA participants during this period.



needed to be elected, an unprecedented forum was held on March 14, 1992. At this all day meeting, charges of hypocrisy and dishonesty were exchanged between some of Pela VIDDA's most important leaders, and at several points in the discussion it appeared that no consensus would be reached. But by the end of a long and emotionally draining session, the group's by-laws had been revised and new leaders were chosen with only a few dissenting votes cast. The elected slate of officers represented a blend of the old and the new - José Stalin Pedroza, a Pela VIDDA activist in his early thirties and whose political discourse and leadership strategies were similar to Daniel's, was elected President; Ronaldo Mussauer, an engineering student in his early twenties with no political experience prior to coming to Pela VIDDA, was selected Vice-President; and a new position, Program Coordinator, was created to provide more space for those who had expressed the greatest level of concern about the lack of real decision-making power held by most Pela VIDDA participants.

This decision to establish a Program Coordinator position - which both served to break the deadlock between the two major factions with the group and represented the continuation of a pre-existing tendency toward the institutionalization of what was once a more spontaneous political militancy into a formal organizational framework centered on particular projects with designated coordinators (e.g. the AIDS Hotline, the theater group, the women's group) - clearly demonstrated that the post-Daniel Pela VIDDA was prepared to change in order to remain a viable and effective organization.<sup>16</sup> How this restructuring and consolidation of Pela VIDDA during early 1992 affected its everyday operation in the years to come is a question I will return to in the final section of this chapter. For now, I would like to close this section with the words of one of the newly elected leaders in the aftermath of Pela VIDDA's "crisis" and his impressions of what Pela VIDDA's future might hold:

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<sup>16</sup> See Vallinoto 1991 for an in-depth discussion of Pela VIDDA's institutionalization during this period.

Pela VIDDA needs to stand on its own legs. With the death of Daniel, this has become clear. We can't hope to imitate the "myth" of Daniel. I don't want to question him - I respect him, but I barely knew him. His project was brilliant, but this doesn't mean it is the direction we must follow forever. For the group to continue to exist, we must have new projects. People here thought that when Daniel died there would be a national commotion, but there wasn't. He was a person with passion, he was intelligent and had an interesting project here, which we will try to maintain, in line with the characteristics of the people who are here. We can't just follow the example he left - this isn't adequate. This is another story. Marcos, 1992 Interview

### **gapa/rs (1989-1993)**

The story of the formation of GAPA/RS begins in Porto Alegre in 1987, when Gerson Barreto Winkler, a data processor and social work student who has then in his late twenties, took an HIV antibody exam after his partner began to manifest HIV-related illness.<sup>17</sup> The results came back positive. Shortly thereafter, Winkler's partner entered into a steady physical decline, and the couple were increasingly forced to deal with a series of frequently insensitive and misinformed health professionals:

We had a series of problems with the medical team over their diagnoses and treatments, and we continued to have fights with them throughout his illness and hospitalizations. At this time, doctors in Rio Grande do Sul were like a mafia - they wanted to work with AIDS only to further their professional ends. Gerson Barreto Winkler, 1992 Interview

These experiences motivated Winkler to consider the possibility of working on AIDS-related issues in Porto Alegre.

When he died [in 1988], I wanted to do something to change the things I saw at the hospital and to help HIV from spreading throughout the city.

This commitment to becoming an AIDS activist was re-enforced after Winkler spent several months living in Rio de Janeiro and was able to observe the work of GAPA/Rio de Janeiro and ABIA. Impressed with their collective responses to the HIV/AIDS

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<sup>17</sup> My narration of GAPA/RS's formation is based on my formal interviews with those who participated in these events, informal conversations with GAPA/RS volunteers and staff, archival research at GAPA/RS, and Fernando Seffner's "O Histórico do GAPA/RS" (The History of GAPA/RS) (Seffner n.d.).

epidemic, Winkler returned to Porto Alegre with the intention of establishing an AIDS-related organization.

At approximately the same time that Winkler was learning to deal with the issues raised by his partner's illness, another Porto Alegre resident, psychologist and city health department staff person José Eduardo Gonçalves, had a similar experience providing emotional support for a friend who was hospitalized in Porto Alegre as the result of an HIV-related opportunistic infection. Like Winkler, Gonçalves encountered substantial prejudice and misconceptions on the part of the health professionals, but was perhaps even more shocked by the extent to which his friend had internalized the fear of AIDS and people with HIV/AIDS expressed by those around him:

I sat in on part of a course at the hospital where my friend was interned. This hospital passed on all the prejudices that were going around in relation to AIDS, even to my friend, who was HIV+ and already had AIDS. When I stop to think about it, I see that at that time, we didn't have any structure through which to talk to people, so people with HIV/AIDS didn't have anywhere to place their guilt and fears. They talked only to the doctors, who were prejudiced. If the situation had been different, my friend would not have died at that moment. He would have died, like everyone does, but certainly not then.

And I remember one time, when some of his other friends and I were visiting him, and he had left a part of his desert, some plum pudding, and I began to eat it. He got very upset that I might become infected with HIV. He yelled "don't eat it, don't eat it." Well. He was very worried about this incident until the day he died.

So this is how I was affected by loss in relation to AIDS. Then I got to know Gerson, and I arrived at GAPA during its beginning. José Eduardo Gonçalves, 1992 Interview

After several months of informal conversations between Winkler, Gonçalves and a few others about what kind group they might establish, this nucleus opened up the discussion to all interested parties through a series of meetings at the *Igreja Luterana da Reconciliação* (Lutheran Reconciliation Church), and in May 1989, GAPA/RS was officially established with Winkler as its President and Gonçalves as its Secretary General (Seffner 1994).<sup>18</sup> As can be seen in the following June 1989 fund-raising letter,

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<sup>18</sup> The other founding member of the directory was Treasurer Maria de Socorro, who subsequently left the directory and stopped participating in the group before her term expired.

the new organization sought to combine the assistance and self-help activities characteristic of many GAPAs with the political militancy of ABIA:

The Support Group for the Prevention of AIDS (GAPA/RS) - a private, non-profit, non-governmental organization with national scope - was recently created in our state.

Our major objective is to fight for better living conditions and to give assistance to patients and carriers of the AIDS virus.

Besides informative activities about the disease and prevention measures in relation to the virus, we insist on destroying the prejudices and fears that AIDS provokes and to reinforce solidarity among people. This reiterates the international idea voiced recently at the V International AIDS Conference in Montreal, Canada that information and respect for human dignity are at present the best weapons available against the epidemic.

As of now we provide the following services: accompaniment of symptomatic, hospitalized patients; groups for the relatives of AIDS patients; groups for patients who are carriers of the virus; distribution of medications; talks at schools, businesses and associations; distribution of informative materials about AIDS; and works in conjunction with public institutions at the state and local level. (GAPA 1989)

Like Pela VIDDA, GAPA/RS quickly became an important space where people with or affected by HIV/AIDS in the greater Porto Alegre area could come together in a friendly and supportive environment and share their experiences of living with HIV/AIDS in a discriminating society:

In the beginning, those who arrived at GAPA thought that they should do something about individual rights. This reaction was based on the large amount of personal experience that these people had with AIDS. At this time, the relationship among these people was very affective. The people who came to GAPA came for these reasons, or because they were friends of Gerson or those who were the nucleus of GAPA's formation. José Eduardo Gonçalves, 1992 Interview

Reinforcing the emotional bonds of many of these individuals was a shared participation in Porto Alegre's gay/homosexual sub-culture, which, when combined with GAPA/RS' significant outreach to *travesti* and female sex workers, gave the group a decidedly non-mainstream ambiance. As a result, notwithstanding the various health professionals and progressive Lutherans (both clergy and lay) who continued to be associated with the group, GAPA/RS quickly acquired a public reputation as a place for *bichas loucas*

(crazy queens), *fechção* (campiness/craziness) and marginality more generally.<sup>19</sup> And since many of the federal workers at the INAMPS (*Instituto Nacional de Assistência Médico da Previdência Social* - National Institute of Medical Assistance of the Social Welfare System) building where GAPA/RS had been based since July 1989 did not like being around these "marginals," they distributed a petition in late 1990 to evict GAPA/RS from the premises.<sup>20</sup> Recognizing the need for a less complicated work environment as well as a larger physical space, GAPA/RS entered into an agreement with the Rio Grande do Sul state government in early 1991 through which the group received the rent-free use of a two story house that had previously served as a state-run dermatology clinic. This facility, located in the near downtown *Cidade Baixa* neighborhood, has remained GAPA/RS's headquarters until the present.

Over the course of its first few years of operation, GAPA/RS developed one of the broadest arrays of regularly scheduled activities and continuing programs of any Brazilian AIDS/NGO. These included not only the support groups, hospital visitation, medicine distribution and AIDS prevention/education activities mentioned in the June 1989 fund-raising letter, but also the distribution of food and clothing, legal assistance, hospital and home visits, a support program for HIV+ infants and children, a formalized volunteer training program,<sup>21</sup> prevention/education activities for incarcerated persons

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<sup>19</sup> In contrast to the homosexual/gay men who participated in Pela VIDDA during its first few years, who were middle class in income and education and lived Rio de Janeiro's *Zona Sul* (southern zone), many of the homosexual men and *travestis* who frequented GAPA/RS in its initial years had little formal education and were often less *comportado* ("behaved", straight-laced) than their counterparts in Rio.

<sup>20</sup> During its formative stage and first two months of existence, GAPA/RS had held its meetings and activities at either members' residences or the Lutheran Reconciliation Church. Beginning in July 1989, GAPA/RS obtained the free use of a room at the INAMPS building, which is located on the Avenida de Borges, one of the busiest streets in downtown Porto Alegre.

<sup>21</sup> In contrast to Pela VIDDA's new member reception, GAPA/RS'S volunteer training program entails a multi-day program that focuses on various topics related to HIV/AIDS, including biophysiology, sociocultural aspects, living with HIV/AIDS, prevention and safer sex, death, and sexuality.

(both female and male, adult and juvenile), participation on governmental commissions, and the work groups for female, transgendered and male sex professionals that form the focus of chapter 5. And like Pela VIDDA in Rio de Janeiro, GAPA/RS took its message of AIDS activism to the streets through various AIDS-related public actions in Porto Alegre, including a groundbreaking 1989 protest at the Hospital de Clínicas (the city's most important research and AIDS reference hospital) and several visibility at the Parque de Farroupilha (Porto Alegre's main park), of which the 1991 World AIDS Day installation of several hundred tombstones (one for each person in the state of Rio Grande do Sul who had died as a result of HIV-related illness up until that point in time) in front of the park's monumental arch arguably produced the greatest public impact.

With so many different activities and programs and only a few dozen volunteers and relatively low levels of infrastructure, the working style of the early GAPA/RS was characterized by spontaneity and improvisation, if not outright disorganization. The telephone rang nearly continuously, more often than not concerned individuals either seeking information about where services can be obtained for people living with HIV/AIDS or worrying about whether their sexual activity might have exposed them to HIV infection. At the same time, a wide assortment of people - from first time visitors to regular volunteers and service users - consistently arrived at the groups' offices each day. Some were distraught after learning that they or a loved one were HIV+ or after experiencing difficulties obtaining treatments, medications or basic necessities; others mostly sought a place where they could socialize without having to worry about hiding their HIV status, health condition or sexuality. And as in the case of Pela VIDDA, group participants regularly dealt with the death of their friends, colleagues and clients, and the possibility that HIV+ individuals might become seriously ill at any moment added an emotional intensity to the organizations' everyday operating style

Holding the group together was Winkler's substantial charisma and vision, and in many respects GAPARS'S development as an organization paralleled Winkler's gradual transformation into an articulate and respected AIDS activist of national stature:<sup>22</sup>

[Before AIDS], I was a *bichinha bourgeisa* (a bourgeois fag), concerned with buying clothes and that sort of thing. Social questions weren't important to me, nor were collective issues. With AIDS, the biggest change in my life, I began to understand and worry about others. I went from the individual dimension to the collective dimension. This was a big and painful transition that occurred for me from 1989 to 1992.

In 1989, the group was small and very assistance based. We had visitation, self-help groups, and only a little political militancy. During this period, Ze Eduardo tried to work with the state politicians, since as a government employee he could lobby for things on GAPARS's behalf. Then, in 1990, we began to fight more with the State - I was very angry with the state and municipal government AIDS programs, as well as that the federal one, and we began to be more militant. Gerson Barreto Winkler, 1992 Interview

But if the development of a more confrontational posture vis-à-vis the state in 1990 and 1991 represented the political maturation of both Winkler and GAPARS and earned the group respect among other AIDS/NGOs, participants in social movements, activists at the *Partido de Trabalhadores* (Worker's Party, or PT), and Porto Alegrenses more generally, the group's organizational and decision making structure did not immediately keep pace with the challenges raised by its continued growth and public influence. Instead, despite the influx of more heterogeneous volunteers - including a growing number of psychologists, most of whom were female - interested in assuming positions of responsibility within the group, GAPARS's decision making processes and political agenda remained largely under Winkler's personal control.<sup>23</sup> By late 1991, this dissatisfaction with Winkler's leadership style had grown in intensity and precipitated a series of internal crises throughout 1992 and into 1993. The first of these involved a

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<sup>22</sup> Gonçalves has a Master in Public Health from Tulane University.

<sup>23</sup> At the same time, the Lutheran presence in GAPARS had become quite small by 1991/1992 and was largely limited to conducting hospital and home visits to people with HIV/AIDS, helping organize activities surrounding the yearly International AIDS Vigil in May, and providing AIDS-related consultation to interested religious organizations.

serious disagreement between Winkler and Gonçalves in mid-1992 over a letter that Winkler had presented to the Municipal Health Commission in which he strongly criticized the city government's response to the HIV/AIDS epidemic. Gonçalves, who then worked for the municipal Health Department, was angered by the fact that Winkler had drafted and signed the letter on GAPARS stationary without having first discussed or cleared the document with him, and in response resigned from his position on the GAPARS directory.<sup>24</sup> And although Gonçalves continued to work as a psychologist providing free counseling to GAPARS clients, his resignation constituted a major loss for GAPARS as a whole because his organizational know how and "behind the scenes" leadership had been a key factor in channeling Winkler's creative energy into effective programs and political actions since the group's inception.

Several months later Winkler had a falling out with another important GAPARS volunteer, Adelmo Turra, whom Winkler seemingly had been grooming as his candidate of choice for GAPARS president in the upcoming April 1993 elections. Winkler proceeded to attempt to decrease Turra's responsibilities within the group and to discourage others from working with him. In response, Turra began to solicit and obtain support for his bid for the GAPARS presidency. Turra and his followers, who included most of the women and psychologists at GAPARS, were also instrumental in forcing Winkler to agree to establish a *Forum de Segunda-Feira* (Monday Forum) where group decisions could be discussed and made in a more democratic fashion, thereby opening up the emerging power struggle to all interested GAPARS participants on a weekly basis.<sup>25</sup> By early 1993, this anti-Winkler faction, who had begun to meet privately in late

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<sup>24</sup> From 1989 to 1991, Gonçalves served as GAPARS'S Secretary-General; from 1991 to 1993, he was its Treasurer. During my time at GAPARS in 1993 and 1994, he was an elected *conselheiro* (elected advisory board member). Most recently, he was elected GAPARS'S president in 1995.

<sup>25</sup> Prior to the creation of the Monday Forum, the vast majority of GAPARS decisions had been made at the weekly meetings of the three members of the Directory (President, Secretary/General and Treasurer) and the four *conselheiros*.



1992, had coalesced into an opposition *renovação* (renovation) slate with a "reform" platform dedicated to guaranteeing a more democratic and participatory GAPA/RS.

Ironically, it was also during this rising internal strife of the second half of 1992 that GAPA received an institutional support grant from the Ford Foundation, which constituted its first significant funding from an agency of international cooperation. For most GAPA/RS volunteers, this funding represented a validation of their work, and in this respect encouraged a sense of shared mission that helped partially counter the emerging divisiveness within the organization. More controversial was decision by the directory and *conselho* - note that this action was taken prior to the existence of the deliberative Monday evening forum - to pay nearly US\$600 per month in salaries to Winkler and several long-time GAPA/RS participants.<sup>26</sup> Although fully legitimate according to the terms of the financing agreement, not all agreed that GAPA/RS should be paying salaries to those who worked at the group. For those receiving the salaries, \$US600 represented just compensation for the substantial amount of work they gave, and had given, GAPA/RS. For many others, including most of what would become the renovation slate, \$US600 was considered excessive, and some argued that these funds might be better used to support other activities or to provide compensation for more volunteers at a lower salary.<sup>27</sup> Still others thought that GAPA/RS should remain a purely volunteer-based organization as it had been in its first three years.

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<sup>26</sup> The US\$600 salary was paid to the group's President (Winkler), Secretary-General, Treasurer, Office Administrator, Project Administrator and Prostitute Study Nucleus (NEP) Administrator; the receptionist, cleaning person and office boy received smaller salaries that were nonetheless slightly above the going market rate for these jobs.

<sup>27</sup> To put this salary of US\$600/month into perspective, seventy percent of Brazilians earn less than \$200/month, while a unionized factory worker (the elite of the Brazilian working class) receive about US\$400-800/month. With the prolonged Brazilian economic crisis during the 1980s and 1990s, salaries for middle class professionals are quite irregular, and at times approach the poverty level, as in the case of teachers employed by the state government of Rio Grande do Sul, who received only about US\$300/month as last as 1994.

Though framed primarily in terms of what would be best for the organization as a whole, the salary issue also served as a means through which opponents of the Winkler directory more generally were able to cast doubt upon the latter's commitment to AIDS activism. For even if few critics went so far to argue that receiving salaries in and of itself was wrong, it is my impression from interviews with those directly involved in the debate that many of the newer volunteers associated, if not equated, accepting a market level salary with somehow politically or morally compromising one's position as a "true" and dedicated AIDS activist. Whether these accusations were more about political positioning than strongly held beliefs is open to question, particularly since some of the most vocal opponents to the Winkler directory's salary system subsequently began receiving salaries themselves, albeit smaller ones, in mid-1993.<sup>28</sup> But in any event, this blending of personal and the political resulted in the salary controversy becoming yet another important battle in the struggle for control of GAPARS, rather than an opportunity to seriously explore the ramifications raised by the group's continued growth and institutionalization.

By the time the scheduled April 1993 elections of the GAPARS directory drew near, the group was in extreme disarray, and many volunteers scarcely spoke to each other. Winkler felt betrayed by the group he had helped create, while many of the newer volunteers - and some of the more long-time ones as well - thought that his behavior was becoming increasingly focused on his animosity toward the renovation slate rivalries rather than on the well-being of the organization as a whole. These tensions culminated in a heated political struggle over the procedures for determining who would be allowed to vote in the election. Here, Winkler's suggestion that the voting be open to the *travestis* and women who participated in GAPARS'S sex professional

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<sup>28</sup> The renovation slate, upon being elected, reduced the highest paid salary to about US\$320 and doubled the number of people receiving them.

work groups was especially controversial and placed many GAPA/RS volunteers in a awkward position. On the one hand, many thought that Winkler was opportunistically trying to get all the votes he could in a possibly close election, and with his strong ties to the sex professionals, they would be likely to support a candidate pleasing to him.<sup>29</sup> On the other hand, to oppose this proposal was to admit that there were client/provider distinctions within the sex professional groups in particular and GAPA/RS more generally. Despite some strong opposition from a few individuals - none of whom were associated with the renovation slate - that this decision lacked political vision, the decision was made to give each sex professional one-third of a vote.<sup>30</sup>

Given such high levels of conflict and political maneuvering surrounding the elections, some GAPA/RS participants genuinely feared that the group might cease to exist. But these concerns were allayed when Winkler unexpectedly resigned from the GAPA/RS presidency after he was appointed head of a newly created AIDS Policy Department within the Porto Alegre municipal government Health Department.<sup>31</sup> Secretary General Glicério Manoel de Moura Neto then assumed the interim presidency,

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<sup>29</sup> It was common knowledge among GAPA/RS volunteers that Winkler did not wish to be re-elected president in 1993 - he instead sought to limit his participation at GAPA/RS to his work within the Porto Alegre prison system. But since no pro-Winkler candidate emerged - although several possibilities were discussed at various moments - the battle was not so much between candidates as over whether and how the renovation slate would be elected.

<sup>30</sup> It was also necessary to "register" approximately one month before the elections in order to be eligible to vote.

<sup>31</sup> As I have noted earlier, Winkler's criticism of the city's response to the HIV/AIDS epidemic played an important role in his falling out with Gonçalves. But with the election of a second consecutive Worker's Party government in Porto Alegre, the incoming Mayor Tarso Genro restructured the Health Department into a series of policy division ("*políticos*") centered on issues such as AIDS, women's health, worker's health, and children's health.

In the prior PT administration of Mayor Olívio Dutra, the Health Department had been under the control of a group of health professionals, of which Gonçalves was a part, who focused primarily on questions related to the municipalization of the health-care system (i.e. the city assuming control of many health-care facilities and functions that had previously been the responsibility of the federal and state governments). Winkler and others at GAPA/RS, while generally supportive of the municipalization of the Brazilian health-care system, were unconvinced that this alone could adequately respond to the complex social issues raised by AIDS (e.g. gender, death, sexuality, desire) and argued that specific AIDS-related programs were needed.

and the election process proceeded. In the end, the "renovation" slate, with Adelmo Turra as president, Miriam Weber as Secretary General, and Marcelo Peterson as Treasurer, was elected by a large majority, and GAPA/RS gradually healed its internal wounds through implementing the democratic restructuring the renovation slate had campaigned on and through refocusing most of its attention on the everyday demands posed by HIV/AIDS epidemic in Porto Alegre. However, a strong personal antagonism between Winkler and Turra remained, thereby complicating the relationship between GAPA/RS and the AIDS Policy Department, and by extension the municipal government of which it was a part.<sup>32</sup>

The election of the renovation slate discretely marks the end of the first phase of GAPA/RS's history. Gone were the days of *fechação* (campiness/craziness) that characterized the early GAPA/RS, and *travestis* and others with "scandalous" behaviors were steered toward organized activities such as the sex professional work groups and the individual counseling sessions. And in pursuit of a more professionalized work space, the newly elected leaders removed "explicit" safer sex posters from public spaces,<sup>33</sup> created additional rooms to be used for counseling sessions, remodeled the

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<sup>32</sup> This development was particularly ironic since most regular GAPA/RS volunteers at this time were PT activists or sympathizers. In practice, GAPA/RS tended to by-pass Winkler and the AIDS Policy Department when possible and work directly with the Mayor, other health administrators, and PT council-members.

<sup>33</sup> Some GAPA/RS volunteers, including a sizable group of homosexual/gay men, vehemently opposed removing the posters because they considered this action in violation of GAPA/RS'S long-standing practice and underlying political philosophy of being a place for socially marginalized people - if GAPA/RS were to conform to dominant standards regarding (homo)sexuality and accepted social behavior, which included substantial prejudice against female prostitutes, *travestis*, homosexuals, and people with HIV/AIDS more generally, would it not be contributing to the very forms of marginalization it sought to reverse?

Another long-time volunteer, one of a small number of lesbians active in the group during this period, questioned whether the problem was the sexual content of the posters or the fact that there were no women in them. She opted for the later position and called for the creation of a gender conscious, sexually radical GAPA in which all forms of women's sexuality could be explored without denying homosexual men and *travestis* the opportunity to openly express their sexualities as they saw fit.

Over time, opposition to the posters gradually diminished, and when I returned to GAPA/RS in late 1993, many "explicit" safer sex posters, including several with women in them, had returned

directory's office, and moved the *Núcleo de Estudo de Prostituição* (Center for the Study of Prostitution, or NEP) to a rear, second story office with its own separate door, thereby decreasing the circulation of *travesti*, female and male sex professionals throughout the rest of GAPARS. For most of those who had arrived at GAPARS during 1991 and 1992, and in particular the cohort of psychologists who had played such a pivotal role in the election of the renovation slate, these changes were seen as a long overdue response to what they saw as the group's prior disorganization and heterophobic and misogynist treatment of its female volunteers.<sup>34</sup> On the other hand, some volunteers who had been more closely associated with Winkler viewed GAPARS'S growing institutionalization and professionalization as a move toward a project of accommodation to accepted and medicalized standards of sexuality, gender and drug use rather than one of militancy and the politicization of people living with HIV/AIDS.<sup>35</sup> Nonetheless, most GAPARS volunteers and leaders, like their counterparts at Pela VIDDA, remained convinced that these modifications did not represent the loss of political activism, but rather the outgrowth and maturation of their earlier efforts. How this self-conscious acceptance on the part of both GAPARS and Pela VIDDA leaders of what I call

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to the walls of GAPARS, though in the group's rear auditorium rather than in the entry halls where they had been previously displayed.

<sup>34</sup> In my 1994 interviews with GAPARS volunteers, many of the heterosexual women, particularly those who were psychologists, recounted that Winkler and some of the other long-time homosexual/gay GAPARS activists had not made them welcome in the group. The following quote from Adriana is typical of these commentaries:

When I came to GAPARS, Gerson [Winkler] was still there and there were things that had been the same since the beginning of the group three years earlier. So when I and other women began to arrive at GAPARS, we suffered prejudice for being women, for being heterosexual, for being mothers, for having boyfriends. Adriana, psychologist, 1994 Interview

<sup>35</sup> Winkler was particularly troubled by the increasing presence of psychologists and psychological discourse among GAPARS volunteers, and he saw the renovation directory's decision to provide free, short-term (in theory up to six months in duration; in practice sometimes a year or more) professional counseling at GAPARS as a negative development that represented a return to long established patterns of patient/client deferral to "experts" and authority figures.

"professionalized activism" impacted their groups' everyday operating styles and political action forms the subject of the final section of this chapter, to which I now turn.

### **professionalized activism: 1993-1994**

Upon returning to Brazil in 1993, I was impressed by the extent to which Pela VIDDA and GAPARS had changed during the fourteen months I had been away. In 1991 and 1992, both groups were busy, and at times chaotic, places where leaders, project coordinators, regular volunteers, visitors, and service users/clients mixed easily on an everyday basis. On the positive side, this personal and spontaneous atmosphere helped tie people to the groups and effectively supported the gradual process toward consciousness raising and politicization as an AIDS activist that I have discussed in the previous sections. On the down side, working on any task that required concentration was normally difficult, and it was uncommon for project coordinators to have more than a few minutes pass by without someone soliciting advice or beginning a conversation. In contrast, by 1993, both groups had transformed into more or less smoothly functioning bureaucratic organizations characterized by readily visible demarcations between leaders, paid staff, and project coordinators on the one hand and volunteers, service users, and clients on the other.<sup>36</sup>

Accompanying these structural changes was a shift in the language used to describe the groups' activities, which if largely unchanged in general focus, were now often presented as "projects" with explicit and often academic derived theories and

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<sup>36</sup> At Pela VIDDA, these changes included the introduction of a coordinator based organizational system in 1992 in which specified volunteers assumed the responsibility for the planning and operation of most of the group's activities (e.g. Disque AIDS, the women's groups, the new member orientation sessions, the legal orientation department). In a similar manner, by 1993 GAPARS had streamlined what had been almost a dozen separate departments and projects into three overarching *nucleos* (centers) - the *Nucleo de Educação e Informação* (Education and Information Center, or NEI), the *Nucleo de Assistência Social* (Social Assistance Center, or NAS) and the *Nucleo de Ação e Estudo de Prostituição* (Center for Action and Research on Prostitution, or NAESP).

methodologies. During my time in Brazil from in 1993 and 1994, I came to ironically call this emphasis on conceptual and methodological neatness the *culto de projetos* (the projects cult). Of course, I myself am implicated deeply in this "project cult" - not only was I able to come to Brazil because my research project was funded by several US organizations, but I also frequently collaborated with GAPARS staff on the drafting and translation of their funding proposals and reports. Still, I often wondered if we were not somehow misplacing our energies and/or missing a significant part of the picture. Would writing the perfect project actually affect people's lives? Did Brazil really need any more HIV/AIDS education pamphlets?<sup>37</sup> Might it not be better to focus more attention on community organization and/or cultural politics rather than bounded pilot projects that even if successful were unlikely to be replicated due to lack of interest and/or financial resources? In discussing these issues with GAPARS personnel, I found that some, though by no means all of them, shared my concerns:

[Laughing] The "project cult" - that's a good one. As if projects will resolve everything, and we won't have to listen to the population we are working with, and don't need to know much about their lives. Caroline, GAPARS Project Coordinator, 1994 Interview

In questioning the consequences raised by a heightened preoccupation with projects, I do not mean to suggest that the causes of this current situation rest primarily

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<sup>37</sup> This is not to say that Pela VIDDA and GAPARS do not produce high quality education/prevention materials that have been successfully incorporated into the groups' overall activities. For example, in addition to various materials directed toward HIV risk reduction, Pela VIDDA has produced several informative booklets, including "Live Life Positively: What Happens When the Test is Positive?," "Taking Care of Someone with AIDS: Information for Friends, Families, People Who Live and Care for A Person with AIDS at Home," "Victories: Legal Orientation and Assistance," "The Rights of People Living with HIV and AIDS" and "Dealing with Mourning". GAPARS booklets include "The Manual of Nutritional Orientation," "AIDS: Education, A Great Investment," and "GAPA: Information," the later of which explains the group's history, philosophy and current programs.

But the question remains as to whether increased production of new education materials - which is in no small part encouraged by the preference of many agencies of international cooperation to fund concrete objects (e.g. pamphlets, videos) rather than to pay for salaries or institutional overhead - is desirable given that many excellent materials already exist and that different kinds of programs and activities may be needed in order to translate basic knowledge about HIV/AIDS (which most people in Brazil already have) into changed attitudes and practices at individual and collective levels.

with Pela VIDDA and GAPA/RS project coordinators and leaders. Rather, the growth of the project cult within AIDS/NGOs must be situated within the context of international cooperation and development. Since their foundation, groups such as Pela VIDDA and GAPA/RS have relied heavily on North American and European philanthropic organizations for their sustenance, and without the multi-year, institutional grants that both groups received from the Ford Foundation in the early 1990s, it is unlikely that either group would exist in the form it does today.<sup>38</sup> Both Pela VIDDA and GAPA/RS also have received cash and in kind donations from individual Brazilians and private firms over the years, but these local revenues never have been sufficient to support either the demand for their services or the level of infrastructure to which they have become accustomed.<sup>39</sup> More recently, international development agencies have become major funders of Brazilian AIDS/NGOs through the previously discussed joint

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<sup>38</sup> During its initial years, GAPA/RS received some financial support from European religious philanthropic organizations such as Caritas, Misereor, and Mizzioncentralle. In 1992, GAPA received its first institutional grant from the Ford Foundation. More recently, GAPA/RS was awarded a grant from the Ford Foundation to develop community-based AIDS education projects and a two year (1995-1996), \$60,000 grant from the MacArthur Foundation to address issues related to AIDS and low income women.

On December 6, 1989, Pela VIDDA was awarded a one year grant of US\$74,970 from the Ford Foundation (*Boletim Pela VIDDA* 1:2, 1989), but the funding only was released in April 1990 (*Boletim Pela VIDDA* 5:1, 1990). This institutional grant was subsequently renewed on several occasions, though in increasingly smaller increments; the most recent renewal occurred in 1994. In 1994 Pela VIDDA received grants from two European religious philanthropic organizations, ICCO (Netherlands) and Misereor (Germany), which marked the first time the group had received major institutional grants from an agency of international cooperation other than the Ford Foundation.

<sup>39</sup> Seeking to alleviate this lack of consistent local financial support, GAPA/RS followed in the footsteps of ABIA and in 1992 established a *Projeto Empresa* (Business Project). Through this initiative, GAPA/RS sells AIDS education services to private firms, thereby enabling the group to combine prevention/education and fund-raising at the same time. Whether the *Projeto Empresa* will become an important source of revenue for GAPA/RS remains to be seen. As of 1994, two large scale trainings had conducted at companies in Rio Grande do Sul (Marco Polo, a bus manufacturer located in Caxias do Sul, and Albarus, an automotive parts manufacturer with several plants in the Porto Alegre metropolitan area). Several smaller trainings have also been given to labor unions and businesses in Porto Alegre.



World Bank/Health Ministry AIDS Project, which funded three, three year projects at both Pela VIDDA and GAPARS.<sup>40</sup>

Given that their survival largely depends on agencies of international cooperation and development, Pela VIDDA and GAPARS have been forced to adapt themselves to the changing interests and priorities of their funders. In the early 1990s, AIDS/NGOs were "hot," and it was relatively easy for groups like Pela VIDDA, with the presence of an international figure like Herbert Daniel, or GAPARS, the only AIDS/NGO in a metropolitan area of nearly two million people and the third highest number of AIDS cases in Brazil, to receive international grants. A few years later, with more AIDS/NGOs applying for decreasing amounts of AIDS-related funding, the competition was much stiffer, and international agencies have expected "better" written, conceived, and administered projects directed toward the specific topic of the moment, which might be AIDS and women one year, AIDS and low income communities the next, and AIDS and legal rights after that. And wanting to get the most for their "investment," international agencies have increasingly demanded more precise and preferably quantifiable means to evaluate program efficacy. In this mind set, ideas such as empowerment and citizenship, which are not particularly amenable to measurement, are (re)conceived of in terms of concrete objectives such as "number of pamphlets produced," "number of condoms distributed," "number of phone calls received" and "number of trainings accomplished"; one can imagine project evaluation criteria such as "decrease in number

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<sup>40</sup> Pela VIDDA's three year institutional grant from the World Bank project totaled approximately \$R82,500 per year; the World Bank Project also funded its Legal Orientation program (approximately \$R5,500 per year) and a now discontinued community-based AIDS education project in the Pavão/Pavãozinho *favelas* (approximately \$R1800 per year). In addition, during 1994 Pela VIDDA received \$US50,000 from the Ford Foundation, \$US18,691.39 from Misereor (Germany), and \$US32,396.06 from ICCO (Holland). (*Boletim Pela VIDDA* 23 (Abril/Junho 1995): 23)

GAPA's three grants from the World Bank (institutional, communications, and sex professional groups) total more than \$100,000 per year.

of unsafe sexual encounters" or "number of sexual encounters initiated by a woman" were such information more easily obtainable.

That Brazilian AIDS/NGOs such as Pela VIDDA and GAPARS have had to play by the rules and logic of international agencies in order to receive funding for their organizations does not necessarily imply that they are fully committed a model of professionalized AIDS activism in which methodological cleanness, cost/benefit analysis, and technocratic management styles are the guiding principles. In fact, questions over the desirability of professionalization versus volunteerism, egalitarianism versus hierarchy, and political action versus service provision, have been the subject of intense reflection among Pela VIDDA and GAPARS participants for many years. A Pela VIDDA coordinator who began participating in the group in late 1991 presented this interpretation to me in 1994 on the difficult situation faced by Brazilian AIDS/NGOs:

I think that in the case of NGOs, and AIDS/NGOs as well, there is a permanent conflict between professionalization and volunteerism - it is part of being an NGO. Because you have to have professionals in order to guarantee infrastructure. There have to be professionals who know how to work to get a project funded, who can write a project, to evaluate its results, who know how to manage it in an effective way. At the same time, you need to have people who have that quality that I was talking about earlier - of being committed to the struggle and of providing information about the reality of those who are living with HIV/AIDS. We can't lose this. I think that at Pela VIDDA, we try not to dichotomize this too much, in so much as we consider ourselves to be a group of people with AIDS, and that everyone, even those who are professionals here, are committed to this. Margarete, Pela VIDDA Project Coordinator, 1994 Interview

In these discussions of what organizational form activist Brazilian AIDS/NGOs should take, the issue of financial compensation for those who contribute large amounts of time to these groups have been especially sensitive topics. At times, such as during the late 1992 and early 1993 GAPARS leadership transition crisis that I discussed earlier, the payment of living wages to GAPARS coordinators was seen by other volunteers as potentially detrimental to volunteer-based AIDS activism; more often, both Pela VIDDA and GAPARS have shown their has been a certain hesitancy to fully and openly examine the reasons behind, as well as the repercussions of, having paid staff.

As one Pela VIDDA project coordinator who began his association with the group in

1991 explains:

We need to break this reluctance to talk about money, because people need to survive. In Brazil it is very difficult for you to leave your office at four in the afternoon and come and be an activist for a bit at an AIDS/NGO. This doesn't exist. People need to make money, yes, and these same people who work at AIDS/NGOs also work at other places because they understand that AIDS/NGOs don't pay them enough money to survive on. So, it is an illusion that it is possible to count on volunteers like in the first world, where groups are fully volunteer based, with people who work as volunteers because they have a solid infrastructure behind them, or an excellent job, or a part-time job that supports them adequately. We don't have this. Maurício, 1994 Interview

Yet, other long-time participants at GAPA/RS and Pela VIDDA are less comfortable with equating professionalization with financial compensation, as can be seen in the following comment of Leonardo, one of GAPA/RS's founding members.

Professionalization, or professionalism, has two senses. One is in the sense of having a career or profession. The other sense is of having professional behavior, as opposed to being an amateur - that is, you are serious about what you do. I don't like the idea of transforming NGOs into job mills. If there were fifty people receiving salaries at GAPA/RS, this would concern me, because this changes the type of relationship established between people, and continues to change over time. It becomes a bureaucratic relationship and is no longer one based on the desire to do something and to be involved. I am worried about this possibility. . . .

Say you need to earn some more money [and take on a paid coordinator position at GAPA/RS], and after awhile you end up working only at GAPA/RS. It's bad, this business, because professionalism should exist in terms of seriousness. This is not to say volunteers have to have a certain background - you have to train, to share knowledge and experience [*reciclar*], to criticize people when they do not meet their responsibilities. But a salary . . . when people talk about professionalizing, a majority mean that there has to be a salary, and a good one at that. Leonardo, 1994 Interview

Maurício and Leonardo's comments capture some of the basic tensions between professionalization and volunteerism that shape large Brazilian AIDS/NGOs such as Pela VIDDA and GAPA/RS. As Leonardo observes, by receiving financial compensation for their work, some group participants are transformed into "employees," who may or may not retain their commitment to activism, while those who administer the organization become the formal "employers" of their fellow "militants." This affirmation of the importance of volunteerism within AIDS/NGOs is spelled out in the following

GAPA/RS text, "AIDS/NGOs: The Relationship between Volunteer Work and Financing":

And so, the item which seems to us the most polemic - the remuneration of individuals who coordinate or realize these projects. This question is complex for various reasons. In the first place, NGOs in general, and GAPA/RS in particular, are characterized by the volunteer work of a large majority of their members. This work is not voluntary only because the organization does not provide financial resources for paying these people. *Voluntary work is done within the spirit of solidarity that characterizes these organizations* [my italics]. It permits individuals, in the hours they work within the institution, to partake of the spirit of generosity and militancy (in a broad sense), which establishes this link between them and the work (or the institution) and differentiates this [volunteer work] from professional activities in general. That is to say, individuals here are realizing these activities because they are motivated by the desire to struggle for a cause of solidarity with someone, to do something useful according to their system of values, and to give a greater degree of dedication than is normally present in professional activities, where many times the individual is only there to get a salary in order to survive.

Another troubling consequence of the payment of salaries within the context of project driven organizations is that it not only stimulates strong rivalries between the paid and unpaid, but also between various paid coordinators (and those who work on particular projects) over the prioritizing of particular projects within the organization as a whole. This internal competition occurs because although individual projects typically have considerable autonomy at the level of everyday operation, they are funded as projects of the organization as a whole. And since any one organization can only realistically submit at most a few projects to funding agencies, the different internal components of an AIDS/NGOs effectively compete with one another both within their organization (e.g. when the organization decides which projects to include in a institutional grant) and at the agencies of international competition, where the proposals AIDS/NGO submit are often reduced in scope and size before being funded.<sup>41</sup> At times,

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<sup>41</sup> These processes of internal competition and maneuvering were clearly visible at GAPA/RS during 1993 and 1994. For example, when NAESP (the department that works with sex professionals) began holding a biweekly seminar in collaboration with some professors from the Anthropology Department of the Federal University of Rio Grande do Sul, the major research university in the state, those who worked at NEI (the Information and Education Department), apparently not wanting to be left behind, contacted the Education Department of the same university about having a similar collaborative venture. And those at NAS (the social service

this operational dynamic has generated significant conflict within larger AIDS/NGOs, particularly when those pursuing *parcerias* (partnerships) with various governmental, educational and non-governmental organizations encroach on the perceived "territory" of others within the group.

Nonetheless, despite these potential pitfalls associated with professionalization, it seems clear that given the existing social and economic conditions in Brazil that Maurício describes above, without paid staff AIDS/NGOs such as Pela VIDDA and GAPARS would be forced to drastically curtail and/or modify their activities and programs. As a result, although most leaders and regular participants at Pela VIDDA and GAPARS continue to believe that volunteerism is an importance component of AIDS activism, few question that their organizations' survival hinges upon having projects funded by agencies of international cooperation and the paid staff to administer and carry them out. And since leaders at Pela VIDDA and GAPARS further recognize that for better or worse their groups' capacity to receive funding depends largely on transnational networking and personal relations, they have devoted increasing attention to consciously and pragmatically working the global AIDS industry to their best possible advantage. As one Pela VIDDA leader explained to me in 1994:

Ronaldo [the president of Pela VIDDA] went to the last two International AIDS Conferences, and visited other entities and international groups, in his function as president of Pela VIDDA. These international contacts are accomplished through personal relationships - which is not to signify favoritism - but of the inter-personal relations of getting to know, of contacting, of getting positioned in the network. . . .

I think that it is very bad that to the extent that NGOs don't have conditions to do this, they will never get anything [i.e. financing]. Now, we worked hard to achieve all of this. But this year, for example, we didn't get any financing to go to the conference in Japan, which was very expensive. Ronaldo went, through some personal contacts - his aunt paid his airfare. Pela VIDDA had no way to pay for airfare to Japan and lodging for however many nights, and no one gave us any money to pay for conference expenses, even though we had four abstracts approved for the conference [describes the projects]. . . .

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department) often complained how difficult it was for them to receive financial support from international agencies in comparison to NAESP and NEI. Similar dynamics can also be found among the various projects and project coordinators at Pela VIDDA.

The relationships that Ronaldo established at the conference were extremely important, and those after the conference, when he stopped in New York and visited various groups and spoke directly with people there. That is to say, independent of whether your projects are approved or not, you have shown your face and can count on receiving more than just a letter. He did this, and I think it is very important. Rosie, 1994 Interview

Nor is this networking limited to Brazilian AIDS/NGOs chasing potential northern sponsors. It is a common practice for program officers from major foundations (e.g. the Ford and MacArthur Foundations) and international organizations (e.g. World Bank, USAID) to conduct periodic site visits in order to see what the groups they support are doing and to locate new organizations that they might like to assist in the future, and on more than one occasion I was present at GAPARS and Pela VIDDA during these interactions. Perhaps the most interesting of these for the purposes of the present discussion involved the visit of a representative from the MacArthur Foundation to Porto Alegre in March 1994.<sup>42</sup> As part of a larger trip throughout various regions of Brazil, the MacArthur Foundation project officer for Brazil met with several NGOs in Porto Alegre, including GAPARS and THEMIS, an NGO working on legal issues related to women which has collaborated with GAPARS on several projects. During a lunch meeting, the MacArthur representative, several leaders from GAPARS and THEMIS, and I, serving as the principal translator, discussed project ideas and MacArthur funding priorities. In the next few months both groups drafted and submitted proposals to the MacArthur Foundation, and Denise Dora, one of the lawyers at THEMIS, also applied for an individual grant, which she ultimately was awarded.<sup>43</sup> About a half a year later, and

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<sup>42</sup> In recent years the MacArthur Foundation's Population Program has become perhaps the largest source of revenue for organizations working on AIDS-related issues in Brazil, and many Brazilian AIDS/NGOs that previously received institutional grants from the Ford Foundation (GAPA/SP, GAPA/Bahia, GAPA/Ceará, ABIA, GAPARS) are now being funded by the MacArthur Foundation.

<sup>43</sup> The MacArthur Foundation Brazilian individual awards range from about US\$15,000 to US\$25,000/year for two or three years and are awarded to scholars and activists who have demonstrated their excellence. By providing this money, the MacArthur Foundation seeks to encourage these individuals to develop innovative projects that would otherwise be unfeasible due to time and/or economic constraints. For those associated with organizations, the grants usually cover some institutional overhead as well. As a result, because Dora's award included substantial

after several exchanges via fax to the MacArthur Foundation in Chicago in which its proposal was fine tuned, GAPARS was awarded a two year, \$60,000 grant (\$30,000 each year). And in 1995, Fernando Seffner, a history professor and long-time GAPARS volunteer who at that time coordinated a support group for HIV+ people and participated in GAPARS'S Center for Action and Research on Prostitution, received an individual MacArthur grant to study bisexual men in the Porto Alegre metropolitan area.

As Rosie notes, and GAPARS leaders would concur, this example highlights the importance of direct personal relations and contacts in the awarding of grants to NGOs. Only two years earlier, GAPARS president Gerson Winkler had sent out more than thirty letters to European and North American funders and received the same number of form letter rejections; a similar batch of letters sent to funding agencies by Pela VIDDA in late 1992 and early 1993 generated the same response. But in highlighting the role of personal relations in determining who receives financing from agencies of international cooperation, I do not mean to suggest that these organizations and individuals are not qualified or are simply recipients of favoritism. Nor is bad for international agencies and the NGOs they fund to have cordial working relationships, for it is through these personal and organizational ties that successful exchange of resources, knowledge and experience can occur. Yet, as many long-time activists at Pela VIDDA and GAPARS are quick to point out, the way in which funds are dispersed and knowledge is exchanged within the global AIDS industry frequently promotes careerism, opportunism and competition among NGOs and individuals as much as the development of effective responses to the HIV/AIDS epidemic. Those who have traveled outside of Brazil are particularly conscious of the benefits and risks involved in the operation of this global AIDS industry:

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support for THEMIS, the latter's institutional support proposal was removed from consideration for funding.

I not only went to Japan [for the International Conference], but to the United States as well. So I have seen many interesting things, but there also is a certain pattern - there is already a common sense of AIDS, an AIDS conservatism. Not everything that is done in relationship to AIDS is vanguard. There are many things that are simply repetition. It's like you take a project from there, bring it here - and there it is. And if this project is guaranteed financing, it is because it already fits the established model. You don't want to take any risks - you do the project because you can get it financed. But at the same time there are many original things being done which are strong and important. This is very interesting, because I think everyone who enters into these exchanges will learn a lot.

But information does not flow freely, I think, especially when you talk about financing. Very few people help each other and explain how the system works. Because in the end, all are competitors. It is also an ego game - this messes things up a lot. AIDS, being a relatively new field, has produced meteoric careers. People have gone from being anonymous to being international stars in three years. At the same time, there are many opportunities to fight for power, and to lose one's focus in terms of what one is fighting for. Maurício, 1994 Interview

Maurício's desire to retain a critical perspective on the HIV/AIDS epidemic while taking advantage of the experiences and financial resources available through the global AIDS industry is shared by most other project coordinators and leaders at Pela VIDDA and GAPA/RS. However, this balancing of personal integrity, political commitment and professionalization often exacts a strong emotional cost, as is recounted in this reflection by a long-time Pela VIDDA activist who went to become a paid project coordinator at ABIA.

It is evident that these days, it would be extremely cynical of me to say that I don't participate in the AIDS industry. It is obvious that I participate. And if I participate in this industry, it is because AIDS exists.

I have friends who say to me "wow, you travel a lot" - friends who work at Varig and other airlines. It is evident. Before working at an NGO, I had only been to the United States. Now, I have been to Germany and Japan [for international AIDS conferences]; I returned to the United States and travel all over Brazil. It is obvious that I have been able to do a series of things - I am able to work in something I like, discussing homosexuality and working to prevent the transmission of HIV within a larger discussion of seropositivity.

Now, I cannot lose sight of why I and others have been able to do all of this. It is because of this horror, this thing that is AIDS. What this has cost me personally, on account of being infected . . . I have lost people extremely close to me, one who I can tell you was my best friend . . . [I was talking to my mother] and I asked her "mother, is this normal? I am thirty-two years old, and soon I will not have any more friends who are alive, just acquaintances. This isn't normal. It is normal when you are sixty or seventy, to be losing your friends."

So, I think that I am talking about my personal side in all this as well, of loneliness, anguish, and of becoming more professional all the time, of doing my



work, meeting with funding agencies and writing reports. I think this is super important, and it is a good thing for someone to do, but you can never lose your point of view of why you are doing this. I say this partially as a form of self-criticism, in moments when I forget this, but I force myself to be a bit masochistic and to remember all this. The day that I lose this vision completely, and I am a mere bureaucrat, a professional who could be working on anything, it will be time to stop. Marcos, former Pela VIDDA coordinator, 1994 interview

The experiences and concerns Marcos' voices are shared by many of those who began participating in Pela VIDDA in 1991 and 1992 and made the transition from being occasional participants and/or service users to becoming politicized group leaders. As can be seen in the following brief summary of Marcos's participation in Pela VIDDA, and that of Raimundo that I discussed briefly earlier, personal and professional development has been interlinked and interdependent with the simultaneously growth and institutionalization of Pela VIDDA. Marcos first came to Pela VIDDA in 1991 in order to obtain legal orientation related to how his HIV+ status might affect his work situation and pension. He then began regularly attending the group's Tuesday night administrative/political meetings, and after their inauguration, the Friday evening Tribuna Livre sessions. Like many other people who arrived at Pela VIDDA during this period, Marcos became a volunteer at the recently created AIDS Hotline where he was able to share his new knowledge and political awareness with those outside the group. In March 1992, his participation in the group intensified when he was elected a member of the Pela VIDDA directory, on which he served for a few years. And as did several other Pela VIDDA volunteers who became active in the group during this period, Marcos ultimately ended up working as a paid consultant at ABIA, including a position coordinating the joint Pela VIDDA/Rio de Janeiro, ABIA, and Pela VIDDA/São Paulo "Men Who Have Sex With Men" project beginning in 1993.

Whether those who have arrived at Pela VIDDA during 1993 and 1994 will follow along a similar path remains uncertain, but with a few notable exceptions, it is my perception that despite increasing numbers of people who frequent Pela VIDDA, proportionally fewer of them are becoming involved in the everyday operation of group

or its decision making processes. This possibility that already existing divisions between leaders/administrators and activity/service users are intensifying remains a subject of significant reflection among many Pela VIDDA project coordinators and elected officers.

Look at the Legal Orientation here. The majority of people who use it come to Pela VIDDA only for this purpose. You can offer them other things like activism and inform them, encourage them to become politically involved, but they don't come back. They don't want to - they only want to receive legal assistance. Pela VIDDA, for some people, is a legal department. I think that people have the right to come to Pela VIDDA seeking only the legal department, and Pela VIDDA has to continue providing this legal orientation because some of these people may not only want a legal department. Marcos, who for many years was an activist at Pela VIDDA, initially came to the group to receive legal orientation. And there are other cases of people who came for legal orientation and ended up becoming involved in the women's group and other activities. Maurício, 1994 Interview

These same processes of selective and limited engagement within Pela VIDDA are further demonstrated by the greater attendance at the Friday evening Tribuna Livre and at the activities of the "Men Who Have Sex with Men" (*Homens que fazem sexo com homens*, or HSH) project than at the Tuesday evening administration/political action meeting that constitutes Pela VIDDA's primary and ultimate deliberative forum. This differentiation in participation at the Tuesday and Friday meetings was already becoming apparent in 1991 and 1992, but given the smaller overall size of Pela VIDDA and the significant number of people (about 20-25) who consistently attended both meetings, the contrast between service/program users and more engaged participants was less marked. On the other hand, by 1994, while attendance at the Tuesday administrative/political meeting typically attracted perhaps fifteen people, many of whom were themselves project coordinators or elected officers of the group, the Tribuna Livre consistently attracted more than 30 people, and HSH activities were so popular that individuals were required to sign up for them in advance in order to guarantee a space.

These same demarcations between those who play a real role in group decision making and those who primarily remain service/activity users are even more evident at GAPA/RS. For whereas Pela VIDDA, despite its institutionalization and expansion of

activities over the years, remains first and foremost a place where people come together to *conviver* (live with) HIV/AIDS, a much greater proportion of those who frequent GAPARS have historically limited their involvement with the group to the receipt of services (e.g. psychological counseling, support groups, clothing, medication) or obtaining information related to HIV/AIDS (e.g. forms of transmission, HIV antibody testing locations, treatment options, social service references, etc.). This is not to say that most GAPARS staff and regular volunteers are happy about this situation in which many service users mistake GAPARS for an organ of the state government and sometimes view GAPARS's services as entitlements rather than survival tools in the face of the government's neglect to provide constitutionally mandated social welfare programs to its citizens. However, despite this awareness, the bifurcation between staff and volunteers versus clients has if anything become more accentuated in the past several years.

One of the more troubling dimensions of this continuation and intensification of service provider/activist versus service user/client distinctions at GAPARS is the extent to which people with HIV/AIDS have become peripheral to the administration of the group. For example, during my thirteen months at GAPARS in 1993 and 1994, to my knowledge only two of the approximately twenty people who in practice ran the group were HIV+. And with their deaths in 1995, GAPARS is in an unprecedented position of no longer having any (known) HIV+ people among its elected officials, four member advisory counsel or project coordinators. As one of GAPARS's most outspoken and self-critical volunteers commented to me,

I think this is bad, because you see people with AIDS at GAPARS, but those who actually work here are very few. We have been talking about this question for some time and need to deepen this discussion - there aren't HIV+ people who work at GAPARS; there are many people with AIDS, but they don't have the conditions to work here. I think GAPA needs to do something to bring them here. HIV+ people come here to receive food and counseling, and then leave. These people aren't activists, they don't have any connection with GAPA, and I think that this needs to exist.

There has to be some way to make these people interested in GAPA and to show them that GAPA is interested in them. There could be meetings for HIV+, and not just self-help groups, but meetings with a political character so that these people can organize themselves. . . . There are HIV+ people who [come here and] are lucid and have a high level of awareness and have conditions to work here as effective activists, but they don't - I don't know why. I don't think that we can resolve this only through GAPA, but we need to begin to think about this more. Why are HIV+ persons staying away from GAPA? GAPA should be not only a reference point, and only during certain hours, but a place where people with HIV/AIDS can discuss what is the best way for them to act politically and to defend their interests. Natália, 1994 Interview

What factors account for this fact that most people with HIV/AIDS who come to GAPA/RS, and a sizable percentage at Pela VIDDA as well, do not ultimately become actively involved in the everyday operation and decision making processes of their groups? To a large extent, this phenomenon can be explained as a consequence of the ways in which these groups have responded, or not responded as the case may be, to differences in socioeconomic class among their participants. As I have discussed earlier, the founding members of both Pela VIDDA and GAPA/RS were largely middle class, homosexually identified men. With the growth of the HIV/AIDS epidemic, the groups' user profiles expanded to include individuals from of all socioeconomic classes, gender and sexualities. However, although many middle class women have joined the homosexually identified men to form the current leadership cores of Pela VIDDA and GAPA/RS, few of those from lower income and educational backgrounds have entered into the decision making sphere. This dominance of middle class people in running AIDS/NGOs is not unexpected, because as Maurício's comments suggest, it is generally only these individuals who have the necessary financially conditions and free time to assume additional commitments outside of their jobs and homes. And as the importance of projects has increased within AIDS/NGOs, these socioeconomic hierarchies within Pela VIDDA and GAPA/RS have been reinforced, since it is mostly middle class individuals who possess the necessary administrative and technical skills required to organize, implement and evaluate these programs.

This pattern of middle class volunteers and staff organizing services and programs for primarily lower income individuals is equally present in many of the group's activities outside of the confines of their offices, such as the community-based AIDS education programs that both Pela VIDDA and GAPA/RS started in 1993. Pela VIDDA's community-based project, centered in the Pavão/Pavãozinho *favelas* in Rio de Janeiro's *Zona Sul* (southern zone) and funded through the World Bank/Ministry of Health project, was initiated in 1993 and sought to "take Pela VIDDA to the community" and integrate HIV/AIDS education into the everyday social and political structures of the Pavão/Pavãozinho communities. After violence between drug gangs and the police resulted in the military occupation of Pavão/Pavãozinho in mid 1994, the project was temporarily put on hold. As a result, when I returned to Rio de Janeiro in September 1994 after thirteen months in Porto Alegre, I was not able to see the project in action. But through talking with the project's coordinator and obtaining a copy of the interim project report, I was able to obtain an overview of the history and development of Pela VIDDA's involvement in Pavão/Pavãozinho. As in the case of GAPA/RS's work with low income communities in the *Zona Leste* (East Side) of Porto Alegre, which I will consider in detail in the following chapter, very few Pela VIDDA participants became involved in the project or knew much about the details of its operation. Instead, the actual implementation of the project was mostly in the hands of its full-time coordinator - who had no significant prior engagement with Pela VIDDA - and one other member of the Pela VIDDA directory, both of whom have advanced degrees. And although the project did involve the training of assistants from within Pavão/Pavãozinho, neither these individuals nor other members of these communities subsequently integrated significantly into Pela VIDDA's activities.

Given that the vitality of the Pavão/Pavãozinho initiative rested in the hands of a few Pela VIDDA staff people, the project suffered a severe blow in late 1994 when its coordinator announced her resignation after deciding to pursue other professional

opportunities. When I asked one member of the Pela VIDDA directory if he had someone in mind from within the group who might assume this position, I was told

[t]he current coordinator is going to leave. We need someone to run this project. Presently, we haven't found anyone within the group who has much experience within *favelas*. If there is no one within Pela VIDDA, we will have to get someone from outside - we will have to have a selection, which we are doing now, and we are receiving resumes. And it could be that one of the people selected will be someone from the outside, and who will come to know Pela VIDDA and its ideology. This is the price that we are paying for trying to do certain things here. But listen, it is important to take advantage of [the abilities of] the people here. But this can't be the only parameter. Mário, 1994 Interview

I found this situation rather disheartening, if nonetheless understandable, for one of the most significant changes in Pela VIDDA from 1991-1992 to 1993-1994 was the noticeably larger presence of the so-called *classes populares* ("popular classes - that is, low income/non-middle class persons) in the group's everyday activities. Yet despite this shifting from Pela VIDDA's being a largely white, middle class, homosexual group to a much more gender, class, sexually and racially mixed organization, most of these lower income participants were not working on AIDS-related issues in any systematized manner in their communities of origin, and instead concentrated their energies in the women's group, the Tribuna Livre, and the HSH program activities, or came only to receive legal orientation. As a result, none seemed likely candidates for assuming the coordination of the Pavão/Pavãozinho project, and since no one from the community seemed interested or capacitated to run the project, it appeared that once again a person with little or no involvement in Pela VIDDA, but with a professional background and some experience in working with low income communities, would be selected as the new project coordinator.

In raising these questions about the role of class in AIDS/NGO project production and consumption and service provision, I do not mean to suggest that Pela VIDDA and GAPARS's work with low income individuals and communities is entirely negative, but instead seek to highlight the structural conditions (i.e. project oriented,

professionalized activism) under which these interactions occur. My experiences in Porto Alegre and understanding of the Pela VIDDA project show that these innovative programs, as well as the everyday operation of these groups, can directly affect individuals and communities who otherwise might never come into contact with an AIDS/NGOs or systematically work on AIDS-related issues. Such micro level interactions not only help improve the quality of life of particular individuals who are living with HIV/AIDS, but also help lay the foundation for changing the ways in which people conceive gender, sexuality, health, death and the many other issues raised by the HIV/AIDS epidemic.

Nor does providing services and serving as AIDS education specialists preclude other forms of political action based out of AIDS/NGOs. For example, a consistent number of people who arrive at the groups continue to become self-described "AIDS activists," although as I have argued the proportion who make this transition appears to be smaller proportionally than it was in the past.<sup>44</sup> Moreover, both Pela VIDDA and GAPARS play active roles in the development of Brazilian AIDS-related public policy through their participating on various commissions and lobbying elected officials and program administrators.<sup>45</sup> And until the present, both groups continue to organize political protests and public visibility actions. Some of these occur in conjunction with the annual calendar of AIDS-related events in Brazil (e.g. World AIDS Day on December

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<sup>44</sup> No doubt the increase in scope and size of Pela VIDDA and GAPARS partially accounts for this trend, so that even if a relatively stable number of people become active participants in group administration and decision making (e.g. twenty per year), their relative presence has been diminished in recent years by the ever-growing number of people who limit their engagement to receiving services or attending particular activities/events.

<sup>45</sup> At various points in time, members of Pela VIDDA and GAPARS have served on the National AIDS Commission and the National AIDS Vaccine Commission, as well as AIDS and health commissions in their respective states and cities. A representative from GAPARS Center for Study and Action on Prostitution also participates on the National AIDS Program *Previna* (Prevent) Project board, which addresses AIDS education in "specific populations," including sex professionals.

1, the International AIDS Vigil in May, and the September People Living with HIV/AIDS conference in Rio de Janeiro); others arise more quickly in response to the particular problems of the moment, such as the misappropriation of funds by the state government of Rio de Janeiro's Program of STDs/AIDS, the discontinuation of free HIV antibody tests at Porto Alegre's principal, state run AIDS clinic, and the murder of the *travesti* Cris Loura on the streets of Porto Alegre.<sup>46</sup>

What does the future hold for Pela VIDDA and GAPARS? Given the existing economic and social realities in Brazil, it seems probable that semi-professionalized, project-driven AIDS/NGOs such as Pela VIDDA and GAPARS will remain lead players in Brazilian civil society's response to the HIV/AIDS epidemic. And although the financial future of these organizations is by no means certain, particularly in light of the impending conclusion of the joint World Bank/Brazilian federal government AIDS

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<sup>46</sup> However, not all long-time Brazilian AIDS activists have been impressed with the form and content of some of these more recent AIDS-related public demonstrations, and many of them were particularly critical of a demonstration at the opening ceremony of the IV People Living with HIV/AIDS Seminar in Rio de Janeiro in 1994. At this demonstration - one of a series of Pela VIDDA organized political actions that followed in the wake of an "activism workshop" led by Pela VIDDA President Ronaldo Masseur in mid-1994 - about thirty whistling activists took over the stage and, in an extremely theatrical manner, stated their demands for the release of previously allocated AIDS funding from a recalcitrant state government.

For many of the self-described "dinosaurs," the action seemed to be a repeat, at least in form, of the historic political action at the 1989 International AIDS Conference of Montreal, where activists occupied the stage and obstructed the opening of that conference for more than one hour. But in the case of the Pela VIDDA action, the protesters' uncontested taking over of their own conference's opening ceremony as a means to criticize the AIDS policy of the Rio de Janeiro state government seemed a bit to contrived for the long-time activists. As one dinosaur reflected,

It seems to me that a lot of times, this internal activism reeks of being a pop kind of thing, something juvenile, very childish - that demonstration. The actual proposal that they put forth, in the demonstration, for me it was completely imbecile. Popstar - Godspell - like that - "day by day" - the day by day of AIDS. Alfredo, former GAPARS activist, 1994 interview

While I do not fully agree with Alfredo's assessment of this Pela VIDDA demonstration, his observation that many Brazilian AIDS-related public political actions constitute a form of "internal activism" is well taken. After more than a decade of AIDS in Brazil, and more than five years of AIDS-related street activism, it is indeed open to question whether most of these demonstrations significantly affected either specific targets or the public more generally. Nonetheless, "internal activism" does have a number of positive side effects, since the act of organizing and performing a demonstration normally reasserts the group's public presence, attracts new volunteers, and promotes a sense of unity among AIDS activists by providing a rush of energy that helps counter the burn-out associated with working on AIDS-related issues on an everyday basis.



program in 1996, many groups will likely obtain sufficient funding from other sources to continue their work (perhaps on a reduced scale), as they have done at various moments in their histories. At the same time, and as I will consider in more detail in the conclusion of this thesis, this possibility of a (partial) drying up of international support for AIDS-related organizations may also encourage AIDS/NGOs to reach out to new partners, such as the low income and homosexual/gay communities that I mentioned above, and thereby contribute to the greater decentralization of AIDS-related initiatives in Brazil. But for now, I would like to focus my attention in the following three chapters on several case studies of HIV/AIDS prevention activities in Porto Alegre that highlight the opportunities and obstacles involved in attempts to integrate HIV/AIDS-related issues into the everyday lives of individuals and their communities. In this manner, I hope both to provide a richer portrait of GAPARS in action and to take my analysis into some of the many different spaces where contemporary AIDS activism is practiced on a daily basis throughout the world.

### **Part Three AIDS Prevention/Education as Political Action**

*I understand AIDS to be a complex political problem, typical of contemporary civilization. In a country like ours, to fight AIDS is to help construct the citizenship of an exploited and oppressed majority. Like every epidemic, AIDS develops in the cracks and crevasses of society's inequalities. We cannot face the epidemic if we try to hide the contradictions and conflicts which it exposes. On the contrary, it is only by revealing them that we can better understand (and neutralize) the advance of the AIDS virus and of the ideological virus of panic and prejudice.*

*This involves a dispute that cannot simply be reduced to a biological confrontation. A construction is necessary, involving democracy and the pleasure of diversity.*

**Herbert Daniel (1989:37-38)**

## 4 Word of Mouth

### Neighborhood Responses to the HIV/AIDS Epidemic

After more than ten years of the AIDS epidemic in Brazil, it has become increasingly apparent that HIV transmission is not restricted to any social group, notwithstanding the fact that many Brazilians continue to associate AIDS with (male) homosexuality. But if all Brazilians are potentially at risk for HIV infection depending on their sexual and injecting drug use practices, knowledge and resources related to HIV prevention, as well as access to quality health-care and social services for those who are HIV+, are extremely unequal and largely depend on one's socioeconomic class. As a result, the 100-110 million Brazilians who live in poverty or abject misery are generally more vulnerable to both HIV infection and more rapid progression to serious illness once HIV+, causing many public health professionals to worry that HIV is in the process of becoming yet another serious endemic disease disproportionately affecting low income Brazilians in a country whose health-care system already fails to meet the needs of a majority of its citizens.

Facing this grave and still worsening situation, several Brazilian AIDS/NGOs have begun to develop neighborhood-based AIDS education programs in the hopes of better informing and mobilizing low income communities in response to the HIV/AIDS epidemic.<sup>1</sup> This chapter will consider one such attempt, namely, GAPA/RS's pilot community-based AIDS education program in the near periphery of Porto Alegre. However, because AIDS-related mobilization is not limited to AIDS/NGOs, I will use one

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<sup>1</sup> Examples include GAPA/Bahia's "AIDS and the Periphery" project in Salvador (Gonçalves et al 1994); ABIA's work in Rio de Janeiro's Rocinha *favela* (Fernandes 1994); Grupo Pela VIDDA/ Rio de Janeiro's "Community Project" in the *favelas* of Pavão and Pavãozinho (Câmara and Marinho 1994) that I briefly discuss in chapter 3; Vera Paiva's action research with adult students at São Paulo elementary level night schools (Paiva 1994); and a BEMFAM/AIDSCOM program on women, sexuality and AIDS in two low income communities in Rio de Janeiro (Guimarães 1994a). BEMFAM is the acronym for the non-governmental *Sociedade Civil Bem-Estar Familiar no Brasil* (Brazilian Civil Society for Family Well-Being); AIDS COM is an arm of the Public Health Communication Project of the United States Agency of International Development (USAID).

of the neighborhoods involved in GAPARS's community project - Vila Santos - as a case study through which to explore how local organizations (e.g. neighborhood associations, women's groups, Local Health Councils), institutions (e.g. health posts, schools), community leaders, and residents more generally have responded to AIDS-related issues in the course of the everyday life of the community.

I begin my discussion with a description of the physical and social characteristics of Vila Santos. Next, I examine the development and implementation of a GAPARS coordinated AIDS training for community leaders from Vila Santos and other low income neighborhoods in Porto Alegre's *zona leste* (East Side), which constituted the first phase of GAPARS' pilot community-based AIDS education project. In the remainder of the chapter, I concentrate my attention on Vila Santos, first providing an overview of some of the general attitudes community residents have in relation to HIV/AIDS, and then analyzing the efficacy of three different AIDS-education strategies used in the community during the past few years, including:

(1) the formation of a Family Support Center by the *promotoras populares legais* (community legal outreach workers), a women's group based in Porto Alegre's East Side;

(2) a school-based sexual education class coordinated by a local health clinic;

(3) the informal street outreach activities of a community leader who is also a *promotora*.

Throughout my analysis, I consider both the knowledge and practices of community residents and AIDS educators and the organizational dynamics involved in AIDS-related mobilization, with the overall goal of identifying the key factors that shape AIDS awareness and prevention programs.

## **vila santos**

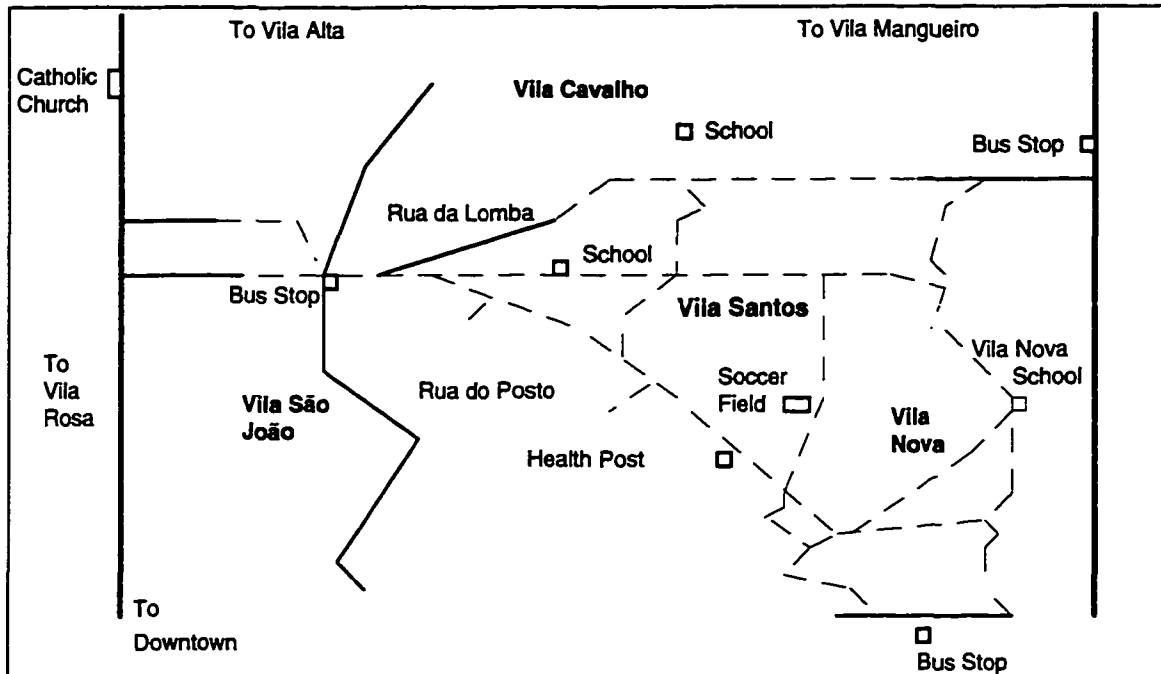
Vila Santos is one of several dozen *vilas populares* located in the East Side of Porto Alegre (see Figure 4.1).<sup>2</sup> The term *vila popular* (more commonly *vila*), refers to the fact that these communities have been established largely as a result of illegal land occupations, which in the case of Porto Alegre have been occurring with increased frequency since the 1960s. Many *vilas* occupy what once was *mata* (forest), or undesirable areas (e.g. river banks) near planned or legal developments. Over time, some of these *vilas* have become official neighborhoods with moderate levels of infrastructure and legally valid land titles; others, such as Vila Santos, are still in the initial phases of infrastructure development and *regularização* (legal recognition of occupancy). Like many *vilas populares* in Porto Alegre, Vila Santos is primarily residential in nature, although it does contain a several food stores and bars as well as perhaps a few dozen small religious centers, both Protestant Christian and Afro-Brazilian. There are also two elementary schools, a soccer field and a health clinic administered by a nearby, religious affiliated university; the nearest Catholic Church is about a fifteen to twenty minute walk from the center of Vila Santos.

According to city planners and their statistics, Vila Santos is actually part of Vila Santa Barbara, although in popular terminology most residents divide this larger area into three separate neighborhoods - Vila Santos, Vila Cavalho, and Vila Nova. Taken as a whole, Vila Santa Barbara contains 13,626 residents and 3,244 houses in an area of 79.4 hectares.<sup>3</sup> About half of these residents reside in Vila Cavalho, which is located

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<sup>2</sup> As of September 1994, there were an estimated 111,869 inhabitants (58,294 female, 52,665 male) living in the East Side of Porto Alegre, which constitutes one of sixteen participatory budgeting districts and one of eleven local health councils in the city. According to 1991 Brazilian census data, the East Side's population was 102,316 (53,715 female, 48,602 male) (Prefeitura Municipal de Porto Alegre 1994). The city of Porto Alegre as whole has approximately 1.5 million inhabitants.

<sup>3</sup> Prorenda 1994.



**Figure 4.1 Vila Santos and surrounding Vila Santa Barbara area of Porto Alegre's East Side**

across a large ravine from Vila Santos. I would estimate that Vila Santos itself consists of about 1,000 houses and 4,000 residents. The Vila Santa Barbara region is distinguished from most other *vilas* in the East Side by its low levels of infrastructure, particularly in terms of roads and sewage/drainage systems, and its concentration of poverty.<sup>4</sup> As a result, the region has been designated officially by the city government as *carente de infraestrutura* (needy in terms of infrastructure) and is one of five low income areas in Porto Alegre participating in the state government's *Projeto Prorenda* (Pro-income Project).<sup>5</sup>

<sup>4</sup> As is the case in most *vilas* in Porto Alegre, nearly all the houses of Vila Santos have electricity (often tapped into illegally) and running water.

<sup>5</sup> The Prorenda project is a cooperative and (theoretically) participatory urban planning project administered by Metroplan (Foundation for Regional and Metropolitan Planning) with partial funding from the state government of Rio Grande do Sul and technical and financial support from the Technical Cooperation Society of the German government. Prorenda seeks to "facilitate agreements between targeted communities and public organs, capacitating these populations for the future management of their own process of social development in the area where they reside." During the time of my fieldwork, the initial stages of the drafting of an urban plan for Vila Santos were underway, and several streets had been selected for pavement and sewage improvement.

Improving the conditions of basic infrastructure is one of the principal concerns of the three neighborhood associations serving Vila Santos.<sup>6</sup> At the time of my fieldwork in Vila Santos, only one street in the community, the very steep Rua da Lomba (Hill Road) was paved. This infrastructure improvement had been achieved through the municipal government's participatory budgeting process, and several other streets were scheduled to be paved in late 1994 and early 1995.<sup>7</sup> Paving streets is not only a question of convenience and aesthetics, but also greatly improves the health of the community, because when streets are paved, the houses along them are connected into the formal sewage/drainage system and their waste products no longer empty into the above ground drainage ditches that line most of the neighborhood's streets. For example, the Rua do Posto (Health Clinic Street) has a partial and uncompleted underground drainage channel that was begun during an election year but left unfinished. Most of the time, one side of the street is a *valão* (drainage ditch) or overflowing stream, depending on the weather. After descending a steep hill, the *valão* crosses to the other side of the street in front of the Health Post before emptying into the neighborhood's only soccer field. Recognizing the dangers posed by having sewage and bacteria/parasite filled water in their neighborhoods, residents of Vila Santos and their community leaders are quick to emphasize health-related issues in their attempts

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<sup>6</sup> These are the Vila Santos Neighborhood Association, the Vila Nova Neighborhood Association, and the Rua de Lomba Neighborhood Association (all pseudonyms). The first two have more or less explicit boundaries limiting those who can participate; the Rua de Lomba Association is open to all who live in the greater Vila Santos area.

<sup>7</sup> Participatory budgeting (*orçamento participativo*) began in Porto Alegre with the election of PT candidate Olívio Dutra in 1989. His vice-mayor and fellow PT militant, Tarso Genro, was elected mayor in 1993. The municipal government is self-designated as an *Administração Popular* (Administration of the People), and participatory budgeting, in which communities and designated interest groups (unions, NGOs, etc.) play a large role in determining how city resources will be allocated. In the participatory budgeting process, needy neighborhoods (i.e. *vilas*) are given priority, and the basic infrastructure (e.g. paving, sanitation) of many *vilas* has been improving significantly during the course of the two Popular Administrations.

to convince city and state officials to improve the level of basic infrastructure in their communities.

Another negative consequence of the poor quality of roads in Vila Santos is the lack of any public transportation service within the neighborhood. Because no company in Porto Alegre will run a route on unimproved streets, it is necessary to walk five to fifteen minutes along dirt roads or narrow and often steep pedestrian *becos* (paths) in order to reach one of the three main bus lines that pass along improved streets close to Vila Santos.<sup>8</sup> Community leaders harshly criticize the city government and bus companies for perpetuating this situation, particularly since nearby Vila Carvalho and Vila São João have received direct bus service within the past few years.<sup>9</sup> And once again, the consequences of these conditions are not only substantial inconvenience (especially when it is raining or when one is carrying packages or small children), but also increased commute times and decreased access to educational, commercial and recreational opportunities.

In highlighting some of Vila Santos' infrastructure deficiencies and the significant difficulties they create in everyday life, I do not mean to reduce Vila Santos to its material dimensions. Like many *vilas* in Porto Alegre, Vila Santos possess a strong sense of community, which residents often contrast to the isolation and *frio* (coldness) that they believe characterizes Porto Alegre's middle class districts.<sup>10</sup> This neighborhood solidarity is reinforced by the prevalence of extended family networks in Vila Santos. For example, Regina, who I will profile later in this chapter, lives on a

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<sup>8</sup> Bus service in Porto Alegre is provided by regulated private companies.

<sup>9</sup> Of course, they were only able to receive this bus service after their dirt roads were paved or covered with bricks, which largely occurred as a result of the participatory budget process.

<sup>10</sup> On the other hand, many Porto Alegrenses consider Vila Santos to be *pesado* (heavy), and even those who live in adjacent Vila São João and other nearby low income communities are afraid to enter Vila Santos because it is seen as having many "marginals" and significant drug dealing.



compound with three houses - one for her parents, one for her sister's family, and one for her and her two children. Similarly, three of the *promotoras*, Vera, Ana and Marta, are sisters who live only a few streets away from each other. These extended kinship groups not only form the basis of many of the social relationships within Vila Santos, but also provide affective and economic support during times of trouble. When taken together at the community level, these "family" relations, and the values associated with upholding the family, emerge as some of the key symbols used to express and encourage solidarity among Vila Santos residents.

But if Vila Santos is a place where family and neighborly relations are valued greatly, this is not to say that there are no conflicts or hierarchies present in the community. In fact, the assertion of family and community values frequently entails the invoking of distinctions between self/other and community/marginal, which in turn often hinges on moral evaluations of (perceived) sexual conduct and (injecting) drug use, the same factors responsible for the vast majority of HIV transmission that occurs in Vila Santos. As a result of this convergence of HIV transmission risk factors and the moral standards used to assess the behavior of community residents, many of my conversations with Vila Santos residents about HIV/AIDS revolved around how "marginals," especially *viciados* (drug addicts), prostitutes/loose women, and *bichas/veados* (faggots/queers) were the ones who were getting AIDS and/or were responsible for spreading the HIV/AIDS epidemic. Of course, this idea that AIDS is the result of the immoral actions of marginal others is not limited to Vila Santos, but exists throughout Brazil and the world. But common or not, neither I nor most of the *promotoras* and community leaders who participated in the GAPARS training accepted the marginalization of people in this manner, and instead tried as best we could to offer alternative ways of treating social difference that promoted community unity without

placing moral blame on certain stigmatized individuals.



In the preceding section I have presented an overview of some of the basic characteristics of Vila Santos. But these generalizations leave aside many factors that may be important for understanding individual and collective responses to the HIV/AIDS epidemic in this community. For example, where did the residents of Vila Santos come from, and how long have they lived in Porto Alegre? What are their demographic characteristics? Is there intra-community economic stratification? And to what extent do community residents participate in the social and political life of their community? The data from a household questionnaire that my two research assistants and I administered to two hundred residents of Vila Santos provides a starting point for answering some of these questions.<sup>11</sup>

About three quarters of the respondents indicated that they are native to Porto Alegre, calling into doubt the idea that *vilas* are composed only of persons from the "interior" (i.e. outside of the Porto Alegre metropolitan area). Only three percent have lived less than ten years in Porto Alegre, and the mean time spent in the city is twenty-six years. Not only are most people in Vila Santos native or long-time residents of Porto Alegre, but most have been lived in Vila Santos for many years as well - the mean reported length of time of residence in Vila Santos is twenty-one years, and only thirteen percent have been in the *vila* for less than ten years. As a result, although many inhabitants of Vila Santos may have relatives in the interior of the state of Rio Grande do Sul, a large majority of the survey respondents have spent most or all of their lives in

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<sup>11</sup> The survey was given to one adult (sixteen years or older) in each selected household (e.g. every fourth or sixth house, depending on the size of the street) on representative streets (some large, some medium, some small) with a goal of capturing most of the socioeconomic variation present in the *vila*. My origin goal was to sample one hundred women and one hundred men, but due to some confusion in the administration of the survey, 106 men and 94 women ultimately responded to the questionnaire.

Porto Alegre's more cosmopolitan cultural setting. This temporal and spatial distancing from life in the interior suggests that the community's cultural practices and values might be best considered as continuously (re)interpreted and (re)created in the face of the dynamic processes of life in a large city rather than as the transplanting of "traditional" patterns from the interior into an urban environment, as is sometimes uncritically assumed in studies of the *classes populares*.

Another important demographic feature of Vila Santos is the high concentration of Afro-Brazilians in the community. More than half of the respondents were classified as *preta* ("black" - 27%) or *mulatto* or *morena* (29%) during the administration of the questionnaire.<sup>12</sup> Not surprisingly, this large percentage of Afro-Brazilians in Vila Santos is accompanied by a high level of self-reported practitioners of Afro-Brazilian religion (in Porto Alegre, *batuque/terreiro*).<sup>13</sup> Afro-Brazilian culture is also present in the community in the form of well-attended *capoeira* classes for young children and the popularity of "funk," "hip hop" and "rap" music and images among adolescents and young adults. These later cultural styles have become increasingly politicized in an emerging "hip hop" movement in the city during the past few years. However, despite this recent

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<sup>12</sup> Before administering the questionnaire, my two research assistants and I discussed how race is categorized in Vila Santos in order to develop a classification system for the questionnaire that reflected the residents' perceptions of racial difference. As is the case in Brazil more generally, we ended up with a system that functions in degree rather than in absolutes, ranging from *preta/negra* (black) to *mulatta* on one end of the spectrum to *morena* (similar to *mulatta*, but more "white") and *branca* (white) on the other. One other category, *bugre*, was also used to describe a few individuals who are of mixed Indian (from Brazil) and African descent.

In terms of the data recorded, although most Brazilians tend to "whiten" themselves when they racially categorize themselves, this bias is probably less present in the questionnaire because we, rather than the respondents, classified the respondent's race. In terms of the categories used in the questionnaire, Regina is considered *morena*; Rosa, *negra*; and I, *branca*.

<sup>13</sup> This is not to say that all practitioners of Afro-Brazilian religions are either persons of Afro-Brazilian descent or residents in low income neighborhoods - participation in *batuque/terreiro* cuts across race and class lines in Porto Alegre and throughout Brazil. For a discussion on Afro-Brazilian religions in Rio Grande do Sul, see Oro (1994). Another interesting data related to religion is the fact only half of the respondents classified themselves as Catholic in a country nearly everyone is at least nominally Catholic.

development, no respondent indicated any formal participation in Porto Alegre's *movimento negro* (black movement).

In terms of socioeconomic characteristics, the mean household income of the sample is about three minimum salaries (during 1993-1994, approximately \$150-200/month), ranging from nearly a fifth of households reporting earnings of one minimum salary or less (abject poverty) to ten percent with incomes between five and seven minimum salaries per month. As such, although there is a significant concentration of poverty in Vila Santos, there is also an identifiable group of households who, while still possessing low incomes, have much more stable, if still difficult, economic conditions. An average of 4.5 people live in each household, with a range from one to nine persons.

Educationally, fewer than half of the respondents have any formal education beyond a fourth grade level. Of those respondents who continued beyond primary school, thirty-five percent have between an fifth to eight grade education level, and another ten percent completed at least some part of high school. None of the two hundred persons questioned report having attended any post-secondary institution. Given these education levels, it is not surprising that of the 48% percent of women who identify themselves as currently working outside of the home, the vast majority are involved in some sort of domestic service. The remaining employed women work as cooks, seamstresses or office workers. For the more than 70% of men currently employed, construction related work such as brick laying predominates. However, there is a wider range of occupations among the men than the women, including unskilled jobs (e.g. gas station attendants, janitors, office boys, cart pushers), skilled work (electricians, plumbers, mechanics), taxi driving and independent business.

More than 90% percent of the respondents report some form of community participation, which I define as any activity based in the neighborhood that brings together groups of people. The most common form of community participation indicated

is attendance at religious centers - 30% report that they sometimes attended church (the denomination usually was not specified), 20% batuque/terreiros, and 14% both church and terreiro.<sup>14</sup> Next come leisure activities, such as attending or playing in soccer games and going to dances. Nearly ten percent of women also are involved in some manner with *creches* (day-care centers) in the community. In terms of more organized political activities, participation is smaller. Two-thirds of respondents state they have no affiliation with or sympathies toward any political party. Of the third who identify a party preference, 75% say they are members or sympathizers of the Worker's Party.<sup>15</sup> Five percent report involvement with one of the three neighborhood associations, 4.5% in the participatory budgeting process (mostly the same people), and only one person in the PRORENDA project discussed above.

Whether this level of participation in formal political organizations is high or low is open to discussion. Many formal community leaders regularly complain that their neighbors are politically apathetic. Yet, as Zaluar argues in her ethnographic study of community politics in a low income housing project in Rio de Janeiro, one can also interpret these participation levels as intelligent decisions reached by weighing relative costs (particularly time) versus tangible results (Zaluar 1985). When the perceived benefits are concrete and desired, as in the case of basic infrastructure improvements (street paving and drainage/sewage systems through the participatory budgeting process) or public hearings regarding a new municipal health post that was to be

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<sup>14</sup> A terreiro is a formally designated, outdoor area where Afro-Brazilian religious ceremonies occur. The house of the *mãe de santo* or *pai de santo* (mother/father of the saint - religious leader) is typically next to the terreiro. Sometimes, the terreiro complex can be large; other times, it is just a small house and an adjoining yard.

<sup>15</sup> 5% reported affiliation with the *Partido Trabalhista Brasileiro* (Brazilian Labor Party, or PTB), the party founded by former president and populist Getúlio Vargas; the party retains some popularity among older residents of Rio Grande do Sul; 3% reported that they supported the *Partido Democrático Trabalhista* (Democratic Labor Party, or PDT), who controlled the state government of Rio Grande do Sul at the time and was once left populist; 1 person reported an affiliation with the *Partido Comunista Brasileiro* (Brazilian Communist Party, or PCB).

opened in nearby Vila São João, participation by Vila Santos residents is relatively high. Conversely, most regularly scheduled meetings of neighborhood associations are poorly attended, and after only a few months on the meeting circuit (e.g. local and regional neighborhood associations, participatory budget hearings, and local health councils), I was able to observe that the same few dozen people were the principal players in nearly all of the formal political organizations and forums in the region. As a result of these dynamics, community leaders in Vila Santos as well as other *vilas* throughout the city often serve as the primary links between their communities and government agencies, political parties, charitable institutions, and other non-governmental organizations. And as I will discuss in the following section, it was largely based on the interest of a few community leaders in Vila Santos and the East Side of Porto Alegre that GAPARS decided to develop its pilot community-based AIDS education project in these communities.

### **an AIDS training for community leaders**

During my initial visits to Vila Santos and participation in the activities of the *promotoras populares legais* (hereafter *promotoras*, or PLPs) in November and December 1993, I found that community leaders were very interested in voicing their concerns about the threat that HIV/AIDS posed for their communities. The following explanation that Alberto, a community leader in his mid-thirties from Vila São João, gave to me typifies the sentiments of nearly all the leaders with whom I came into contact at this time:

*Porra*, there are lots of people with AIDS in the community. People don't have information, and they don't understand the information that they receive from GAPARS and the government. People are getting infected all the time. . . .

There is a lot of *picando* (shooting up drugs). People share needles. And there's also a lot of prejudice related to AIDS. I was talking to this guy who thought that all people with the virus should be marked on the face so that they could be avoided. People think these things. . . .

We [community leaders] need to be educated as well, so we can better work these questions in the community. Alberto, December 1991.

Through listening to comments such as these, it soon became apparent to me that although many leaders thought that HIV/AIDS was a big problem in their communities, they did not feel sufficiently capacitated to work on AIDS-related issues. And more often than not, once my association with GAPA/RS became known, they queried me as to what GAPA/RS was doing about AIDS in the *vilas* of Porto Alegre, which in their opinion was not much. After a few of these discussions, Alberto and Sonia, a *promotora* from Vila São João, suggested that a good starting point for resolving this impasse would be GAPA/RS's organizing a training for community leaders on AIDS-related issues.

This idea on the part of community leaders to have GAPA/RS develop an AIDS training program specifically geared to their needs coincided with an increased interest on the part of some GAPA/RS members to work more closely with low income communities. GAPA/RS has always considered low income communities to be one of its target populations (see chapter 3), although for most of its history, this relationship has been confined largely to services and activities centered out of GAPA/RS's office (e.g. psychological counseling, distribution of medicines and food, support groups for people with HIV/AIDS) or one-time HIV/AIDS education *palestras* (lectures/formal talks) at schools, neighborhood associations and other community organizations. In late 1991, a more formal proposal on AIDS prevention/education in low income communities was drafted (the Health Education Project in Low Income Populations), but the project neither received outside funding nor involved many GAPA/RS volunteers and staff people. However, this desire to elaborate some sort of AIDS education program "in the *vila*" was still present in GAPA/RS in 1993, and the new partnership between GAPA/RS and THEMIS (who worked with both the *promotoras* in the East Side and a small group of female sexual professionals at GAPA/RS), as well as my involvement with both GAPA/RS and Vila Santos, provided additional impetus in going forward with the

community project. In late 1993, an informal team was formed within GAPA/RS to explore the possibility of working in Vila Santos and other low income neighborhoods in Porto Alegre's East Side, but the exact form of GAPA/RS involvement was left uncertain.

With the arrival of summer and the approaching carnival session, project development was put on hold.<sup>16</sup> In March, discussion resumed within GAPA/RS on the exact form and scope of the training. At first, there was talk of a special training for the *promotoras*, who as community leaders represented ideal "multipliers" of HIV/AIDS-related information, but through a combination of logistical difficulties, time limitations and lack of interest on the part of some of the *promotoras*, this training never was realized. Alberto and Sonia returned to their idea for a more open training for community leaders and suggested that this could be done through the East Side's Local Health Council (*Conselho Local de Saúde*, or CLS). In this manner, both inter-*vila* rivalries (e.g. where should the training be centered?) and inter-organizational rivalries (e.g. why should the *promotoras* be trained, and not other community leaders/concerned residents?) could be overcome. Over the course of the next two months, a small GAPA/RS team under the auspices of the Nucleo de Educação e Comunicação (Education and Communication Nucleus, or NEI) began to organize the program more concretely, and it was decided that the training would consist of five, three hour sessions.<sup>17</sup> These would focus on the biophysiological and epidemiological aspects of HIV/AIDS, the sociocultural and political economic contexts

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<sup>16</sup> Throughout Brazil, the summer/*carnaval* season is a time of vacations, more flexible work hours and the suspension or a significant decrease in business activities.

<sup>17</sup> Although many GAPA/RS staff and volunteers expressed an interest in working in the "*vila* project," little actual support materialized, and the bulk of the responsibility for the project fell upon three GAPA/RS staff people associated with NEI (José Paulo, Sofia, and Marie, the NEI coordinator) and myself.

These relatively low levels of volunteer involvement in projects directed toward low income communities mirrors the experience Pela VIDDA's AIDS education project in a *favela* in Rio de Janeiro from 1993-1994 that I discussed briefly in the previous chapter



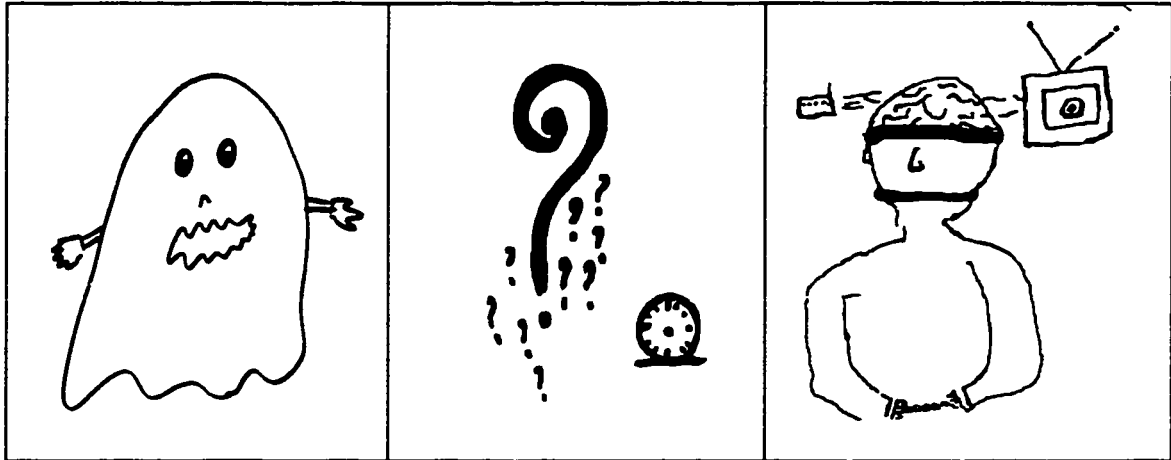
shaping the epidemic, safer sex/sexuality, and possible strategies for community organizing related to HIV/AIDS. Each of the five micro-regions within the CLS was allotted three representatives.

The project got off to a rough start when only three community leaders came to the first training session on May 14, 1994. According to those leaders present, the others had not been sure where and when the meeting would be held. That this miscommunication occurred is not surprising, since whereas GAPA/RS staff were accustomed to using the telephone to schedule and to reconfirm their meetings and appointments, many of the community leaders did not have telephones in their homes or workplaces and instead relied on personal contact (e.g. I tell you, you tell those three, etc.), announcements at community meetings, sound trucks and community radio stations for their communication needs.<sup>18</sup> After some discussion about the need for a more convenient location for the training, the group agreed to hold the next meeting the following Saturday at a Catholic church meeting hall that was situated more or less in the center of Porto Alegre's East Side.<sup>19</sup> One week later the training began in earnest with sixteen community leaders in attendance. Throughout the course of the training, the number of participants hovered around this level, although some of the people from the initial meeting never returned and their spaces were filled by other interested individuals. The final group consisted of ten women and seven men, including seven *promotoras* who ranged in age from 16 to 60. Of the non- *promotoras*, there were three men and one woman in their forties or fifties, two men and one woman in their early twenties, and two men and one woman in their thirties. On the GAPA/RS side,

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<sup>18</sup> Once the GAPA/RS staff recognized the key nodes in the non-telephone based communication networks, these difficulties diminished, although the GAPA/RS staff became frustrated at times with the time interval (often several days) required for a message to reach all of those participating in the project.

<sup>19</sup> This first meeting occurred at a public school located on the eastern edge of the *Zona Leste*.



#### **4.2 "What is AIDS?" 1**

José Carlos, Marie and Sofia were the primary facilitators for the sessions, although another GAPA/RS staff person led the safer sex workshop. I observed all of the group's meetings and at times participated in the discussions.

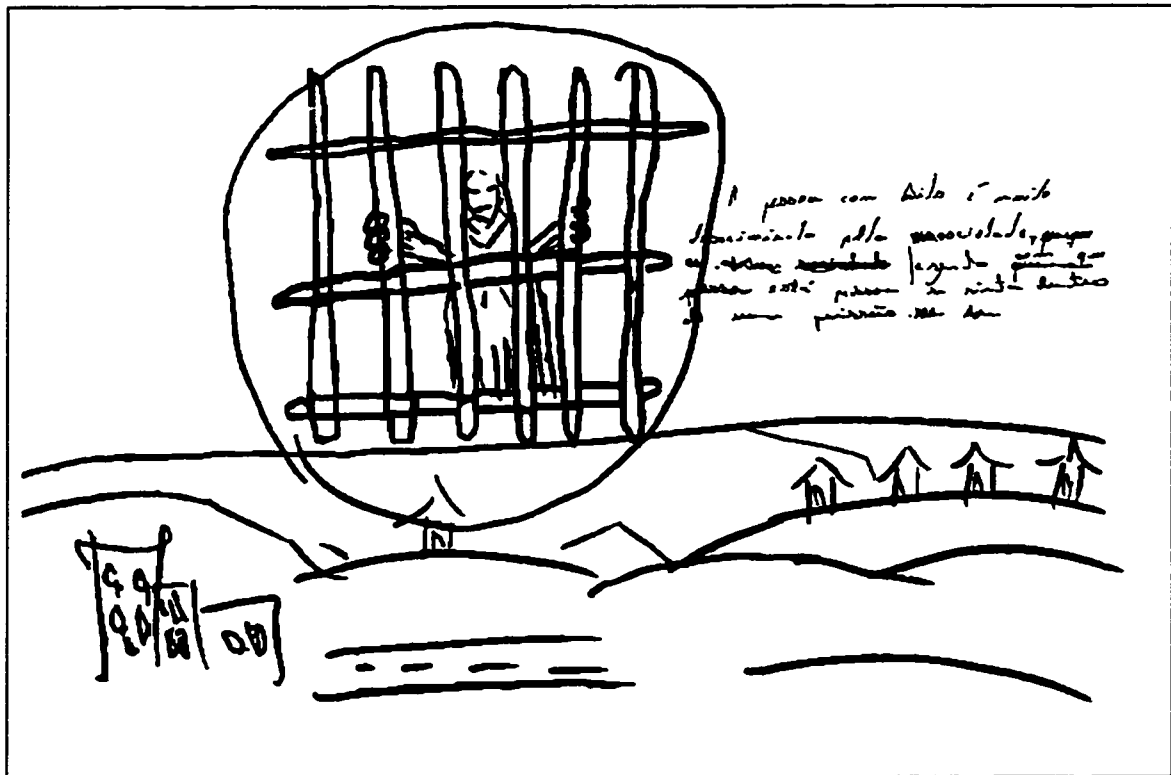
The drawings and texts from this session's first exercise - "make a drawing of what AIDS signifies to you" - provide an excellent benchmark for assessing how the community leaders perceived AIDS at the beginning of the training. In the images, sadness, fear and uncertainty, and being trapped emerge as common themes (see Figures 4.2 and 4.3). This idea that AIDS is both tragic and frightening is mirrored in the texts written by several participants:

AIDS is terrible. The person with AIDS needs a lot of comfort and support .

AIDS is a dangerous disease that is very sad.

AIDS is a disease - tragic, macabre - the reporting of which is discriminatory and covered by a fog of fear.

If thinking about AIDS initially generated strong emotional responses among the community leaders, the subsequent group discussion of the drawings revealed that they also possessed substantial critical understanding of the larger social and political economic factors shaping the epidemic in Brazil. For example, Sonia, one of the key proponents behind the realization of the training, highlights the negative consequences of discrimination within the family on people with HIV/AIDS:



#### 4.3 "What is AIDS?" 2

I know several people who have died of AIDS and were rejected by their families. AIDS is also related to *viciados* - why do people use drugs? Is it from lack of love in the family? And what about "free love"? . . .

Two friends of mine have already died of AIDS, and two more have AIDS. These are people who are well off financially. One, a blond, fell in love with a *morena*, and the family was racist and didn't support him. He began to have sex with homosexuals and prostitutes [female] in the hope that the family would help him. He was seeking affection. Now he's in the terminal phase, and the family still rejects him. Sonia, an unmarried *promotora* in her late 30s from Vila São João

Others, such as Carlos, a twenty year old from Vila Mangueiro who was the group's only self-identified homosexual participant, and Alberto, who I quoted above, consider the AIDS crisis as an example of more general irresponsibility on the part of the media and the government:

AIDS is a profound sadness, but there is hope as well. In the United States, there is a lot of money and AIDS is still a problem; in Brazil and Latin American there is less money, and nothing is done. The government needs to take the initiative, and not just in terms of money, but scientific research as well. Carlos, a Vila Mangueiro resident and youth leader

The media plays a critical role - people become blind and dumb with all the news reporting, which leads to discrimination. In the beginning, people understand, but they then become confused. The HIV+ person thinks AIDS is the end of the world. The media should educate, but instead they terrorize - why don't they present commercials for condoms like commercials for coke? Alberto, an unmarried Vila São João community leader in his mid 30s

In the course of the second and third sessions (on biophysiological and sociocultural aspects of HIV/AIDS, respectively), significant differences in the attitudes and perspectives of group participants became increasingly apparent. For example, while nearly all of the community leaders could identify the most common forms of HIV transmission (i.e. blood transfusions, sexual relations without condoms, sharing contaminated needles) and non-transmission (sharing cups, kissing, sweat/tears, insect bites),<sup>20</sup> the group's two oldest male participants, Seu Jorge and Seu Raul, were less willing to believe that kissing and coughing do not transmit HIV. These divergences of opinion became more pronounced when Seu Raul asked if AIDS had originated because Africans had sex with monkeys; in response several *promotoras* rolled their eyes in disgust. The situation reached its climax after Seu Raul stated:

If there were someone with AIDS in the room, I'd want to get away from him as a form of self-protection - after all, if we don't know where the disease came from, what do we know? Scientists themselves don't know a lot. Seu Raul, a married, long-time Vila Mangueiro leader in his mid 40s

Rachel Lima de Barros, a college educated community leader who is active in the Local and Municipal Health Councils, responded in exasperation:

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<sup>20</sup> Not unexpectedly, the respondents expressed more uncertainty regarding transmission from mother to child during pregnancy, birthing and breast feeding - epidemiologists themselves are still attempting to understand exactly how and with what frequencies these transmissions occur. For example, only between 20-30% of HIV+ women give birth to children who are themselves infected with HIV (rather than merely having the mother's antibodies to HIV in their blood stream). Documented cases of HIV as a result of breast feeding are extremely rare, and whether these transmissions occur through contaminated breast milk or micro-lesions in the mother's breasts during suckling has not been fully resolved. Given the importance of breast feeding in promoting infant health, particularly in developing world contexts, many AIDS educators in these countries have recommended that HIV+ women continue to breast feed their children; in the United States, HIV+ women typically are counseled not to breast feed their babies.

There is a great deal we know about AIDS, and how HIV is transmitted. If you are so skeptical about these issues, and do not believe the responses that the people from GAPARS are giving, why are you participating in this training? Rachel, an unmarried Vila Alta community leader in her late 30s

This division between Seu Raul and Seu Jorge on the one hand and most of the *promotoras* and Rachel on the other continued in the discussion of four collages that the community leaders had made as part of a small group exercise on the social and political aspects of the HIV/AIDS epidemic.<sup>21</sup> For example, Regina and Carlos explained that their group's collage, which they entitled "life and death," contrasted images of life (e.g. the sun, the beach, champagne, a rocket, health) with various forms of death (e.g. abortion, hunger, accidents, drugs and wars) to counter the idea that dying from AIDS is so different than the other deaths shown in their collage. As Carlos added, "death kills, in whatever form," and Regina further commented that if dying of AIDS is different from other deaths, it is because people with AIDS suffer greater prejudice because of the widespread ignorance about the disease. Seu Raul interjected that living with (and dying from) AIDS is different than living with hunger and other difficult situations, and Seu Jorge followed this statement by questioning what this collage and the subsequent discussion in generated had to do with the assigned topic "AIDS and death."

I believe that these contrasting interpretations of the importance of social and political economic factors in understanding the Brazilian HIV/AIDS epidemic may be partially explained as the result of underlying political differences among the community leaders. Seu Raul and Seu Jorge are active in the *Partido Democrático de Trabalhadores* (Democratic Worker's Party, or PDT), whose political practice in Rio Grande do Sul largely centers on systematized patron/client relations such as the group of neighborhood associations that Seu Jorge heads in the Vila Mangueiro region.

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<sup>21</sup> The group selected four themes for the collages: (1) social isolation; (2) death; (3) the family; and (4) the health-care system. The collage group exercise serves both to stimulate group discussion about complex issues (the group has to collectively decide what images and text to include in the collage) and to highlight the images and symbols that HIV/AIDS invokes (the GAPARS staff provide various popular magazines to be used in the collages).

Nearly all of the other training participants are affiliated with or support the more participatory and left oriented *Partido de Trabalhadores* (Worker's Party, or PT). Not only do these political parties offer different models of political practice, but they also differ in their form of critiquing Brazilian society, as was made evident in Rachel and Alberto's presentation of the collage their group had produced on AIDS and the health-care system. Rather than separating AIDS from other health issues, this collage echoed an often voiced PT argument that AIDS is but one of many examples that demonstrate the existing health-care system is not working as well as it otherwise might because certain powerful interests (e.g. health insurance companies, private hospitals, pharmaceutical firms) are actively undermining the implementation of the Single and Universal Health-Care System.<sup>22</sup> Throughout this presentation, Seu Jorge repeatedly shook his head and whispered comments to Seu Raul (some of which I overheard), once again questioning what this discussion, and the entire afternoon's session, had to do with AIDS.

The training concluded with a safer sex workshop, which I will return to in chapter 6, and a workshop focused on exploring strategies for community-based HIV/AIDS education initiatives. These last two activities helped bridge some of the differences that had emerged in the earlier sessions, and by end of the five weeks, there was a noticeable change in the attitudes of many participants, as evidenced in Seu Raul's comment "I had never heard of GAPA/RS before coming here for this course, but now I am your biggest fan and want everyone to know about your work." Significant transformations had occurred on a collective level as well, where an emerging group

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<sup>22</sup> The 1988 Brazilian Constitution guarantees the right of free and universal health-care for all Brazilians through the *Sistema Única de Saúde* (Single and Universal Health-Care System, or SUS). However, attempts to consolidate the various levels of public and private health-care providers in the SUS have encountered many difficulties. As a result, the demand for public services has increased (most Brazilians can not afford private health care and do not have health insurance) at a time when resources directed toward the public sector have decreased substantially.

cohesion and shared excitement about applying their new knowledge in their communities suggested that it might be possible to minimize, if not overcome, long-standing organizational rivalries and political differences. In sum, both GAPA/RS staff and the community leaders seemed very pleased with the results of the training and scheduled an additional meeting was scheduled to plan HIV/AIDS awareness and prevention activities for the various neighborhoods.

Not surprisingly, developing AIDS education activities in the five micro-regions of the East Side proved much more difficult than organizing and participating in a fifteen hour training, and the sense of unity and common purpose that had characterized the last two training sessions quickly began to erode over the course of the next few months. One complicating factor was the re-emergence of neighborhood loyalties - leaders understandably wanted to develop programs in their own communities. However, many of the same leaders also said that their existing responsibilities did not leave them much time to work on AIDS-related projects, except perhaps as articulators between GAPA/RS and their communities. This combination of wanting activities in each neighborhood and a significant personal shortage both among the community leaders and the GAPA/RS staff posed significant obstacles in the project development phase. Some leaders argued that another training should be held to capacitate more community residents as outreach workers; others thought that concrete action in the neighborhoods was a higher priority, particularly since there was no guarantee that the new trainees would have any more disposable time to work on HIV/AIDS-related issues than those already trained. A middle ground was reached in the suggestion to integrate discussions of AIDS into existing communities organizations and activities. However, in many respects this brought the discussion back to where it had started, in that given that most community activities (e.g. day-care center workers, soccer coaches, mother's club coordinators) were largely led by individuals who lacked any systematized knowledge about HIV/AIDS, they would need to be trained in some form as HIV/AIDS outreach

workers. But who would organize and coordinate these trainings? Was it certain that these individuals would be interested in working on AIDS-related issues in more than a cursory manner? And on whom would the ultimate responsibility for program organization and implementation rest?

Despite these difficulties, several distinct plans began to take shape for three of the micro-regions (Vila Mangueiro, Vila Alta and Vila Santos). For the Vila Mangueiro region, where Seu Jorge, Seu Raul, and Carlos lived, two activities were proposed. The first, a type of regional AIDS fair (the exact contents of which to my knowledge were left unspecified), never materialized, at least while I was in Porto Alegre. The second activity, a weekly discussion group for neighborhood youth (most of them high school students), held five meetings. Led by Sofia and Marie from GAPA/RS<sup>23</sup>, the group addressed HIV/AIDS awareness and prevention through exploring topics such as the body, pleasure, sexuality, violence, career aspirations and the family. Various methodologies were used, including group discussion, dramatic exercises, music and dance.<sup>24</sup> Unfortunately, when school vacation arrived, the meetings stopped and were not resumed for the remainder of the 1994. Several of the young women who formed the core of the group told the community leaders from their neighborhood that they felt abandoned by GAPA/RS. This sense of frustration was present on GAPA/RS's end as well, especially after Cláudio, Seu Jorge's son and GAPA/RS's primary communication link with the youth group, stopped attending after his wife had a baby. And to make matters worse, Sofia moved away from Porto Alegre, leaving the program in need of substantial reorganization and re-animation.<sup>25</sup>

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<sup>23</sup> Carlos also attended these sessions, but as a participant rather than as a planner or facilitator.

<sup>24</sup> I attended the second meeting of the youth group. Because GAPA/RS staff and volunteers were divided among the three overarching *vilas*, I largely concentrated my participation in the Vila Santos region that I knew best. As a result, I was not able to accompany all the meetings of the youth group since they often conflicted with my other commitments.



In Vila Alta, Bethânia and Rachel began to contact neighborhood youth in order to lay the foundation for the establishment of an on-going discussion group similar to the one in Vila Mangueiro. José Carlos and I accompanied them on their first Saturday afternoon outreach activity, which occurred at a local park that was hosting a well-attended volleyball tournament for Vila Alta youth. In the course a few hours, Rachel and Bethânia distributed condoms and one of GAPARS's educational pamphlets to more than sixty adolescents, who generally showed a high level of interest in talking about AIDS. Bethânia and Rachel returned to this park on several other occasions and entered into contact with several existing youth groups in the area (one associated with a church, the other in an adjoining but much poorer region of Vila Alta) in the hopes of integrating systematic discussions of AIDS, sexuality, and drug-use into these groups' activities. At the same time, Bethânia increasingly integrated AIDS-related issues in the local school where she teaches (gaining her the nickname "the AIDS lady"), thereby stimulating discussion about AIDS both among students and their parents, some of whom contacted Bethânia after hearing about her from their children. And if in comparison to the GAPARS led youth group in Vila Mangueiro, the development of systematized AIDS education programs in Vila Alta has moved at a slower pace (when I left Porto Alegre in October 1994, there was still no youth group in Vila Alta after nearly four months of outreach), this is because the entire project in this area rests upon the shoulders of Bethânia and Rachel.<sup>26</sup> But even if it may take Bethânia and Rachel longer

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<sup>25</sup> The group did not meet for the rest of the time I was in Brazil (until mid-December, 1994), although Marie wanted to reactivate the group in 1995 after the summer vacation and *carnaval* season ended.

<sup>26</sup> This reluctance of other Vila Alta community leaders to take on AIDS education was evident at a meeting I attended in which Bethânia and Rachel attempted to engage the other leaders to become involved with the project. Although most of these leaders said that they thought that working on AIDS-related issues was greatly needed in Vila Alta, all gave some reason why they could not participate more actively in the project (i.e. lack of time, lack of knowledge).

to get some sort of AIDS education program in place in Vila Alta since they are not relying heavily on GAPARS staff and resources (as did the Vila Mangueiro community leaders), their demonstrated and continued engagement in their community's affairs will likely provide them with many promising opportunities for AIDS-related initiatives that are not always visible to those who lack everyday contact with the neighborhood (e.g. GAPARS staff and volunteers).

For the Vila Santos micro region, the community leaders, nearly all of them *promotoras*, decided to use their then newly forming *Nucleo de Atendimento Familiar* (NAF - Family Support Center) in Vila Santos as the basis for their AIDS education activities. Their plan to incorporate AIDS-related issues into the NAF represented a more ambitious proposition than either the Vila Mangueiro or Vila Alta projects, because the *promotoras* not only envisioned discussion groups for youth and women from their neighborhoods, but also sought to address the social service and health-care needs of people with HIV/AIDS through directing these individuals and their families to existing providers in the Porto Alegre. Some *promotoras* went so far as to consider the NAF a mini-post of GAPARS in the community, although GAPARS staff stressed that their role in the NAF was limited to providing technical assistance and helping coordinate AIDS education campaigns in the community. As the discussion below will reveal, the NAF proved unable to fulfill either its general mission of encouraging community residents to take advantage of their legal rights and to exercise their citizenship or its more specific AIDS-related objectives. But before turning to examine in more detail why the NAF was unable to meet its goals and the lessons this experience provides regarding the difficulties of viabilizing formally structured AIDS-related programs in low income communities, it is necessary to consider some of the general attitudes and practices that Vila Santos residents have in relation to HIV/AIDS.

## **Living with HIV/AIDS in Vila Santos**

I had a lot of conversations about AIDS during the time I spent in Vila Santos. And if the depth of these discussions varied considerably from person to person, nearly everyone I talked to shared a concern that AIDS was becoming a significant problem in their community because people were not taking the risk of AIDS seriously or doing much to protect themselves from HIV infection. The following excerpt from a recorded group interview with several adolescent males is typical of these commentaries:

**CK:** What do you think people in the community think about AIDS?

**Zeca:** The people here don't worry too much. A few are concerned, but most think that AIDS won't happen to them, and don't even want to know anything about it.

**CK:** The majority of people think this?

**Zeca:** Yes. But there are some people who think about protecting themselves.

**Xico:** I'm not sure about that - even today, I don't see people saying that they protect themselves.

**Tonio:** I think the situation is pretty bad. I see people saying that they don't have AIDS and then get it and die, taking 15 or 20 people along with them. And if you say to one of these guys that this is wrong, he'll tell you to mind your own business.

**Xico:** And worse - if you go to talk to them, they swear at you. They think it's their own business and no one else has the right to give an opinion. Group Interview, October 1994

Given these generalized perceptions of apathy and denial in the face of HIV/AIDS, some community leaders, such as Marcos from the Vila Santos Association, voiced a certain degree of skepticism if anything really could be done to stop the spread of HIV in the community.

People don't take care of themselves. They still think that AIDS will only happen to the neighbor, and not to them. There is also little information, and despite what is given on TV and radio, people don't pay much attention. What we [community leaders] do is talk about this condom business - that people need to use them. But condoms are expensive, and this will have to be resolved. It is an obligation of the government; I think the government should provide free condoms.

I don't know what has to be done to enter into people's consciousness that this is a serious disease. People think it isn't, they don't take it seriously - they do everything that spreads it - drugs, exchanging sexual partners - this happens a lot. You can worry until you are blue, but this won't resolve anything. I don't know - you can do education campaigns, but they don't help - you need to come up with

something, you know, something brilliant that forces the guy here to take it seriously. Marcos, a community leader in his late 20s, 1994 interview

But are most Vila Santos residents as poorly educated and unconcerned about AIDS as the comments of Marcos and the three adolescent males quoted above would lead one to believe? The data from my household questionnaire suggest that uncertain and inconsistent are perhaps more accurate descriptions of the state of AIDS-related knowledge and practice in Vila Santos. For example, nearly all respondents can identify the scientifically accepted forms of HIV transmission (female to male sexual transmission, 99%; seminal fluid, 98%, sharing contaminated needles, 96%, oral sex, 93%; perinatal, 88%; receiving blood, 84%). However, sizable numbers also believe that donating blood (46% and 7% unsure), kissing (29% and 11% unsure), and insect bites (17% and 4% unsure) transmit HIV.<sup>27</sup> These responses indicate that although some Vila Santos residents are somewhat confused about HIV transmission, most possess sufficient knowledge of the actual forms of HIV transmission to identify potential risks in their own lives. Nonetheless, only 40% of the respondents stated that they have changed their sex life because of AIDS, although more than three-quarters report that they are taking some kind of "precaution" to diminish the risk of HIV transmission in their lives, including condom use (especially in extra-marital relations), reduction in the number of their sexual partners, more stringent partner selection criteria, monogamy and sexual abstinence.<sup>28</sup> Taken together, these replies suggest that most residents of Vila Santos are concerned to some extent about the possibility of HIV infection in their

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<sup>27</sup> These overall results are similar to those from other questionnaires given to low income Brazilians (see Guimarães 1994a, Fernandes 1994). Surprisingly, in my survey, the average number of incorrect response on the HIV transmission questions was highest for the twenty individuals who had some high school education, while those with only a fifth to eighth grade education demonstrated the highest level of knowledge. I am not sure how to account for this somewhat counter-intuitive data (i.e. one would think that with greater access to education and schools one would acquire greater knowledge about HIV/AIDS).

<sup>28</sup> A few respondents also indicated that they had changed their drug use practice in order to protect themselves against HIV transmission, but this extremely small sample of self-identified drug users (less than ten individuals) is not large enough to support any sort of generalization.

onw lives, even though many of their chosen HIV risk reduction strategies (e.g. partner reduction, one-sided monogamy, selecting supposedly non-HIV+ partners) are of questionable efficacy.

However, even if a majority of Vila Santos residents recognize that AIDS is a problem in their community<sup>29</sup> and may pose them some risk to them at a personal level, AIDS largely remains a subject for informal commentaries and gossip rather than collective reflection and mobilization. As two of the *promotoras* who lead the Rua de Lomba Neighborhood Association explained to me in a recorded 1994 interview:

Teresa (a married *promotora* in her mid-30s): I know several people, some of them young, who have died of AIDS. I know that several have AIDS who live near me. But they don't talk about it, at least not with me. . . . These young people, they prefer to remain hidden.

Vera (a separated *promotora* in her mid-40s): They are afraid. Here, in the *vila*, there are many people with AIDS.

CK: How old were these young people, like under twenty years old?

Vera/Teresa: Exactly.

Vera: One of them who died was sixteen, the other was twenty.

CK: When did they die?

Vera: About two years ago.

CK: These were the first cases of AIDS in the *vila* that you knew about?

Vera: Yes, up until that point. Now, we are *infestado* (infested). There are a lot of cases.

CK: But you said earlier that the people with HIV/AIDS remain hidden and that there is also a lot of gossip about them.

Teresa/Vera: Yes.

CK: Still?

Vera: Yes. People are afraid - they are afraid of catching AIDS.

CK: And because of this they stay away from people with HIV?

Vera: Yes. Because it is still a taboo for people. Here in the *vila*, you don't hear much about it - only when you hear that the person is sick, or died, or nearly dying, then you know.

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<sup>29</sup> 84% of the respondents agreed with the statement that AIDS is a problem in their community.

Given such fears of "contamination," it is not surprising that many residents attempt to distance themselves, both physically and symbolically, from those who have or are thought to have AIDS. This social separation often entails micro practices of discrimination that are not always easily perceived, as revealed in this statement by Tania, who I knew through her friendships with many *promotoras*, in response to my question of how Vila Santos residents interact with people with HIV/AIDS:

I think the people try to keep away, to talk less, to not sit in the place where someone with AIDS was sitting right before. I myself, if I knew that someone had AIDS, I wouldn't sit immediately in their seat. . . . People avoid eating out of the same fork, drinking out of the same cup. I know that people avoid this a lot. Sitting in a seat that is still warm - I'll have nothing to do with that. I have to think about myself, to protect myself. Tania, a Vila Santos resident in her mid 40s

When I shared my surprise at the level of Tania's prejudice with Regina, she offered the case of Paulina, a neighbor of hers who has AIDS, as a way for me to understand community perceptions in relation to people with HIV/AIDS:

People talk to Paulina from a distance. And when she goes to someone's house and they are all having coffee, she will be offered a cup as well. But afterwards, in front of her, the hostess will put boiling water in the cup, so that it can be used again. But no one else's cup is washed in boiling water.

One time, Paulina came here, and we talked. Her mother wasn't home, her child was at school, and no one else wanted to talk to her. People still have a lot of prejudice. It's like "okay, no problem, she is an *Aidética* - so long as, God forbid, she doesn't come to my house or spend time with my family." Regina

These examples suggest that many Vila Santos residents are not fully comfortable around their neighbors who have HIV/AIDS. Part of this discomfort can be accounted for by the irrational but nonetheless real contagion fears that Vera and Teresa mention. But I believe that the social forces that Regina identifies play an even larger role in the isolation and stigmatization of people with HIV/AIDS in Vila Santos - many residents simply do not want to be too directly linked to the "marginalization" commonly associated with AIDS in the popular imagination. In making this observation, I do not mean to suggest that all Vila Santos residents discriminate against their

neighbors who have, or are perceived to have, HIV/AIDS.<sup>30</sup> Nor do all people with HIV/AIDS in Vila Santos passively accept their marginalization, as evidenced by Xica, who has been known to introduce herself by saying "Hi. I'm Xica. I am 25 years old, and I have AIDS."<sup>31</sup>

But if there is a general tendency among Vila Santos residents to separate themselves in some manner from their neighbors who are living with HIV/AIDS, what happens when the unthinkable occurs, and a member of *their* family comes down with HIV/AIDS? Based on anecdotal evidence, it seems that a family's acceptance of a relative with HIV/AIDS varies according to the gender of the person with HIV/AIDS and the extent to which s/he is seen as being socially marginal, with women who are married or partnered and who have children being more likely to receive support from their families:

We had a young woman here who had AIDS - it was only her and her child. Everyone managed to keep it together, and the little girl even stayed in the day-care center. Marcos

We had a special client, who told everyone that she had AIDS. She had the support of her family, because she was a person, independent of her illness, who was very friendly, loving, and loved. It was only with other people that she suffered discrimination. Dora, a Vila Santos Health Clinic staff person in her early 30s, talking about Xica

On the other hand, no one ever told me about a man with HIV/AIDS in Vila Santos who had received the full support of his family. One factor behind this apparent differential treatment of people with HIV/AIDS in Vila Santos based on their gender may be the tendency for many Brazilians to perceive a woman with HIV/AIDS as an "innocent victim," so long as there is no evidence that she was "promiscuous," whereas a man

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<sup>30</sup> And as I have argued earlier, social discrimination against people with HIV/AIDS is not limited to Vila Santos or Brazil but exists in nearly all societies that have been hit by the epidemic.

<sup>31</sup> Unfortunately, I was never able to talk to Xica about her living with HIV/AIDS. Several Health Post workers had said that they would try to arrange an interview for me, but then Xica's health worsened substantially and this was no longer feasible.

with HIV/AIDS is much more likely to be considered implicitly "marginal" (either in terms of his sexuality or his drug use) unless it is proven otherwise.

This possibility that women with HIV/AIDS in Vila Santos may receive more family support than men with HIV/AIDS is affirmed in Daniela Knauth's study of HIV+ low income women in Porto Alegre (Knauth 1994). Using a sample of about 30 HIV+ women (only two of whom were symptomatic) obtained from the Hospital de Clínicas, Porto Alegre's major research and teaching hospital, Knauth conducted periodic visits with these women in their homes over a one year period and found that they received substantial support from their families. Knauth's basic argument is that for these low income women, AIDS is but one of the various problems facing them and their families. In contrast to Knauth's data are many HIV+ women who arrive in GAPARS and recount the significant discrimination they suffer, which often includes their being fully or partially rejected by their families. Perhaps these different experiences between the women from Knauth's sample and the women who seek out GAPARS derives from the fact that Knauth's group of women are overwhelmingly asymptomatic, while most HIV+ women who come to GAPARS are symptomatic. Since there is no way to tell that someone is HIV+ by looking at them, asymptomatic HIV+ people often can control with whom they share their HIV status (i.e. those who will be supportive). On the other hand, symptomatic HIV+ individuals, especially those whose physical appearance changes or who require frequent hospitalization, are more vulnerable to having their HIV status become general community knowledge, which may in turn cause their relatives to blame them for subjecting the family to social scrutiny and possible reprobation.

In recognizing that some women with HIV/AIDS in Vila Santos receive the support of their families and in suggesting that gender affects how people with HIV/AIDS are treated, this is not to say that all HIV+ women in the community have similar experiences to the two cases cited above. On many occasions, these examples were presented to me as exceptions to the more general practice of families wanting to hide



the fact that one of their relatives (of whatever gender) is living with HIV/AIDS, as in the following case cited by Teresa:

This person who I am talking about, who died, she didn't receive real support from her family. She disappeared. They keep her shut off - we only really learned that she had AIDS when she died. She lived totally isolated, and her children too. One sister helped her - but the rest of the family didn't want to see her. Teresa, 1994 Interview

Regina, who is perhaps the person in the community with the widest range of experience helping people living with HIV/AIDS in Vila Santos, is especially critical of the way some families "support" their relatives:

You find out through the grapevine that someone's [adult] son has AIDS. The mother knows, but the son doesn't seek help from anyone, because if he seeks help, the mother and the family won't give him any more support, because he will show everyone that the family is *Aidético*. And there will be big repercussions in the *vila* for the whole family, and not just him, if it is known that he is *Aidético*. It is like this - he has AIDS, and if the family gives some support, they stay inside, quiet and don't tell anyone. And after he dies, people find out - say someone has gone to the funeral. And even then, if you would talk to the family, they would say no, he didn't die of AIDS. Regina, 1994 Interview

According to Regina, many people also give false addresses when relatives are hospitalized, wait for their deaths, and then them as quickly and quietly as possible.

One case got Regina particular angry:

When the guy on the corner died, we knew it was AIDS. He sought out Xico and me the day he learned he was HIV+, when he was already manifesting symptoms. He was in his early 20s. We tried to talk to him, but he left the *vila*. I went to talk to his mother, and she was furious, because he had told us that he had AIDS. After he had sought her out, she hit him because he had told us. He was very weak. When I talked to her, she told me that her son had a lung problem that was getting better. Some fifteen, twenty days later, he died. He disappeared like that - suddenly - no one saw him again. . . .

When he found out, he had already begun to have symptoms. When they finally took him to the doctor, he was practically in the final phase. She put him in a room, where he died in misery. . . .

She left him locked inside, until one day he managed to get out, and asked for help, from an ex-inmate, and she went for help, and took him to a doctor. He was taken to the emergency room, and this ex-inmate, she sought us out. We went there. His mother said that he had a lung problem that was being treated. It was the scandal of the *vila*, and when she arrived home, he was died.

People are like this. They have prejudices. But she was so criticized by the community that a few weeks later she moved from the *vila*. I don't know if she

received some kind of a threat, because she had a nice house. . . . Regina, 1994 Interview

In presenting these painful examples of social isolation and discrimination within families, I do not want to create villains. AIDS raises many complex issues, and disinformation, uncertainty, fear and prejudice, as well as the chaotic nature of the Brazilian health-care system, all likely contribute to the social isolation of people with HIV/AIDS in Vila Santos. Moreover, since some people in Vila Santos (and beyond) discriminate against entire families on the basis of their having an HIV+ family member and since there are few if any other concrete support networks for people with HIV/AIDS in the community, this practice of keeping quiet about a relative with HIV/AIDS is understandable and may indeed represent the best choice a family can make in the face of few realistic alternatives. Yet, in treating HIV/AIDS as a private family matter and generally shying away from outside support except in desperate situations, attempts to create community responses to the epidemic are often frustrated, as can be seen in the experiences of the *promotoras* Family Support Center, to which I now turn.

### **the family support center**

At the same time that GAPARS was planning its training for community leaders, THEMIS and the *promotoras populares legais* were organizing a *Nucleo de Atendimento Familiar* (Family Support Center, or NAF) in Vila Santos. As originally conceived, the NAF's mission was to provide readily accessible and practical orientation for community residents on a wide variety of legal questions (e.g. marriage and divorce, employment rights, identity documents, legalization of land occupation, and retirement benefits) and more general social issues such as women's rights and AIDS. The counseling was to be given by the fifteen trained *promotoras*, with technical support from the lawyers from

THEMIS, the staff from GAPA/RS, and the local Conselho Tutelar (Child and Youth Guardian Council).<sup>32</sup>

The NAF officially opened one Saturday in April 1994 in house that had previously served as the meeting place for the neighborhood's then inactive *Club de Mães* (Mother's Club).<sup>33</sup> Its official hours of operation were from 2 p.m. to 5 p.m. on Tuesdays and Thursdays, and from 11 a.m. to 3 p.m. on Saturdays. During the week, two to three *promotoras* staffed the center; on Saturday, a majority of the *promotoras* worked at the NAF.<sup>34</sup> However, after the initial curiosity generated by the painting of the house and the official opening of the center subsided, increasingly fewer people stopped by the NAF. Facing this low demand for their services, several *promotoras* suggested that the NAF needed both better publicity and specific activities that might attract more interest. Toward this end, the *promotoras* concentrated their efforts on developing Saturday afternoon workshops centered on legal topics of interest for community residents, such as workers' rights and family law questions. These sessions attracted larger, if still small, numbers of women to the NAF. Very few people stopped by the center on Tuesdays and Thursdays, other than a few of the *promotoras'* friends, and after a few months, the NAF was no longer staffed on the two weekday afternoons.

These difficulties were exacerbated by the fact that the always complicated relationship between THEMIS and the *promotoras* had become increasingly uncertain

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<sup>32</sup> The Conselho Tutelar is a city governmental agency focused on helping children and adolescents in Porto Alegre. It is divided into regional offices with paid staff and performs a wide range of activities, including responding to individual cases of child neglect and abuse, organizing community programs for youth, stimulating discussion on youth issues, and advocating on behalf of youth in various forums.

<sup>33</sup> Dona Cecilia, the owner of the house, offered its use to the *promotoras* for a one year period. As the house was in a state of disrepair, on one Saturday in March a group of *promotoras* cleaned and painted the inside of the house. During the next few weeks, posters were put on the walls, donated furniture was acquired and a sign - "Nucleo de Atendimento Familiar - THEMIS, Conselho Tutelar, GAPA/RS" was painted and placed on a wall facing the street.

<sup>34</sup> I volunteered to help out on Thursdays and Saturdays.

during this period. Although both the *promotoras* and the lawyers from THEMIS agreed that the formal relationship of teacher (THEMIS)/student (*promotoras*) had ended with the conclusion of the two semester legal training, the exact nature of their continuing relationship was not settled. On the one hand, with THEMIS' assistance, the *promotoras* were able to attend conferences of women's groups in Brasília and Mar del Plata, Argentina and gained access and notoriety that they in all likelihood otherwise would have lacked. On the other hand, working with the *promotoras* helped THEMIS demonstrate their commitment to working with low income women, which in turn made THEMIS more attractive to the international agencies of cooperation who funded them. In this context of undefined goals, shifting expectations and conflicting priorities, the NAF emerged as an important vehicle through which the *promotoras* and THEMIS personnel voiced their differing opinions and at times personal and collective grievances.

Another factor contributing to the NAF's gradual paralysis was the high degree of uncertainty among the *promotoras* about what *being a promotora* entailed at both individual and collective levels. When could a *promotora* speak as a *promotora*, and toward what ends? Was the NAF an appropriate priority for the *promotoras*, given that it only served Vila Santos whereas the *promotoras* were from the various communities of Porto Alegre's East Side?<sup>35</sup> And did the *promotoras* need some sort of formal structure in order to assert their autonomy from THEMIS and to become a self-sufficient organization? In the course of discussing such issues, the *promotoras* decided that the NAF was taking too much of their time for the small number of people it reached, and the center effectively, if not officially, ceased to operate. Around the same time period,

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<sup>35</sup> Of the fifteen *promotoras*, 8 were from the greater Vila Santa Barbara area (5 from Vila Santos, 2 from Vila São João, 1 from Vila Cavalho); 4 were from Vila Rosa, located across a major thoroughfare that divided Vila Rosa and Vila São João; one from the more distant Vila Alta; and two from other *vilas* in the *Zona Leste*.

the *promotoras* officially registered as a non-profit, community-based civil organization and began to focus on the possibility of forming working partnerships with other non-governmental and governmental organizations.

This gradual implosion of the NAF project significantly hampered the development of HIV/AIDS awareness and prevention programs under its auspices. Nor did many individuals stop by the NAF seeking information related to HIV/AIDS - I only know for certain of two cases individuals who came to the center seeking information related to HIV/AIDS.<sup>36</sup> And even if the NAF had proved viable in some form, it remains uncertain whether community residents would have stopped by the NAF in order to resolve their AIDS-related doubts or problems. As Teresa and Vera explained to me:

Teresa: If it were possible, we should give each person information [about AIDS] individually, by talking to them. I think this would be the best approach.

Vera: What we need is some sort of a health agent - talking to people, explaining, because you need to go to people - they won't come to you. I think that this type of work of talking, chatting and explaining would work very well here. We saw how everything stopped at the Family Support Center - it didn't happen. It has to be a health agent. Either this, or things don't happen.

CK: Would people be receptive to this health agent approach in relation to AIDS?

Teresa: I think so. At first, people are a bit closed, but depending on the person, if we continue, they usually open up. Here, this is how it is - people don't have information, and are afraid of everybody knowing that they don't know things.  
Interview with Teresa and Vera, 1994

But even with all these limitations, the NAF did contribute indirectly to promoting HIV/AIDS awareness and to laying the groundwork for future AIDS prevention/education initiatives in Vila Santos and the East Side of Porto Alegre. For example, during our client-free afternoons at the NAF, I was able to answer many of the *promotoras'* questions about HIV/AIDS (particularly those *promotoras* who had not participated in the GAPARS training), thereby helping them become more effective multipliers of information in their respective communities. And since I already had committed myself

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<sup>36</sup> Unfortunately, I was not present on either of these occasions.

to coming to the NAF every Thursday, I began to use this time to talk to Regina and Carmen about the questionnaire on attitudes and practices related to AIDS that they were administering with me in the community. Not only did we learn a great deal about how AIDS is perceived and experienced in Vila Santos, but the very administering of the questionnaire provided an unmatched opportunity for residents to talk about AIDS and to stimulate discussion about how the community might best respond to the HIV/AIDS epidemic.

Over time, Carmen, Regina and I stopped going to the NAF on Thursday afternoons and instead met in Regina's home to discuss the administration and results of the questionnaire. And when Carmen was unable to come, I would accompany Regina on her walks through the *vila* in which she stopped and talked to various residents about assorted personal and community matters. Observing these interactions alerted me to the importance of conversation in the work of community leaders and the possibility that such informal exchanges might provide a more viable channel for AIDS awareness and education in Vila Santos than either more formally structured organizations like the Family Support Center or activities specifically centered on AIDS. But before concluding this chapter with an discussion of how Regina has incorporated AIDS education in her everyday social interactions in Vila Santos, I would like to briefly examine the origin and experiences of the sexual education classes that members of the Vila Santos Health Clinic coordinate at Vila Santos School in order to show that under certain conditions, AIDS-related issues can be integrated successfully into existing neighborhood-based programs.

#### **a school-based sexual education class**

The Vila Santos Health Clinic is run by a religious affiliated university in Porto Alegre and provides medical, psychological and social services to Vila Santos residents

of all ages. Dora, a professional who has worked at the clinic for more than five years, provided me this summary of the clinic's formation and mission:

The clinic, considered as a whole, has a relationship with teaching and service provision. It is a university within the community. It was created in 1980, within a wider political context in which two perspectives converged. One was the national development policy of the period, particularly Projeto Rondon in terms of social policy.<sup>37</sup> The other was the Catholic philosophy of "preferential option for the poor." The post combined these two approaches and tried to articulate a relationship between teaching, research, and outreach into the community. So, the Health Clinic was created in function of having a relationship with the community, where services were developed at the same time that students would be doing their internships.

Over time, many things have happened, and we have been through many stages. Until 1989, we didn't have permanent social work or nursing professionals on our team. . . . We are looking to structure social service as a project where we work with population, in the sense that our primary object is to turn people subjects of their own life, to contribute, to accompany social processes that are born in the community, and social process that are being generated between the Health Clinic and the community. This is our overall objective. Dora, 1994 Interview

My formal association with the Vila Santos Health Clinic began through the *Programa de Saúde de Mulher* (Women's Health Program), an inter-disciplinary team of health professionals, psychologists, social workers and student interns that meets weekly and oversees the coordination of services and activities directed toward women. The program was originally developed as part of a larger federal project that provided contraceptives to health posts in low income neighborhood which were then passed on at no charge to women in these communities. But due to cut-backs at the national level and an overall shortage of resources, the clinic has not distributed contraceptives on a regular basis since 1992. More recently, the Women's Health Program has concentrated its efforts on the development of intra-disciplinary preventive health

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<sup>37</sup> Projeto Rondon (Rondon Project) was established in the 1970s to improve the living conditions of the needy throughout Brazil. Based primarily on the work of supervised college students, the project entailed the development of programs and activities centered on education, health and recreation. After the mid-1980s, the project progressively diminished in size and scope.

education activities, including HIV/AIDS awareness and prevention, through its pre-natal program, support groups for pregnant mothers, and sexual education classes at the Vila Santos School.

The sexual education classes at the Vila Santos School had been developed in late 1993 out of concern for the high level of adolescent pregnancies in Vila Santos. Through exploring the biological and sociocultural aspects of sexuality with youth who are just entering their adolescence (most of the students are between eleven and fourteen years old), the goals of the project have been to decrease unwanted pregnancies and the transmission of sexually transmitted diseases (including HIV) and to help youth reflect upon the many (inter)personal questions raised by sexual initiation (e.g. respect for others, pleasure, gender roles, and desire). The program focuses primarily on four overarching themes - human sexuality, pregnancy, contraceptive methods, and sexual transmitted diseases - and employs a variety of education techniques, including small group discussions, question and answer sessions, and dramatic presentations.

Over the course of the six to eight sessions held with each group of ten to twelve students, we responded in detail to all of the questions related to sexuality that the youth had written down during the first meeting. Much of their interest centered on the mechanics and forms of sexual intercourse, masturbation (especially among the boys), menstruation (especially among the girls), and issues related to fertilization, fetal development and birth processes. However, other questions revealed that the youth were extremely aware of the power relations and social hierarchies expressed through sexuality. For example, many of the girls called attention to sexual double standards and sexual violence.

Why can boys begin to date sooner than girls? Why don't parents let girls date and always let boys date? Why do boys only think about sex?

What is rape? What consequences does rape cause in a child who is a virgin and still hasn't menstruated? What does it feel like to be raped?



There was also substantial curiosity among both girls and boys about stigmatized social identities linked to sexuality and the possible consequences of non-traditional families on the youth's gender/sexual development.

What is a homosexual? What is a *travesti*?

What is a *puta* (whore)? What is another name that we can give to *galinhas* (women or men who have many sexual partners).

Today, why are youth afraid of talking with their parents who at times have sexual preference for people of the same sex?

What are the consequences caused in a child who is raised by a mother and doesn't know his father?

And AIDS received significant attention as well, with questions ranging from the factual to more social and emotional aspects of living with AIDS.

"What is (the virus) of AIDS?"

"Does AIDS have a cure?"

"What is an *Aidético*?"

"What does a person with AIDS feel?"

"Is a man more likely to get AIDS from a *bicha* or a woman?"

As is evident from these questions, the sexual education classes at Vila Santos School have provided the Health Post team an excellent opportunity to learn about what near adolescents in Vila Santos think about sexuality at a general level. However, it is more difficult to assess what effects the courses have had - and will ultimately have - in the lives of these students. At a minimum, all the youth who participated in the course gave extremely positive evaluations and affirmed the importance of having been given an opportunity to explore human sexuality and reproduction. And by the end of the sessions, it was also possible to observe a switching from technical questions to serious reflections of the social forces shaping romance, sexual behavior, and marriage in their community and Brazilian society as a whole. This development of a critical understanding of sexuality was demonstrated in the dramatic scenes written and

performed by the youth at the end of one of the courses. Here are the plot summaries of the two skits that I found most interesting:

**Skit 1 - "Untitled" (written and performed by three boys):** A married couple is fighting - they are always fighting. This time, it is about a freezer that the wife bought; it is not the model that the husband wanted. After a loud argument, they make up and have sex. Nine months later, a baby is born. In the next scene, the baby has grown up and is in fact the skit's fourteen year old narrator.

One day, he asks "mother, can I get a girl pregnant"?" She responds "why do you want to know that?" He says "I think I got a girl pregnant." His father, who was in another room, hears this and becomes angry. The three discuss what should be done, and they decide to talk to the girl's parents. When they tell them what has happened, the girl's mother faints.

Afterwards, the girl's take her to the doctor for exams, and then they decide that she should have an abortion. The couple are sad because their parents did not ask them what they thought and wanted. The skit ends there, with an uncertainty as to whether the young couple would go along with their parents' decision or not.

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**Skit 2 - "AIDS is no reason to kill yourself" (written and performed by three girls):** A girl meets a guy at a *baile* (dance). They dance, and then have sex and spend the night together. She goes off to work the next day, and when she returns, the guy doesn't want to have anything to do with her.

Later, she finds out that she is pregnant, and a friend tells her that the father of her baby has AIDS. She goes for a pre-natal exam and learns that she is HIV+. She returns home and tries to kill herself by taking an overdose of birth control pills. A friend finds her, and she is admitted to a hospital where she spends two days recovering, after which she turns to face her future. The moral of the story - "you who have AIDS, don't think about killing yourself, but think about living your life and facing life without fear."

In these two scenes, the youth touch upon some the most charged areas of gender/sexual relations in Vila Santos, including fighting between husbands and wives, unwanted pregnancy, abortion, the exercise of teen sexuality, and AIDS. The characters have agency, but the options they may choose are limited by their age (i.e. as minors they are to some extent subject to parental authority) and at times their gender (e.g. as in the boy from the second skit who will not talk to the girl after they have sex and does not assume any responsibility for his part in her pregnancy). And despite the emphasis on the protagonists' complicated circumstances, they ultimately are given a window of hope from which to continue their lives. This underlying message of guarded optimism in the face of adversity suggests that the attention Vila Santos

community leaders and residents (and many AIDS/NGOS as well) give to educating youth about HIV/AIDS is well placed and may ultimately lead to decreasing HIV transmission rates in the future, for even though the youth appear to recognize the substantial obstacles ahead of them (e.g. lack of employment opportunities, high levels of violence and drug abuse, HIV infection, unwanted pregnancy), they seem willing and ready to confront these challenges with open eyes.

### **some final thoughts**

What accounts for the markedly different experiences of the Health Clinic's sexual education classes at Vila Santos School in comparison to the those of the *promotora's* Family Support Center? At the most basic level, Vila Santos School is a much more stable - if financially strapped - institution than the newly formed and experimental Family Support Center, which was never able to clearly define its objectives and working styles. And whereas few people stopped by the Family Support Center, the Vila Santos School congregates large numbers of children in the course of its everyday operations and thus provides a pool of already organized participants for special activities such as sexual education classes. The only significant organizational obstacle that might have frustrated the implementation of the courses was the level of commitment of the two institutions, but in this case both Health Post and Vila Santos School personnel were strongly behind the program. Once the course was proposed, the demand on the part of students was easily stimulated, since as adolescents initiating their sexual lives, the youth had a strong interest in learning about sexuality and recognized that this program might be one of the few places where they could explore sexuality in an open and non-threatening environment.

This convergence of institutional and personal interest in addressing AIDS-related issues is much less present among adults and older youth in Vila Santos. Organizationally, there is a long history of programs arriving in the *vila*, attracting a

public, and then suddenly ending due to factors beyond the control of either the participants or the community leaders responsible for bringing the activity to the *vila*.<sup>38</sup> As a result, there is a strong skepticism among Vila Santos residents regarding the commitment of outsiders to their community. At an individual level, most adult residents have little free time and are more likely to concentrate their participation in activities that have been shown to produce concrete results (i.e. the pre-natal program at the Health Clinics or participatory budget meetings to pave their street) rather than in programs with unproved track records (e.g. the Family Support Center). And when HIV/AIDS or sexuality is involved, additional obstacles are posed - many residents may be afraid to seek out information on HIV/AIDS because of fear of social reprobation, while others may feel that some things (like sexuality) are better off done but left unsaid, or that HIV/AIDS has nothing to do with them.<sup>39</sup>

Regina's more informal integration of HIV/AIDS issues into her many social interactions within the community represents a possible strategy for overcoming both the institutional limitations and the sociocultural practices that frustrate formally structured responses to the epidemic in Vila Santos. In order to understand why this approach produces substantial rewards, it is necessary to consider Regina's positioning within the community and the choices she has made in her life that resulted in her becoming perhaps the preeminent local health educator in her community.

When I was a teenage girl, I began to participate in a youth group formed by a Catholic priest, even though I was a *batuqueira* [practitioner of Afro-Brazilian

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<sup>38</sup> For example, the graffiti workshop in which Zeca, Tonio, and Xico participated stopped soon after my arrival in Vila Santos due to a series of internal political fights within the organization that was coordinating the activities (FESC). The workshops were scheduled to resume after a year hiatus in late 1994.

<sup>39</sup> At times, residents went so far as to ask Regina and Carmen why they knew so much about AIDS - could it be that they were HIV+, or that someone close to them was? This equating of knowledge about HIV/AIDS and having AIDS seems to have discouraged these individuals from wanting to learning more about AIDS - if they knew more about HIV/AIDS than other community residents, they might be seen as having HIV/AIDS and consequently suffer discrimination as an "Aidético."

religion]. There was a campaign against drug use - I must have been fourteen or fifteen years old. And we were very concerned because our friends were beginning to become addicts. Two of our group of friends died. This shocked us. Even today, we still talk about this, how it was a shock that these two young guys died from overdoses, and we didn't even know what this was. . . .

And so we began to become interested. After awhile, I talked to the priest, and he looked around here and decided that there was a drug problem in this *vila*. So we began to do this campaign with the priest, saying that using drugs wasn't *certo* [correct] or *justo* [right]. And then in this time, when I was eighteen or so, I got married, and doing all this, I began to think differently about our work. I think that even the priest noticed, and said that I was different. But it was this question of imposition, that "if you do this, God will punish you, you will go to hell." I began to think that it wasn't like this. So we decided to tell the priest that we weren't going to work anymore with him.

We began to look for a teacher, but that didn't work out either. So we began to *fazer a batalha* [campaign/fight] against drugs, but in our own way. I contacted a mother's club, where the Family Support Center is now, and we started working with *gurias* [teenage girls], the daughters of the *donas* [married, adult women], who at that time had a youth group.

When I got married, at that time in the *vila*, at least in Rio Grande do Sul, a virgin girl didn't talk to a girl who wasn't a virgin. So, when I was eighteen, I had to move into the group of the *senhoras*. There were even separate dances for *moças* and dances for *senhoras*.

So, I participated with the married women, and I'd put forth my ideas, and the women would accept them. We started another campaign - always against drugs, and from this, I became interested in the question of health, and of women. I took a training course as an assistant nurse. I began to do more, and what I learned in that course, I took advantage of and used in this *vila*.

So since then, I have fought not only against drugs, but also questions of sanitation, and there are children dying of hunger, dehydrated, and from there I have fought until today. But really, it was more fighting drugs, and now AIDS. Regina, 1994 interview

As this text highlights, Regina's involvement with drug and health-related issues grows directly out of her personal experience and a desire to apply her knowledge in the everyday life of her community. No where is this more evident than in her role as a local expert on birth control and abortion questions. When, as often occurs, young women in Vila Santos attempt to induce abortions through herbs, prescription medicine "cocktails" or insertion of branches, knitting needles and other objects, and something goes wrong, they seek out Regina. It was through one such woman that Regina first encountered someone with AIDS in Vila Santos:

The first case of AIDS that I saw in the *vila* was a young girl who had tried to do an abortion, and the other girls took her to the emergency room when she began to

bleed heavily. The next time I saw them, they said, "she has the *tia* [AIDS]. I was a bit at a loss. I knew that AIDS existed, since I worked in a hospital at this time, but until then it never entered my head that one day AIDS would come to my community. . . .

I began to become concerned about what we should do [about AIDS] in the community. At the same time there was another case of AIDS, a guy who had lived in Rio and was causing a total panic because all the girls were having sex with him - he was a *carioca* [someone from Rio de Janeiro]. So, we began, me, Alberto, a priest, and a few other community leaders, a campaign against AIDS. . . .

So we taught the *gurizado* [adolescent males]. In the beginning, there was a lot of resistance, because I was still very young and people thought I wanted to seduce "momma's boys," and when I began, I was separated, so it was even more scandalous!

After a bit, I had a very brief contact with José Paulo in GAP/RS - I was thinking about a project, because I was enrolled in a course during this time, and he went there and gave a talk about AIDS, and that was when I began to deepen my knowledge of AIDS. . . .

We try to get rid of people's prejudice, only it is very difficult . . . you see people who are still very radical. You can't get it in their heads - we try to raise the consciousness of people, that just because someone has the AIDS virus, you won't get it, if you don't have sex with them, without a condom - it won't happen. Only there is still a look of fear - at times it frightens me. One of our *guris* said to me "ah, Regina, if you drink beer [out of the cup of the person with HIV/AIDS], you will catch the *tia*." Now, our *guris* aren't so much like this, but the others - I see that they are still afraid. They are afraid of catching a *tia* drinking beer - but they have sex without condoms, use drugs, share needles. Regina, 1994 Interview

Despite these obstacles, Regina has achieved many important breakthroughs in terms of increasing HIV/AIDS awareness within Vila Santos, including transforming the attitudes and practice of the family of Paula, a neighbor of Regina who has AIDS.

It always happens like this. Paula [the person living with HIV/AIDS] never left the house in the beginning. We began to *conversar* [talk], to *batalhar* [fight, in the sense of achieving social justice]. Paula was there, in the back of the house - she lived there. She didn't need to work or do anything - the mother did everything for her and her child. But the sisters didn't enter, nor the brothers, because they thought that if they did, they would become contaminated. Thank God, with Paula's family, we had, I think, one of my biggest victories. I was able to raise their consciousness. So much that today, Paulo participates in birthday parties, and although she doesn't work outside, her brothers and sisters pay her to look after their children. . . .

When I saw Paula with her sister's baby, I think this was my biggest conquest in the *vila*. It was one of the few things that made me cry, because I don't cry a lot - I only cry when I am angry. Her sister said to me "look, Paula will take care of the baby, she needs to have some way to make money, and we can't take care of the children, because we work in the day, and we are already spending money on Paula's food and things. So we thought she should work - and we sent her to apply for jobs, but she was turned away. We had a family meeting - and we thought she

could be a sort of day care center for us, taking care of all the children." I had always thought that they would never let her take care of a baby. . . .

Now she lives a normal social life, goes to the birthday parties that they have, and the neighbors as well. And Paula imposes herself - "I have the disease, I am aware that I had the disease, but I want to participate in social life." . . . I think that Paula was one of my biggest successes in the *vila*. Regina, 1994 Interview

What factors accounts for Regina's success in reaching out to and in educating Vila Santos residents regarding HIV/AIDS and other health-related issues? Here, I believe the *conversa* (the conversation) and the *bate papo* (the chat) are key, for through talking to community residents, Regina is able to break through initial resistance or surface facades and get people to talk about more hidden areas of community life, such as unwanted pregnancies among adolescent girls or cases of HIV/AIDS. This strategy is well suited to Regina, not only because she is a great conversationalist, but because she also knows nearly everyone in Vila Santos, where she has lived most of her life. Through mediating and linking between disempowered community residents and the "outside world," she is able to offer people concrete advice and possible courses of actions. In her work, Regina always faces a dilemma between waiting for people to come to her (in some cases, waiting too long means that someone will die, as in botched abortions, or that people will unnecessarily become infected with HIV), or forcing the issue and trying to make community resident face realities they would prefer to ignore or even deny exist.

Seen in this light, Regina's work constitutes a form of micro level cultural politics in which she bends and challenges existing cultural practices and forces both individuals and the community to acknowledge the consequences of their attitudes and actions. In this way, she is helping achieve the necessary level of consciousness to help maintain individual behavioral changes related to HIV/AIDS and to mobilize individuals and communities to fight for the larger structural changes that are required if the epidemic is to be contained. But as the experiences of the Family Support Center and the GAPARS pilot community-based AIDS education program, while training individuals (or

at least community leaders) to be AIDS educators/outreach workers is a relatively simple process, it is much more difficult to translate this knowledge into on-going AIDS awareness and education activities. The challenge remains for community organizations and AIDS/NGOs to work together to train and motivate more outreach workers and to create attractive social and cultural spaces where HIV/AIDS issues can be discussed in the neighborhood. Otherwise, the bulk of AIDS education in the community will remain on the shoulders of a few individuals like Regina in Vila Santos and Rachel and Bethânia in Vila Alta, who, despite their exceptional qualities, cannot be realistically expected to almost single handedly take on the HIV/AIDS epidemic in their communities.



## 5 At the Margins of Gender

### HIV/AIDS Education Among *Travesti* Sex Professionals

The HIV/AIDS epidemic has drawn attention to many cultural practices that previously received little scholarly consideration. Whereas two decades ago it would have been difficult for a researcher or a non-governmental organization to receive funding and institutional support to work on questions related to (homo)sexuality, intravenous drug use, or commercial sex workers, the growth of a global AIDS industry has generated substantial, if still inadequate, amounts of money for such projects. However, increased attention is no guarantee for the production of culturally sensitive or politically engaged research. Many articles, both academic and popular, to this day continue to present "prostitutes," "homosexuals" and "drug addicts" as those most responsible for the spread of the HIV/AIDS epidemic. And if more behavioral and epidemiologically oriented scientific pieces generally ignore the ethical dimensions raised by identifying these supposed "transmission vectors," other commentators show no reluctance in placing moral and religious condemnation upon those who are not socially acceptable (de Zalduondo 1991, Parker 1994, Watney 1994).

This chapter will focus on the work of GAPARS's *Núcleo de Ação e Estudos de Prostituição* (Center for Action and Studies on Prostitution, or NAESP) with transgendered sex professionals. Here, I will be in the difficult position of (re)presenting individuals who are multiply marginalized - by occupation (prostitution), sexuality (homosexuality), gender (transgendered) and class (largely lower). To make matters worse, *travestis* are associated strongly with crime and violence in the popular imagination, with some individuals taking the frequent call for the "elimination" of *travestis* from the streets literally, as demonstrated by the murder with impunity of hundreds of *travestis* over the past few decades by clients and vigilantes. *Travestis* also face myriad forms of everyday violence, whether from restaurant and bar owners who deny them service, from families and friends who often reject individuals when they

begin to transform their gender, or from other participants in homosexual sub-cultures who often treat *travestis* as second class citizens within an already marginalized social context.

Given these realities, working with and writing about *travesti* sex professionals is inherently political and requires one to take sides. My loyalties are with the *travestis* with whom I shared an extremely rewarding and sometimes painful year as part of the NAESP work groups. And while the complex, street-wise individuals I came to know and befriend are by no means innocent victims or immune to violence (they do rob clients, fight among themselves, and even self-mutilate at times)<sup>1</sup>, it is they who suffer the brunt of the violence. My analysis is informed by a practice theory approach that emphasizes the social and economic factors that shape the lives of *travestis* and the ways in which individual and collective historical agents act given these structural constraints (Fox 1985, Ortner 1984, 1989). In adopting this analytical perspective, I consciously decline to enter into totalizing psychological and psychoanalytical explanations that purport to explain transgenderism. At the same time, I recognize that in writing about *travestis* I run the risk of creating images of an exoticized and eroticized other. Nonetheless, rather than remain silent in the face of these dangers, I present this chapter in the hopes of expanding our knowledge about the actual lives of *travestis* and of contributing, if only in a small way, to the on-going political struggle to guarantee the civil and human rights of *travestis* and others with non-normative sexualities and genders.<sup>2</sup>

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<sup>1</sup> One strategy used by some *travesti* sex professionals to be released from jail upon being arrested is to cut themselves with a razor, thereby forcing the authorities to send them to the hospital for treatment.

<sup>2</sup> In arguing against "marginalization," I do not mean to suggest that *travestis* should become "normalized" or "domesticated." Yet, I am not comfortable with offering *travestis* as some kind of idealized Genet-like marginal through which to expose the sterility and limitations of mainstream, since as will become apparent over the course of this chapter, living on the margins of society as much a matter of being the target of physical violence and social exclusion as it is a liberatory act of rejecting and challenging social norms.

I begin my analysis with a brief theoretical discussion of sexual-economic exchange and how NAESP and other Brazilian groups that work with those engaged in sexual-economic exchange have positioned themselves in these debates. Next, I provide a historical and political overview of NAESP and GAPARS's more than five years of working with female, male and transgendered sex professionals in Porto Alegre before turning my attention to how NAESP's *travesti* work groups have explored questions of gender, sexual and professional identity as a strategy of HIV/AIDS prevention. I will then consider two collective political actions that grew out of the *travesti* work groups during 1993 and 1994: (1) a fight with the municipal government's AIDS program over the distribution of condoms, and (2) a more broad based mobilization in response to the murder of Cris Loura, a regular participant at the work groups. I conclude by arguing that NAESP's work both serves as an effective form of HIV/AIDS prevention/education and a vehicle through which to counter the marginalization and stigmatization of *travestis*.

### **theorizing sexual-economic exchange**

Since the late 1970s, feminist historians and theorists have been debating the roots and dynamics of human sexuality and its relationship to the position of women within society (among many others, see Echols 1989, Snitow et al 1983, Vance 1984). One line of thought, epitomized in its most extreme form by some writings of Catherine MacKinnon, has built upon naturalized ideas of violent "male" sexuality<sup>3</sup> and has argued that all female/male sexual relations, including those within marriage, function to maintain and reproduce gender inequalities and more or less constitute socially sanctioned prostitution (MacKinnon 1990). At another extreme are "sex radicals" such

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<sup>3</sup> This idea of violent, aggressive men and communicative, loving women also is present in the writing of so called "cultural feminists" (see Echols 1989 for a discussion of the rise of cultural feminism in the United States).

as Gayle Rubin who, while recognizing that sexuality and power are connected complexly (Rubin 1975), have asserted that the problem is not so much sexuality or prostitution per se but the ways in which desire and gender currently are configured (Rubin 1984). Both of these approaches provide useful insights into understanding sexuality and sexual-economic exchange - MacKinnon effectively has highlighted that all sexual relations are embedded in existing social and economic relations of power, while Rubin has demonstrated the liberatory and perhaps revolutionary potential of non-normative sexuality. However, neither of these perspectives have focused much attention on the various forms commodified sexual relations take, and have taken, in different cultural and historical contexts.

Many ethnographers and qualitative researchers who have worked extensively with commercial sex workers have attempted to develop a more delineated idea of "prostitution" that separates sexual economic exchange from other economically intertwined relationships that many involve sexual activity. For example, in "Prostitution Viewed Cross-Culturally: Toward Recontextualizing Sex Work in AIDS Intervention Research," Barbara de Zaldoondo characterizes prostitution as "an institution or pattern of impersonal and/or time-limited transactions between socially unrelated individuals involving purchase and sale of sexual services at an acknowledged and agreed unit price" (De Zaldoondo 1991:229). However, de Zaldoondo recognizes that her definition is problematic and cites several recent studies of sexual-economic relations in Africa, including Schoepf's work in contemporary Zaire (Schoepf 1992a) and White's historical research on pre-World War II Kenya (White 1988), in which sexual-economic exchange has assumed various forms (e.g. ongoing domestic service) that are neither impersonal nor among socially unrelated individuals. As de Zaldoondo argues, anthropological and historical analyses such as those of Schoepf and White have underscored the importance of situating sexual-economic exchange within particular sociocultural and political economic contexts and have generated a much more complex reading of

sexual-economic exchange than is found in much epidemiological and HIV/AIDS-related research that is built upon behavioralist paradigms (de Zaluondo 1991:229-230; see also Parker 1990, de Zaluondo and Bernard 1994).<sup>4</sup>

Recognizing the analytical limitations of globalizing conceptions of "prostitution" and the pejorative connotation of the word "prostitute" in various societies, many researchers and activists have stopped using the terms "prostitute" and "prostitution" altogether and instead have used native classification systems (e.g. White 1988) or developed new concepts such as "survival sex," "commercial sex worker," "sex professional" and the "sex industry." This attempt to change terminology and the conceptual basis of understanding sexual-economic exchange has both theoretical and political roots revolving around questions of agency, economics and empowerment. On the one hand, some analysts have emphasized that economic necessities compel many women/girls (and men/boys, although the latter are less present in the literature) into selling the only thing that they have to market, namely, their bodies. Various authors have called these sexual-economic relations arising from economic necessity "survival sex," which Zaluondo and Bernard define as "the exchange of sex for money, shelter, drugs or other goods under exploitative and/or demeaning conditions by persons who see no alternative means of securing their perceived survival needs" (Zaluondo and Bernard 1994:158). Yet, as de Zaluondo and Bernard note, "like other values, the belief that sex for money is morally wrong is not held by all members of North Atlantic cultures which generally endorse this value, and it certainly should not be assumed to exist in all cultures" (Ibid.). This point has been underscored by several studies that have documented how some women have opted to be "sex professionals" (Delacoste and Alexander 1987) or to enter into the particular forms of sexual-economic exchange

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<sup>4</sup> Following de Zaluondo and Bernard, I will use the term "sexual-economic exchange" to designate the overarching category of sexual relations with some kind of explicit financial compensation, while recognizing its uncertain and unstable boundaries.

present in their cultures (White 1988, Schoepf 1992a) without considering themselves to be somehow immoral or degraded.

These two approaches need not be mutually exclusive - many self-denominated "sex professionals/workers" and advocates on their behalf both call for increased social and economic options for women (and other sex workers) and affirm that providing commercial sex is a legitimate and respectable economic activity/profession (Delacoste and Alexander 1987). Several important studies of sexual-economic exchanges in Brazil have followed this approach of recognizing a certain level of individual agency within a context of economic necessity or restricted economic and social options (Gaspar 1985, Perlongher 1987, Parker 1990). The fact that most of the important literature on sexual-economic exchange in Brazil has been written by anthropologists perhaps also accounts for their generally greater sensitivity to the variety of commercialized sex within Brazilian society (including female, male and transgendered sex workers) and an explicit consideration of its cultural and symbolic dimensions.

This attention given to individual and collective agency in studies of sexual-economic exchange has been reinforced by the significant increase in the number of organizations composed of, or working with, sex workers over the course of the past ten years. In many cases, the HIV/AIDS epidemic has served both as a important issue to be addressed and the means to obtain funding that would otherwise probably not be available for such groups. My involvement with GAPARS's Center for Action and Study on Prostitution (NAESP) is part of this growing network of action researchers, associations of sex workers, and non-governmental organizations working on questions related to sexual-economic exchange and HIV/AIDS.<sup>5</sup> In these circles, one typically

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<sup>5</sup> The *Projeto Prostituição e Direitos Civis* (Prostitution Project and Civil Rights) of Rio de Janeiro's Instituto de Estudos de Religião (ISER) has played a pivotal role in the development of a national Brazilian network of sex professionals, groups and researchers working on questions related to sexual-economic exchange. The project has funded conferences and research projects, published the *Beijo na Rua* (Kiss on the Street) newspaper, and supported the formation of female prostitute's association in Rio de Janeiro.

speaks of adult sex workers as "sex professionals" (although not all sex workers initially self-identify as such) engaged in the *batalha* (battle/combats/fight),<sup>6</sup> with the development of sex workers' *cidadania* (citizenship) and the legalization of prostitution two of the major objectives for most organizations.<sup>7</sup> In contrast, child prostitution is treated very differently.<sup>8</sup> Here, the terms of the discourse shift to that of an exploitative sex industry, which in the case of Brazil involves well organized sex tours for Europeans and North Americans, houses of child prostitution, and various forms of survival sex. This separation between adult and child prostitution is paralleled by the different organizations who address these questions, with minors being "served" by governmental institutions such as Fundação de Bem Estar de Menor (FEBEM - Foundation for the Well-Being of Minors) and/or the many non-governmental

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Another organization that works with sex professionals in Rio de Janeiro is the Núcleo de Orientação em Saúde Social (Center for Orientation in Social Health, or NOSS). Among its various activities, NOSS conducts street-based, health/AIDS education outreach to male prostitutes and publishes *Nós por Exemplo*, a periodical directed toward Rio de Janeiro's "gay community."

Other well-known Brazilian groups working with sex professionals include the Associação de Prostituta de Ceará (Ceará Prostitute Association, or APROCE), and the Casa de Passagem in Recife, a support center for young female sex workers which focuses on enabling these girls and young women to develop alternative sources of income.

See *Ação Anti-AIDS 14* (September-December 1991):1-5 for a discussion of Brazilian sex professionals and the organizations that work with them.

<sup>6</sup> *Batalhar* is the term most commonly used by sex professionals to describe their work.

<sup>7</sup> In Brazil, prostitution itself is not illegal, although pimping is. However, in order to be eligible for certain social benefits, such as unemployment insurance and retirement pensions, it is necessary to have an occupation recognized by the government bureaucracy, and prostitution is not one of them.

<sup>8</sup> The age of legal adulthood in Brazil is 18 years old, so technically speaking, any one who engages in sexual economic exchange with some one under 18 years old could be convicted of crimes related to corrupting minors and the like. However, it is my impression that among late adolescents (say 16 or 17 year old) who are involved in sexual-economic exchange, females are more likely to be classified as "child prostitutes" than their male or transgendered counterparts. This differentiation is consistent with general cultural norms that consider females and female sexuality to be in need of greater social and legal protection than males and male sexuality. On the other hand, all pre-pubescent children, whether male or female, are typically considered child prostitutes.

This determination of who is a "child prostitute" is further complicated by the fact that many Brazilian teenagers are full-time workers and/or parents, suggesting that despite their legal categorization as minors, they are occupying social roles as adults before they are 18 years old.

organizations directed toward street and homeless youth rather than prostitute's associations or AIDS/NGOs. As a result, like nearly all organizations who work with adult sex workers, GAPA/RS does not allow the participation of minors in their NAESP programs, and the minors who contact the group from time to time are referred to organizations who specialize in youth issues.

One factor distinguishing NAESP from most other Brazilian (and non-Brazilian) organizations that work with or are composed of commercial sex workers is its being open to female, male and transgendered sex professionals.<sup>9</sup> The resulting vision of sexual-economic exchange in Porto Alegre is thus quite rich, for both inter and intra-group variation and tensions are captured. During my time at GAPA/RS, I participated in the activities of all three groups, with my primary emphasis being the *travesti* work groups, which I ultimately came to co-coordinate with NAESP's director, Suzanna H. Soares de Silva Lopes. But before turning to consider the *travesti* sex professional work groups, I first will trace the history of GAPA/RS's involvement with sex professionals in order to better contextualize both the institutional and political factors that have shaped NAESP's activities.

### **commercial sex workers and gapa/rs**

GAPA/RS's work with prostitutes dates to its inception in April 1989 when volunteers began to distribute condoms and to talk informally with female and transgendered sex workers in Porto Alegre's various prostitution zones. These conversations revealed that while most of these sex workers were concerned about HIV/AIDS, it was but one of a series of difficulties they faced, the most pressing of which

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<sup>9</sup> The work groups are divided according to the gender (female, male, *travesti*) of the sex professionals. At times, this becomes confusing, as in the case of two *rapazes* (young men) who began to cross-dress and market themselves on the streets as *travestis* yet wanted to continue in the *rapazes* group. Other NAESP activities are open to all members regardless of gender.



at the time was violence at the hands of the police and their clients. With the establishment of GAPA/RS's office at a federal office public building in downtown Porto Alegre in July 1989, many of those contacted on the streets began to stop by GAPA/RS regularly to receive condoms and to talk with GAPA/RS volunteers about their everyday experiences on the street, and questions related to violence remained a pressing concern, especially for female sex workers. Seeking to take concrete action to guarantee the safety of working sex professionals, representatives from GAPA/RS and seven other human rights organizations, including several from Porto Alegre's feminist movement, met with a police commandant in October 1989 to discuss the current situation. Unsatisfied with the results from this meeting, then GAPA/RS president Gerson Barreto Winkler, in conjunction with these organizations, the sex workers, and Gabriela Silva Leite, coordinator of the Civil Rights and Prostitution Program of Rio de Janeiro's Institute for Studies of Religion, organized an official *Encontro de Prostitutas* (Meeting/Seminar of Prostitutes) to take the debate on police violence against prostitutes to the public.

This *Encontro de Prostitutas*, held on November 1, 1989, marks an important historic moment in both the organization of prostitutes in Porto Alegre and Brazil and the political trajectory of GAPA/RS. Although police violence against sex workers (and street youth, homosexuals and others perceived as marginals) is a common occurrence in Brazil, direct political mobilization against the police is rare.<sup>10</sup> The obstacles to collective political action in response to police misconduct mobilization are even greater when the violence in question involves sex workers, since in the popular imagination

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<sup>10</sup> When I would ask why so many Brazilians complained about police abuses yet did not typically mobilize against them, I typically was given two responses: (1) twenty-five years of military dictatorship had taken its toll on people's ability to act as citizens, and (2) people faced a real threat of retaliation if they were to report instances of police brutality or abuse. Even the discourse of Worker's Party (PT) militants, which is normally extremely critical of the various injustices present in Brazilian society, has been relatively silent on this question of police brutality and abuse.

prostitutes are typically seen as a source, rather than a frequent object, of violence. As result of these perceptions, the solution to violence in the eyes of many Brazilians is to have more "law and order."<sup>11</sup> Unfortunately, this approach to combating violence through increasing the power delegated to the police and other law enforcement officials in turn re-enforces existing patterns of police brutality and the lack of social control over police activity while leaving the larger macro-level economic and social factors responsible for systematic violence unaddressed.

The November 1989 seminar broke through these silences and provided sex workers and human rights advocates the opportunity to document instances of police violence, including the severe beating of a woman who was seven months pregnant and several instances where police officers forced women to engage in oral sex with them.<sup>12</sup> Media coverage of the event further contributed to a temporary reduction in police violence against female sex professionals and reinforced the idea that real gains could be achieved through speaking out collectively. These concrete results helped stimulate the formation of the *Associação Gaúcha de Prostitutas* (AGP - Gaúcho Prostitutes Associations) soon after the encounter, with GAPARS playing an important role in providing institutional support for the emerging organization through arranging for the AGP to hold their meetings at a local Lutheran Church and then offering its own offices to the association after moving to a larger space in January 1991. A few months later, this work with female sex professionals was reorganized into the *Núcleo de Estudos de Prostituição* (Center of Studies on Prostitution, or NEP), which was based out of

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<sup>11</sup> A recent example of this trend toward "law and order" was the army's occupying of several *favelas* in Rio de Janeiro during much of 1994 in order to "control" drug dealing and organized crime.

<sup>12</sup> *Beijo na Rua*, Ano II, No. 4 (Janeiro/Fevereiro 1990):3.

GAPA/RS and coordinated by Horizontina Taborda, an advocate on behalf of female sex workers in Porto Alegre.<sup>13</sup>

Although much of the initial political mobilization and press coverage of GAPA/RS's work on prostitution issues was tied to female sex workers, GAPA/RS's outreach to transgendered sex professionals similarly experienced substantial growth over the period 1989-1991. Like the female sex professionals, many *travestis* had frequented GAPA/RS's offices at the downtown federal building in order to obtain condoms, and in a short period of time many *travestis* in Porto Alegre came to see GAPA/RS as one of the few places where they were welcomed. This *travesti* presence was not favorably received by many of the other people working in the building, some of whom circulated a petition requesting that GAPA/RS be removed from the building. Upon GAPA/RS's relocation to the nearby Cidade Baixa neighborhood alongside the city's main park (the Parque de Farrroupilha, or more commonly, Redenção), the association of GAPA/RS and *travestis* remained strong - in fact, it was largely the *travestis* who conducted the actual physical move of GAPA/RS's possessions to the new offices. As in the case of the female sex professionals, GAPA/RS' work with *travestis* was reorganized within NEP, where regularly meeting groups addressed questions related to AIDS and sexually transmitted diseases, general health and violence.

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The year 1992 marks the first of two major crises that strongly shaped NEP and its relationship with GAPA/RS as a whole. As have discussed previously, in mid-1992 GAPA/RS obtained an institutional support grant from the Ford Foundation that covered general operating expenses. In the same period, NEP received funding from the federal Ministry of Health to support its work with prostitutes. As a result of these increased resources, Márcio Noronha, an anthropologist, was hired to coordinate and evaluate

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<sup>13</sup> During this initial phase, NEP also received technical support from several health professionals associated with the Legião Brasileira de Assistência (Brazilian Assistance League).

NEP's projects. Noronha focused primarily on continuing the work with *travestis* and on initiating systematic groups for *rapazes* (youth men); prior to this time, the work with *rapazes* had been limited to weekly outreach and condom distribution on the streets and at several massage parlors. But although Noronha generally stayed away from Taborda's work with female sex professionals, tensions between the two quickly developed, largely because Taborda saw Noronha as a means through which Winkler was attempting to limit her (and NEP's) authority and autonomy.<sup>14</sup> This antagonism between Taborda and Noronha ultimately resulted in Noronha's disassociating from both NEP and GAPARS in late 1992.

Recognizing that something had to be done to restore order at NEP, the GAPARS leadership decided in January 1993 to begin a formal search to replace Noronha, and about a month later, Ivan Webber de Santos and Ada Kroef, who had previously worked at the municipal government's *Fundação de Educação Social e Comunitária* (Community and Social Education Foundation, or FESC), were selected to share the NEP coordinator position.<sup>15</sup> By the time Webber and Kroef began working at GAPARS, NEP's client base was at an all-time low as a result of the previous disarray brought about by Noronha's resignation and Taborda's discontinuation of the groups for female sex professionals beginning in early 1993. And if this was not bad enough for the new coordinators, they and GAPARS received a jolt in June 1993 when Taborda announced not only that she had officially registered "NEP" as an independent non-

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<sup>14</sup> The exact formal relationship between NEP and GAPARS was never clear. For former GAPARS president Gerson Winkler, the creation of NEP represented a continuation of GAPARS' work with sex professionals and an opportunity for the organization as a whole to obtain funding from agencies of international cooperation. Others, such as Taborda, considered NEP to be an independent project that happened to be housed within GAPARS' offices.

<sup>15</sup> This decision was made at one of the deliberative Monday Forums that were created in response to pressures from the renovation slate to make GAPARS' internal operation more democratic and participatory (see chapter 3).

Webber and Kroef were hired as co-ordinators at their request. Each received half of Noronha's salary.

governmental organization with no ties to GAPARS, but received a grant for her "new" organization from the World Church Council. But although outraged by Taborda's actions, there was little that GAPARS could do since Taborda had both the grant and official sanction to use the name "NEP" for her new organization.

Over the course of 1993, Webber and Kroef formed an interdisciplinary team to staff NEP's programs and began to rebuild its greatly diminished client base.<sup>16</sup> This was no simple task, particularly after Taborda and Winkler patched their differences, and Taborda's NEP (called NEP-Tina by GAPARS volunteers) began to hold its meetings at the city Health Department, thereby creating substantial and vitriolic competition between NEP-Tina and NEP-GAPARS to get female sex professionals to participate in their respective groups. On the other hand, since Taborda limited her work to female sex professionals, the reorganized NEP/GAPA was able to greatly expand its work with *travestis*, who gradually emerged as the driving force behind NEP.<sup>17</sup> These efforts toward NEP revitalization received a significant boost in late 1993 when GAPARS was awarded three years of funding from the joint World Bank/federal National AIDS Program to support NEP's work with female, male and transgendered sex professionals.

My participation at NEP/GAPA dates to November 1993 when I attended the weekly meeting of the NEP work team. During this same month, I began observing the work groups for *travestis* and *rapazes* as well as the newly created *Promotoras Legais Populares* (Popular Legal Outreach Worker) classes for female sex professionals.<sup>18</sup> But

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<sup>16</sup> A large majority of the new volunteers at NEP were university educated and shared a class-oriented Marxist analysis of sexual-economic exchange that was surprisingly unsophisticated (in my opinion) on matters of gender, sexuality and race.

<sup>17</sup> By late 1993, there were consistently more than forty participants at the *travesti* work groups, and NEP-GAPA's coordinators decided to divide them into three smaller groups, each consisting of about twenty *travestis*. During this same period, the *rapazes* group rarely attracted more than five young men, while each of the several women's groups had between five to ten regular participants.

if there was no doubt the NEP had rebounded strongly from its extended period of disarray from late 1992 through much of 1993, it soon became apparent to me and others at GAPARS that NEP was entering another severe crisis, this time one centered on a split between the NEP coordinators and their team on the one hand and the directory of GAPARS on the other. Things came to a head during the summer break in January and February 1994, when the majority of the NEP team resigned from GAPARS on account of "political differences" (two people and myself remained), surreptitiously taking with them various NEP documents, including the in-take forms of all those who participated in the NEP work groups. Fighting back, GAPARS filled a legal action requesting the return of many of these documents, while prior NEP coordinators Webber and Kroef entered into an employment law suit against GAPARS, which was unresolved as of late 1994.<sup>19</sup> And as Taborda had done, Webber, Kroef and the other departing members of the NEP/GAPA team continued their work with sex professionals as a newly registered non-governmental organization that they named Multimodos.

With the exit of Webber and Kroef in early 1994, a new interdisciplinary team quickly formed at GAPARS to continue NEP's activities.<sup>20</sup> The name of the department was changed to the *Núcleo de Ação e Estudos de Prostituição* (Center for Action and Studies of Prostitution, or NAESP), putting to rest the confusion between NEP-GAPA

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<sup>18</sup> These classes were coordinated by the lawyers from THEMIS, the same group who organized the *promotora legal popular* program for low income women which I discussed in more detail in chapter 4.

<sup>19</sup> Particularly appalling to GAPARS volunteers was the fact that Webber and Kroef's law suit sought financial compensation for their having worked with "high risk populations" and in "dangerous" prostitution zones. And since Kroef and Webber had no prior experience working with sex professionals or AIDS issues, many at GAPARS characterized their actions as opportunistic and lacking in solidarity.

<sup>20</sup> The new NEP/NAESP team included a doctor, a historian, a sociologist, an anthropologist (me), a graphic artist, a nursing student, several undergraduate social science students, and a few people with no higher education.

and NEP-Tina, and for the first time since 1989 and 1990, GAPARS's work with sex professionals began to integrate fully into the organization as a whole. The work groups for women, *rapazes* and *travestis* were maintained, street outreach was systematized, and a mapping of prostitution zones and commercial establishments (e.g. massage parlors, saunas, night clubs) throughout Porto Alegre was initiated. New partnerships also were established, including two with the Department of Anthropology at the Federal University of Rio Grande do Sul (UFRGS). One involved a series of classes for NAESP staff and volunteers on anthropological methodology and theory. The other entailed a workshop on ethnographic film techniques for both GAPARS participants and UFRGS students, with the subject matter being life histories of *travesti* sex professionals. Preparation for filming this video began at the end of 1994, although the project remains incomplete. And NAESP's new coordinator, Suzanna H. Soares de Silva, increasingly became an important participant in the development of national policy on HIV/AIDS education in Brazil among sex professionals through her serving on the Special Population Subcommittee of the *Projeto Previna* (Project Prevention) of the National AIDS Program.

I have presented this brief history, including some of the institutional and personal intrigues, in order to provide a general impression of some of the organizational factors shaping GAPARS's work with sex professionals as well as a specific example of the inter-NGO rivalries that I discussed more generally in chapter 2. While prior to 1989 there were no NGOs specifically focused on working with sex professionals in Porto Alegre, by early 1994 there were three (GAPARS, NEP and Multimodas). Given the complicated relationships between the three organizations, what might have been cooperative and complementary associations between the groups often became bitter competition for clients and financial resources. These inter-NGO rivalries have presented substantial obstacles to developing a united prostitute's movement in Porto Alegre and frequently undermine particular NGO activities by

continually calling into question the dedication and motivation of program providers and reinforcing existing patterns of patron-client relationships in which NGOs attempt to attract individuals to their group (sometimes by badmouthing the other NGOs), and some sex professionals understandably play the various organizations off one another to their own advantage. But recognizing these problems is not to say that they can not be surmounted, and NAESP coordinators and volunteers work hard to counter cynicism and apathy among the participants in their groups. And as the remainder of this chapter will demonstrate, when a certain level of shared trust and commitment on the part of program facilitators and group participants is achieved, the rewards can be dramatic for both sex professionals and the NGOs.

### **body/politics**

Since the beginning of the HIV/AIDS epidemic, AIDS educators have demonstrated repeatedly that effective HIV risk reduction programs require exposing and responding to the many sociocultural and political economic factors shaping individuals' willingness and ability to incorporate safer sexual practices into their everyday lives. In the case of transgendered sex professionals, this work becomes particularly complicated. As NAESP coordinator Suzana H. Soares de Silva Lopes argues:

In this universe, prevention isn't just distributing condoms - it is an arduous work of deconstructing the stigmas of marginalization and criminality so present in these groups. Intervening in the perception of risk posed by HIV/AIDS occurs through stimulating self-esteem and promoting citizenship and self-determination. (Lopes 1995:5)

One of the primary strategies that NAESP and its work groups for transgendered professionals use to achieve these goals is to focus on what it means to be a *travesti* - through personal narratives, group discussion, graphic art, dramatic exercises, direct



political action - any means of reflecting, deconstructing and ultimately reconstructing more positive individual and group identities. As Lopes explains:

Becoming a *travesti* involves the courage of transforming one's own body, determination in the face of prejudice - from the family to one's job - access to a network of information and the appropriation of knowledge, finger nails, hair, eye brows, clothes, make-up, hormones, silicon. The entrance ticket to this universe is completed through learning a distinct language, the "bate-bate" - a code language, of African origin, used by the group. To be *travesti* is much more than simply a man dressed as a woman. (Ibid.)

Before turning to consider how NAESP addresses these questions of sexual and gender identity, it is first useful to define more precisely exactly what constitutes a "*travesti*." The word *travesti* derives from *travestir* (to cross-dress). However, NAESP group participants, and many participants in Brazilian gay sub-cultures, would quickly distinguish at least three categories of male to female "transvestites" by the degree to which the individual is positioned along male/female gender lines. On one end of the spectrum is the *drag* (drag queen) who dresses up occasionally as a woman and goes to a bar or club to enjoy himself. The *drag* does not consider himself to be a "woman" or of the "female" gender, but cross dresses from time to time for fun and to make a scene. While I was in Brazil, going out in drag became a trend among middle class "clubbers," especially in São Paulo and other large cities. Originally centered in gay clubs (most, but not all, *drags* are gay-identified men), the practice spread to other alternative dance clubs and reached the point where one could contract *drags* for private parties.

A second category is formed by the *transformistas*, who can be further divided into two general groupings. One is the *carnaval* tradition of men dressing as women and taking to the streets (Parker 1991:144-148). In this particular context, any man can cross-dress without suffering social reprobation, and men of all sexual practices and identities commonly *desfile* (parade about) in drag during *carnaval*. A more specific use of the word *transformista* refers to those who perform as female impersonators in gay

bars and clubs.<sup>21</sup> Nearly always sub-culturalized homosexuals, these men are theatrical professionals who dress up as woman, lip sync songs and tell off color jokes. The goal is to create a strong, individualized stage personality through the types of music one uses - some stress classic romantic or popular Brazilian female singers (e.g. Gal Costa, Maria Bethânia, Elba Ramalho, Elis Regina); others opt for a more international style using disco and the ever-present Broadway show tune. Like in the United States, it is difficult to attend more than a few shows without hearing imitations of Liza Minelli, Whitney Houston, Bessie Smith, and that transnational queer cultural icon, Madonna.

A *travesti* is neither a *drag* nor a *transformista*, although many *travestis* do shows or consider performing a possible career option outside of prostitution. What most distinguishes *travestis* from the other two categories of "*travestismo*" is the fact that *travestis* maintain a "female" gender for twenty-four hours a day (with clothes and make-up as fits the hour or occasion) and typically physically transform their bodies to achieve their idealized vision of the "feminine." However, almost all of the *travestis* with whom I worked have limits as to how far they are willing to change their body and said that they would not have a sex change operation (i.e. remove their penis and testicles and have a vagina reconstruction), even if they had the necessary financial resources to do so (nearly all do not). As a result, I refer to *travestis* as transgendered persons, rather than transvestites or transsexuals, and although one could find *travestis* at each of these extremes, most fall somewhere in between.<sup>22</sup> For example, Roberta Close,

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<sup>21</sup> See Trevisan (1986) for a history of transvestite performers in Brazilian theater.

<sup>22</sup> Most scholars and activists who use the term "transgender" consider it to incorporate the entirety what might be seen as a transsexual/transvestite continuum. For example, in the recent book *Changing Sex: Transsexualism, Technology, and the Idea of Gender*, Hausman states that: "transgenderism" [is] a relatively new term that describes either the cross-gender community as a whole, or, more specifically, those subjects who choose partial technological "sex change," or those who cross-live without the technological mediation of medical intervention. (Hausman 1995:195)

Similarly, in "Transcending and Transgendering: Male-to-Female Transsexuals, Dichotomy and Diversity," an article partially based on ethnographic work with the Berdache Society, a grassroots organization of male-to-female transsexuals and male transvestites, Bolin argues that

Brazil's most famous *travesti*, had a sex change operation in Europe.<sup>23</sup> Close's unsuccessful attempt to change her official sex from male to female on her Brazilian documents was much discussed by *travestis* and the mainstream media. Conversely, Rogéria, another well-known Brazilian *travesti*, is a vocal opponent of sex change operations.

In considering *travestis*, and the various transgendered identities they represent, Judith Butler's ideas of gender as both performed and material are especially useful. As Butler argues:

In the place of an original identification which serves as a determining cause, gender identity might be reconceived as a personal/cultural history of received meanings subject to a set of imitative practices which refer laterally to other imitations and which, jointly, construct the illusion of a primary and interior gendered self or parody the mechanism of that construction. (Butler 1990:138)<sup>24</sup>

In the case of *travestis*, the transformation from boy/man to *bicha boy* (young gay boy/man) to *transformista* to using hormones and silicon implants is such a personal/cultural (life) history in which imitation and illusion are central elements.

*Travestis* know that they are not women, and that many women do not act or resemble the at times mythic versions of "women" toward which many *travestis* aspire. The

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Through recent research, it has become apparent that there has been a movement in which people of various gender-transposed identities have come to organize themselves as part of a greater community, a larger in-group, facing similar concerns of stigmatization, acceptance, treatment and so on. This recognition of similarity fostered by a growing political awareness of gender organizations has facilitated the burgeoning of new gender options, such as the "transgenderist." *Transgenderist* is a community term denoting kinship among those with gender-variant identities. It supplants the dichotomy of transsexual and transvestite with a concept of continuity (Bolin 1993: 460-461).

For an investigation of those who cross male/female gender and sex lines in different cultural and historical contexts, see Gilbert Herdt, ed., *Third Sex Third Gender: Beyond Sexual Dimorphism in Culture and History* (Herdt 1993).

<sup>23</sup> Roberta Close is a popular model and performer who appeared regularly on Brazilian television in the 1980s before moving to Europe, where she had a full sex change operation and married a Swiss man. See Kottak (1990:168-174) for a discussion of how Close became a national sex symbol for the Brazilian *carnaval*.

<sup>24</sup> See also Butler 1993 for a refined discussion of this idea of gender and sex as produced by and destabilized through the (forced) reiteration of norms.

maintenance of their corporal transformations is also difficult, requiring continuous depilation and more often than not the taking of female hormones. As a result, the *travesti's* gendered physical body is explicitly fluid. At the same time, depending of the particular context, *travestis* may shift into "male" gendered practices, such as dropping the register of their voice, wielding a knife, or trying to pass as a "regular" man.

In many senses, *travestis* and other transgendered people are the most dramatic examples of the processes Butler theorizes more generally, and the rest of this section will consider how the participants in NAESP work groups construct and think about their *travesti* identities. But the disruptive boundary shifting inherent in living as a *travesti* also has significant consequences in the gender (and sexual) identities of non-transgendered individuals through challenging and/or parodying existing gender norms. That is to say, in interacting with *travestis*, non-transgendered individuals must make sense of explicit gender ambiguity, which is not necessarily a simple matter. In fact, I would argue that the extremely high levels of physical violence perpetrated against *travestis* by their male clients is partially a result of the fears produced through the uncentering of their clients' established gender/sexual boundaries, which at the same time provides part of the erotic thrill of having sex with a *travesti*. These interactions between desire, gender, identity and power are present in all sexual relations to some degree, and in the following chapter I will more explore these connections within Brazilian erotic culture as a whole. For now, I would like to highlight that these processes of disruption and boundary resassertion are particularly pertinent for *travestis*, especially those who are sex professionals and who must face these potentially dangerous situations on a regular basis.



What do *travestis* themselves make of their gender and sexuality? Seeking to better understand this question, and recognizing that self-reflection and conversation can be a form of empowerment, Lopes and I led a series of groups activities over a

several month period focusing on gender and sexuality within Brazilian society.<sup>25</sup> As Fry (1982) and Parker (1991) have argued, there are several different systems of sexual/gender categorization at work in Brazilian society. On the one hand is the "traditional" model of active/male versus passive/female. At the same time, conceptions based on the "modern" system of homo/hetero/bi sexualities and on gay cultural/political/social identities increasingly are spreading throughout Brazil society. And as will be seen below, the *travestis* also have some gender/sexual categories that largely are limited to their own sub-cultural milieus. In our discussions of these classification systems, Lopes and I stressed that they are all potentially valid and asked: Which aspects of gender/sexuality do particular classification systems highlight? Which aspects do they leave out? Who is doing the categorizing, and for what ends? What are the power relations expressed in the categorizations? Where does the *travesti* fit in?

The resulting conversations revealed complex and at times quite nuanced understandings of gender and sexuality that varied considerably from person to person. At a first glance, all participants agreed on the basic attributes of active/passive system.<sup>26</sup>

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<sup>25</sup> During most of the period I participated at NAESP, there were two *travesti* work groups. Each meet every other week and attracted between five and twenty participants, who ranged in age from the late teens to the early forties, with most somewhere between twenty to thirty-five years old.

At this time, in exchange for participating in a session, each *travesti* received 50 condoms (100 per month). However, in practice, many *travestis* attended the wrong group, or both groups, while others came only once a month or even less regularly, but in no event did anyone receive condoms more than twice monthly.

In terms of general structure, we normally tried to do the same activity for each of the two groups, but continuity was at times difficult, particularly in these months in which we were discussing ideas of gender, homosexuality, transgenderness, etc. - if participants had missed one of the sessions, we had to quickly cover the prior session's topics before continuing to that day's activities.

<sup>26</sup> Our discussions were largely in Portuguese slang - in English, we talked of fucking, getting fucked, sucking, cuming, etc. I will generally use this type of words, rather than "being active," "being passive," "taking the insertive role," etc.; these euphemisms are quite out of touch with the casual and open discussions that we had in the *travesti* groups.

active

is *macho*  
acts (*age*)  
is a man (*homem*), *bofe* (stud/hunk)  
is who fucks (*come* - eats), dominates,  
penetrates  
is not fucked  
*okó* (real man in *bate-bate*)  
*entendido*<sup>27</sup>

passive

person who gives (*dar*), gets fucked  
opens the legs and lies there  
is a woman (*mulher*)  
is dominated  
  
*okó de eke* (fake man/faggot in *bate-bate*)  
*bicha* (fag), *mona* (young gay),  
*entendido*, *angustiado* (closet case)

When Lopes asked who has control in these active/passive pairs, and if women really just "lie there and take it," disagreement emerged among the discussants. On one side were those who said that if a woman is penetrated, she is passive. Sabrina, who in addition to being a sex professional regularly works as a *transformista*, and several others countered that these supposedly "passive" women and *travestis* actually have power over "active" men in certain contexts. This initial exchange generated a lengthy discussion on a recurring theme in the groups - why supposedly "real men" desire and have sexual activities not appropriate for real men, including being "active" in oral sex and "passive" in anal sex.<sup>28</sup> The resulting commentaries, which varied in tone from amusement to disgust, involved more than just a recognition of the fluidity of sexual behavior that occurs "within four walls of the bedroom" (*dentro de quatro paredes*) in which all sexual roles can be reversed, if only temporarily, and some group participants went so far as to say that there are no more "real men" in Brazil.

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<sup>27</sup> An *entendido/a* is literally "s/he who understands" - that is to say, someone who understands "homosexual" sub-cultural practices, such as where to meet other same sex partners, sub-cultural slang, etc. Parker's work on sexuality in Rio de Janeiro presents the *entendido/a* concept as similar to a North American gay model of sexuality in that it stresses equality of the partners and no rigid gender differentiation between active/passive and male/female partners. However, for some residents of Vila Santos in Porto Alegre, *entendido/a* is sometimes used as a synonym for *incubado/a* (closeted lesbian/gay) - that is to say, an apparently heterosexual individual (at least in terms of social presentation), perhaps married with children, who really prefers to have sex with members of the same sex, but maintains a formal heterosexual relationship largely for social expediency.

<sup>28</sup> There are various expressions used to describe such men, including *bofe panqueca* (hunk who turns over like a pancake) and *bofes que viram* (hunks who roll over to get fucked).

Seeking to understand more fully how many *travestis* in the group reconciled a stated desire to find "real men" with their knowledge of ambiguities and fluidity of Brazilian erotic culture, Lopes asked the group "how does one identify a "real man"? No definite answer emerged. If fucking (*comendo*) or getting fucked (*dando*) was identified as a central element in determining a person's gender, the relative weight group participants gave to this factor varied considerably. For Paola, a very "feminine" *travesti* in her early to mid 20s who adhered closely to the traditional active/passive model, sexual practice represented the critical component in gender categorization. In contrast, Sabrina and several of the older group participants offered a more context specific assessment of gender in which both sexual practice and social presentation played a role and further presented the liminal category of *entendido* to capture those who did not fit in as either "active men" or passive *bichas* (fags). Sabrina also commented ironically at this time on the nickname other *travestis* had given her - "Sabrina o comedor" (Sabrina the "eater"/one who fucks) - as a result of her liking to sometimes fuck other men. As this discussion indicates, this question of the connection between "who fucks whom" and gender identity was clearly of interest to the group, particularly since *travestis* are considered by many, and often present themselves, as the opposite of "real men" (man: woman :: man:travesti). Yet, in their work as sex professionals, *travestis* have to fuck many of their clients. And although most *travestis* recognize this form of sexual activity as an economic necessity - many assert that they would starve if they refused to fuck clients - these tensions between sexual practice, gender identity and financial survival are not always easily resolved.

In order to make some sense of an increasingly complex discussion, I suggested that these categorizations of active/passive, homo/hetero/bi and gay/straight all had limitations in the ways in which they conflated sexual behavior, sexual/gender identity and sexual desire. We proceeded to have the group attempt to categorize their possible sexual partners according to a behavior/identity/desire schema. In the first example, the

group described their typical client, a married man, as demonstrating bisexual behavior (i.e. he has sex with both women and *travestis* - note that in this case, the *travestis* classified themselves as male homosexuals rather than as women or a third gender), of male/heterosexual identity (i.e. he sees himself and socially presents himself as a "man"), and of variable, bisexual desire (depending on who he is with). Catching on quickly to this analytical approach, Sabrina offered the example of a seventeen year old male who lives with his family and normally has sex with female prostitutes on pay day, but in this particular case wants to have sex with a *travesti*. The group came up with this interpretation of his sexuality: behavior - homosexual at the moment, bisexual overall; identity - uncertain, still in formation; desire - uncertain as well.

Following along this general line of increasing ambiguity, I asked the group participants if they sometimes had female clients. A few said that they refuse to have sex with women, but others said that they occasionally have heterosexual couples as clients. I proceeded to have them consider how such a woman would be categorized in terms of her sexuality. No one was quite sure. If the woman was interested in the *travesti's* female side (e.g. breasts) and wanted the *travesti* to give her oral sex, she might be considered as having lesbian desires; if she was more excited by the *travesti's* penis and wanted to have vaginal intercourse, she might be seen as showing a form of heterosexual desire. Michele, an Afro-Brazilian *travesti* in her late 30s and frequent leader within work group discussion, questioned if there might not be a specific desire for *travestis* as *travestis* (and not as women or homosexual men) that was entirely separate from homo/hetero/bi and active/passive schema and suggested that perhaps a fourth category, *transsexual* (transsexual), could be useful in structuring our discussion.

This mentioning of transsexualism produced a heated discussion exploring a variety of theories on the origins of *travestis*. Some said that *travestis* were female souls in male bodies; others argued that while all men have female and male aspects, *travestis* have more female psychological characteristics than most men. Several then



queried if *travestis* were not somehow similar to hermaphrodites; in response I offered my best shot at translating Donna Haraway's deconstruction of how biological sex is constructed by western science into street Brazilian Portuguese. The possibility that homosexuals might constitute a third gender, and *travestis* a fourth, also was presented, and I once again put on my anthropologist hat and gave examples of third and fourth genders in different cultural contexts. Still, despite these uncertainties about the causes and/or origins of homosexuality and *travestis*, nearly all agreed that while one might be born a homosexual, one must *become* a *travesti*.

Wanting to learn more about the rich life experiences that were being shared as part of these explorations of gender and sexuality in Brazil, we decided to spend several sessions having group participants write or draw (some were fully or largely illiterate) their life histories. In subsequent sessions we focused on particularly key transition points, such as when they began to consider themselves *travestis* or when they began to take hormones and make other corporeal modifications. It soon became evident that while the first steps toward becoming a *travesti* pre-dated becoming involved in sexual-economic exchange, the two were clearly inter-related, and much of the physical transformation and acquisition of *travesti* and homosexual sub-cultural knowledge occurred within the context of the *batalha*.<sup>29</sup>

Most of these life stories, although obviously unique for each individual, shared common elements and sequences (see Figures 5.1 and 5.2). At some point sometime during childhood, the boy (who usually, but not always, is on the effeminate side) realizes that he prefers the world of girls. Some families accept this occurrence with little or no difficulty, while others place strong pressure, both physical and psychological,

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<sup>29</sup> Although there are obviously psychological/psychoanalytic dimensions at work in the process of identifying with and becoming a *travesti*, the NAESP work groups have consistently and consciously avoided psychologizing or pathologizing the experiences of *travestis*. For an excellent examination of some of the more important psychological theories that have been developed to explain transsexualism, see Hausman 1995.



### 5.1 From boy to bicha boy to travesti

on the child to become more masculine. With the onset of sexual experimentation, often at the hands of older male cousins (and sometimes without consent), a link between the preference for having a female gender and having sexual activity with other males occurs - very few group participants recounted having sexual experiences with, or desire for, girls. At some point in adolescence, the young man enters into the homosexual sub-culture in his locale, typically being guided by an older *travesti*, *bicha* or *maricona* (queen/older gay man) who shows him where to go to meet other *bichas*, how to dress, and how to begin transforming into a *travesti*. During this sub-cultural acculturation, the teenager learns of the possibility of making "easy" money as a prostitute, and often is encouraged to take this route into the *batalha* by his mentor(s) and new friends. And the more feminine and pretty he is, the more money he will be able to make in the *batalha*.

In nearly all the narratives, this sequence of events is presented as something very



### 5.2 Another transformation from boy to travesti

natural, although not without moments of fear, excitement and great anticipation, as can be seen in this text written by Catarina during the work group session.

It all began when I was seven years old. I still was a boy and played with other boys - soccer and other games.

When I was ten, everything began to change. I had female cousins and they invited me to play and I went to play with them and they let me. I played with dolls. I loved to make clothes for them.

When I was twelve I met a *travesti* on the way to school. The *travesti* was very beautiful. But we never spoke. And then one day she came and talked to me. I sat down on a bench in the park, and she came up and asked me if I were a *bicha*. I didn't know what to say. She told me not to be ashamed of saying yes, because she knew that I was a *bicha*. She began to tell me her life story - both her happy and sad times. And she told me that if I wanted, I could be like her. Beautiful. I said I wanted this. She told me that to be like her I would have to take an injection. But I was afraid of receiving an injection. I didn't see her after this.

I keep studying and always went back to the same place to see if I could meet with her again. Three years went by, and I saw her and she called me over and asked if I had lost my fear of injection. I said that I had and began to take the *chamado hormônio* [the dreaded hormones].

I even lost my fear and shame. The years went on and a friend asked me why I didn't work in the *batalha*. I said that I was afraid. She said that she would always stay with me until I learned enough to do it alone.

Today I already know how to be a *travesti* equal to the others. I know how to charge for sex, to do what I need to do, to act, and I know how to be a woman and a man depending on the occasion. I make money to buy clothes, jewelry, rings and things that I need in order to be what I am.

I live until today with my father and my mother and I am happy because I respect them, and them respect me.

Future: You never know, do you. Catarina, a *travesti* in her early twenties

In some respects, Catarina's life has more stability than many of the other group participants, particularly in terms of her solid and supportive relationship with her family. Yet, Catarina considers herself to be neither better nor worse than other *travestis* and offers no excuses for working as a sex professional. It is interesting that Catarina chooses to emphasize equality, because there are many hierarchies among *travestis* and *travesti* sex professionals. Those who perform in shows or work as hair stylists (the two most common occupations for *travestis* outside of prostitution) typically look down on those who work in the *batalha*. Among those in the *batalha*, the beautiful (defined in terms of western European standards of "feminine beauty," including a privileging of whiteness over blackness), command economic and social power over those who are less attractive or losing their physical appearance as a result of age. Beauty translates into physical mobility and cultural capital as well, with the most "attractive" *Europeos* going to France, Italy and Switzerland where they earn much more than those *travestis* who remain in Brazil. Similarly, those who have worked in São Paulo or Rio de Janeiro are considered superior to those who have only worked in Porto Alegre, and those from smaller cities or the countryside occupy the lowest position on the *travesti* social hierarchy.

These *Europeos* serve as an important symbol of the possibility of achieving success and a glamorous means of escaping the violence and drudgery of prostitution in Brazilian cities such as Porto Alegre. Yet, for the vast majority of *travestis*, Europe remains very distant, except in terms of the imagination. The short award winning Brazilian film *Au Revoir, Shirley*, based on an actual event, captures the complex emotions and aspirations involved in these fantasies. The film begins with showing Shirley, a *travesti* from Porto Alegre, on a flight to Paris. She is reminiscing about her going away party where she is playing up her impending departure to this sophisticated European city for all it is worth. On the airplane, she is immaculate - conservative yet stylish clothing, subtle make-up - a proper, bourgeois woman. Upon arriving in Paris,

Shirley is denied entrance - her female appearance does not match the male photo in her passport (and no doubt the French authorities are familiar with the large numbers of Brazilian *travestis* who work in France as sex professionals and accordingly attempt to block their entrance). Sent back on the next flight, Shirley slits her wrists in the bathroom - the film ends with an image of her lying unconscious and bleeding on the bathroom floor. This tragic ending not only highlights the social discrimination suffered by *travestis*, whether in Brazil or the promised land of Europe, but demonstrates the degree to which these fantasies operate as a source of hope for many *travestis* - better to die than lose face by returning to Brazil and having to deal with the harsh realities and limited options that most *travestis* encounter in their homeland.

In working with the aspirations and actual life experiences of the *travesti* sex professionals, the NAESP work groups seek to encourage the development of self-esteem (which is often quite low among sex professionals) and to develop collective responses to the everyday difficulties of the *batalha*. Life histories and narratives such as Catarina's suggest that although there is much competition and hierarchy among *travestis* and *travesti* sex professionals, there are possibilities of bringing people together through sharing often similar life experiences and fighting against the social exclusion in which all *travestis* are positioned as marginals within Brazilian society. In this context, questions of HIV/AIDS serve a double role in helping construct and mobilize a collective social agent - not only is HIV/AIDS something that all *travesti* sex professionals experience in their daily lives in one form or another, but it is also something to organize around, whether in terms of prevention/education, acquisition of condoms, or guaranteeing social and medical services for those who are ill. So it comes as no surprise that the NAESP groups are an important part of the lives of many *travestis* in Porto Alegre, for at GAPARS *travestis* can assert the importance and value of their lives, attempt to respond concretely to the everyday difficulties they face through

working as transgendered sex professionals, and imagine a better future in which their dreams might be realized.

### **making a political scene**

Condoms have played a central role in facilitating GAPA/RS's work with sex professionals from the first informal distributions of condoms in Porto Alegre's prostitution zones in 1989 to the current system of giving fifty condoms every two weeks to those who participate in NAESP work groups. Part of this continued drawing power of condoms, in addition to their utility in preventing the transmission of HIV and other STDs, stems from the fact that Brazil has among the most expensive condoms in the world. In 1994, the one hundred condoms that a regular NAESP group participant could receive each month were worth nearly one minimum salary (then about \$60-80), which is about all thirty percent of Brazilians receive earn month.<sup>30</sup> This is not to say that sex workers come to GAPA/RS only to receive free condoms - most participants stated that although condoms were one reason behind their participation in the NAESP groups, they also liked having access to GAPA/RS's other services (e.g. distribution of food, clothing and medicines, psychological counseling) and a place to talk about their lives. But the importance of condoms in motivating participation at NAESP should not be underestimated and is demonstrated by the tendency for some *travestis* to arrive consistently at the end of the work group meetings and still expect to receive their allotment of condoms.<sup>31</sup>

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<sup>30</sup> Given their economic value, there is a real temptation for group participants to sell the condoms rather than use them, and occasionally accusations were made against those who allegedly came to the groups only to get condoms that they later sold for profit.

<sup>31</sup> As a result of people consistently arriving late to the groups, which generally last about one and one-half hours, Lopes initiated the policy that those who arrived more than forty-five minutes late would not receive condoms that day, unless they could provide a reasonable explanation for their tardiness.

On a more symbolic level, condoms have emerged as one of the key means through which group members express their self-esteem as responsible sex professionals who strive to protect both themselves and their clients from STD and HIV transmission.<sup>32</sup> For NAESP coordinator Suzanna Lopes, condoms constitute an *instrumento de trabalho* (work tool) for sex professionals, much like helmets for construction workers (Lopes 1995:5). And while few group participants have adopted this specific discourse, many assert that they always, or nearly always, use condoms in their *programas* (sexual-economic exchanges), unlike other less professional prostitutes who will have intercourse without condoms when offered more money by their clients for unprotected sex.<sup>33</sup> Group participants also are quick to criticize their clients' disinterest and opposition to condom use and to share the tactics that they employ to integrate condoms into their *programas* (e.g. slipping it on when the client is not looking or talking to the client about how he would not want to put his family at risk).

Given the material and symbolic value of condoms in the everyday lives of *travesti* sex professionals, the various condom shortages that have occurred in the work groups since their inception have consistently generated great anxiety among group participants. In November 1993, my first month of participation at NEP-GAPA, one of these moments of condom scarcity occurred. For much of 1994, NEP-GAPA had been receiving condoms purchased by the Ministry of Health in Brasília, but which were distributed through the municipal government's AIDS Policy Department.<sup>34</sup> Due to a

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<sup>32</sup> See Watney's "Safer Sex as Community Practice" for an excellent discussion of the role of safer sex education and practice in developing individual and collective self-esteem (Watney 1994:127-142).

<sup>33</sup> Whether the *travestis* at the NAESP groups actually put this discourse into practice is open to question, and several group participants argued that anyone who said that they would turn down an offer to receive more money if they did not use a condom was lying. In response, some of those who first stated that they also used condoms acknowledged that they sometimes in fact did not, while others reasserted that they indeed always use condoms in their *programas*.

<sup>34</sup> During this period the AIDS Policy Department also distributed condoms to the city's various health clinics and to NEP-Tina. In its first few years of operation, GAPA/RS received donated

series of factors, including bureaucratic delays and the cold relationship between Gerson Winkler, the Director of the AIDS Policy program and former GAPA/RS president, and then NEP-GAPA coordinators Ivan Webber and Ada Kropf, the disbursement of the latest allotment of condoms to NEP-GAPA was several weeks late. Both the *travestis* and the NEP coordinators were up in arms, and what should be done about the "recalcitrance" of the AIDS Policy Division and the municipal Health Department became the primary focus of the NEP work groups for several weeks.

Since the condoms were being held at the AIDS Policy Department, the group decided to hold a silent *passeata* (a political march) from GAPA/RS to the offices of the former, where the protesters would present their demands to the responsible parties.<sup>35</sup> That the *passeata* and *manifestação* were chosen as the focus of the mobilization is not surprising since they represent two of the most symbolically powerful means through which to air political grievances in Brazil. Moreover, I believe that *passeatas* are particularly attractive to many *travestis* because these public performances provide a "respectable" forum in which *travestis* can present themselves *montada* (made-up and in their best women's attire), thereby simultaneously increasing their self-esteem, shocking more conservative elements through exposing the hypocrisy of society, and affirming that *travestis* are concerned with current social issues such as AIDS. Two *travestis* (Michele and Diana, at 40 plus years old one of the *grandes dames* in the groups) were also selected by group participants to draft statements expressing the *travesti* sex professionals' demands, which would be first approved by the group as a whole and then read aloud to the AIDS Policy and Health Department officials the day of the demonstration.

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condoms from non-governmental organizations (e.g. BENFAM) and a local condom manufacturer. Over time, governmental agencies gradually emerged as GAPA/RS' primary source of condoms, and distribution procedures and accounting requirements became more stringent.

<sup>35</sup> The AIDS Policy Department is housed within the main offices of the municipal Health Department.



Having reached a consensus on the general framework for the *passeata* and the activities at the Health Department building, attention turned to who would do the work of actually organizing the *passaeta* and demonstration. Claudinha, one of the most articulate *travesti* sex professionals associated with GAPARS and the only *travesti* at this time to have completed the formal GAPARS volunteer training, argued that the two NEP-GAPA coordinators should assume responsibility for organizing the demonstration, or it would never occur. The coordinators countered that organizing these activities was ultimately the responsibility of the group participants, since it was they who needed the condoms and were best positioned to demand what was rightfully theirs.<sup>36</sup> In the end, no decision was reached on how the tasks should be divided, and everyone agreed to come earlier on the afternoon selected for the demonstration to make signs and to approve Michele and Diana's written statements.

On the day scheduled for the *passeata* and demonstration, GAPARS received a fax from the director of AIDS Policy Division stating that the condoms would be made available to the NEP work groups. After some discussion, the group decided to go through with the planned political actions in order to reassert the importance of guaranteeing an uninterrupted supply of condoms in the future. Diana and Michele then read the statements they had drafted to the assembled group of *travestis* and GAPARS volunteers. Diana's text emphasized that condoms helped protect the health of both *travestis* and "innocent third parties," such as their clients' wives and children. In contrast to this separation of "innocents" from the implicitly "guilty" *travestis* (and their clients), Michele's discourse stressed that *travestis* are not depositories of HIV and need condoms in order to protect themselves from possible HIV (re)infection. With these texts in hand, about twenty *travestis* and ten volunteers from GAPARS marched the

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<sup>36</sup> This question of who ultimately controls and should be responsible for the sex professional work groups has remained unresolved since their inception.

four blocks to the Health Department, where AIDS Policy Department Coordinator Gerson Winkler with the *travestis* and offered reassurances that the supply of condoms to the NEP-GAPA groups would continue without interruption in the future.

Since Winkler had communicated with GAPA/RS that the condoms would be released before the *passeata* and the demonstration in front of the Health Department, it is difficult to determine to what extent the political mobilization of the *travesti* sex professional work groups influenced his actions. This quick resolution of the entire incident suggests that it may have been more along the lines of an inter-institutional (and inter-personal as played through institutions) battle of posturing between certain members of NEP-GAPA and Winkler rather than a political stand off requiring collective action on the part of the sex professionals. After all, it was under Winkler's leadership that GAPA/RS began working with *travestis* in the first place, and Winkler always has been an exceptionally strong advocate of their rights. Given this history, it is difficult to take seriously one NEP-GAPA team member's accusation that the AIDS Policy Department had stolen that condoms that should have arrived at GAPA/RS. That the *travestis* did not play up this idea of theft and generally avoided any specific criticism of the AIDS Policy Department or the municipal Health Department in their public statements about the condom shortage further supports the idea that the disagreement may have been primarily between the leaders of the two organizations.<sup>37</sup>

In suggesting that the condom shortage may have occurred largely as the result of a part of a larger personal and political conflict between the AIDS Policy Department and the coordinators of NEP-GAPA, I do not mean to imply that the mobilization did not have positive consequences for the *travesti* sex professionals. To begin with, the

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<sup>37</sup> This reticence on the part of *travestis* to take sides in inter and intra-institutional disputes is part of a larger pattern in which *travestis* normally steer clear of associating too firmly with any one person or institution in order to maximize their bargaining power with all those seeking to work with them.

*passeata* and demonstration were mentioned briefly in the Zero Hora, Porto Alegre's principal daily newspaper, and if their reporting of *travestis* as "risk groups" constituted a troublesome continuation of the media's defining HIV transmission in terms of (perceived) social characteristics rather than specific acts, the presentation of *travesti* sex professionals demanding condoms served to counteract a popularly held idea that *travestis* are irresponsible HIV "transmission vectors." Moreover, organizing the *passeata* and public demonstration helped create a sense of collectivity and agency among the *travestis*. And if seasonal factors (i.e. summer was about to begin, during which time the work groups meet only once a month) and intra-organizational conflicts (the resignation of much of the NEP-GAPA team) contributed to a rapid dissipation of this political energy in the months immediately following the *passeata* and demonstration, the condom mobilization demonstrated to the *travestis* that they could work together when necessary. Sadly, little more than six months later, this seemingly new found capacity to organize collective political actions was severely challenged when Cris Loura, a regular participant in the work groups, was murdered by a client in the main *travesti* prostitution zone of Porto Alegre.



On July 21, 1994, Cris Loura was killed brutally by three or four close range shots to the face by a client during a negotiation over the price of a completed *programa*. This murder greatly unsettled the NAESP work groups because it was one of a series of killings of *travestis* (at least four persons who were associated with the NAESP groups had been murdered in the previous twelve months) and dramatically marked the gradual escalation of violence in the primary *travesti batalha* zone that had been occurring throughout 1994. Primed by the previously discussed condom-related political action of late 1993, the *travesti* sex professional groups were now ready to take the issue of violence against *travestis* to the people of Porto Alegre. However, unlike the condom mobilization, which had well delineated objectives (the continued

disbursement of condoms) and focused on a specific governmental institution (the municipal AIDS Policy Department), the question of violence was extremely expansive and encompassed a wide range of social practices, including physical and verbal assaults at the hands of clients and law enforcement officers, micro actions of discrimination (e.g. being refused service at bars and restaurants, having people cross the street in order to avoid walking next to *travestis*), and public apathy and/or approval of these various forms of normalized violence that *travestis* experience on a daily basis. Facing such powerful opponents (e.g. the police) and entrenched cultural patterns supporting the marginalization of *travestis*, the work groups, under the leadership of NAESP coordinator Suzanna Lopes, began to reach out to human rights activists in Porto Alegre in order to have a more solid basis from which to act politically. These discussions ultimately culminated in a *passeata* of nearly eighty people through downtown Porto Alegre and produced increased media and political attention to issues of violence in general and the specific experience of *travestis* in particular.

Before turning to the narrative details surrounding Cris Loura's murder and the subsequent political mobilization it stimulated, it is first useful to consider the key structuring role of violence in the lives of *travestis*, particularly those who work as sex professionals on the streets. The *travesti* prostitution zones, which have most of their activity at night, are located in out of the way places (e.g. dark parks, streets with little traffic) that are characterized by high levels of violence, including substantial petty theft and high numbers of physical assaults. In some senses, these zones operate according to their own rules, with the police exerting their control inconsistently but often forcefully. Clients and police officers frequently beat up on *travestis*, and some *travesti* sex professionals rob clients when they refuse to pay (many *travesti* sex professionals would consider theft as morally justified in this situation). Other more "marginal" sex workers (as defined by most NAESP group participants) incorporate theft into their regular *programas*, while an even smaller group pretend to be prostitutes in order to facilitate

crimes against unsuspecting clients. In this manner, various circles of violence are created in which many clients think that *travestis* are violent criminals and *travestis* fear that clients or the police will harass, beat or kill them.

The resulting climate in the zonas of *batalha* has elements of what Taussig has called a "culture of terror" (Taussig 1987). *Travestis* are killed regularly on the streets throughout Brazil, and although the exact numbers of murdered *travestis* is difficult to ascertain because police and the media typically do not consider such crimes worthy of investigation or reporting in any detail. The *Grupo Gay de Bahia* (Bahia Gay Group) estimates that more than 1,260 "gays and lesbians" (their terms) have been killed in the last decade, with only ten percent of the murderers going to jail.<sup>38</sup> And there is a general consensus among gay and human rights activists that *travestis* suffer disproportionately in these crimes, due to a combination of their social visibility as out of the closet homosexuals and their working on the street as sex professionals in often dangerous areas. In such situations, the continuous presence of violence shapes the ways in which many *travestis* conduct their daily lives, view the world, and plan for the future.

During the months immediately after the condom mobilization and preceding the murder of Cris Loura, this question of violence in the everyday lives of *travestis* emerged as a central theme in the NAESP work group discussions and activities. An April 1994 *caixa de surpresa* (box of surprises) exercise, in which group participants wrote down their fears and hopes, was filled with references to violence. Some examples:

My biggest fear is to be killed at night, and to be treated as a indigent [poor, homeless person - a "no one"]. I leave home and don't know if I will return alive.

My fear is to pay for things that I don't do, like one day getting shot by a man who was robbed by other *travestis* - and I will have to pay for them. There are many *travestis* who assault, and the people who are victims don't want to hear any explanation - they arrive shooting the first *travesti* who they see. For this reason, I

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<sup>38</sup> March 1995, international fundraising letter in English from the Grupo Gay da Bahia and its Centro Baiano Anti-AIDS.

am uncertain and afraid to stay on the street corner where these elements are present.

I like to work alone so that I am not a victim and target of a bullet. It is better to be alone than with bad company.

Generally, I have many fears and problems in my daily life, particularly at night, of going out with a Machiavelian psychopath. For example: Entering a car for a *programa* and being tortured until death, by a client I didn't know.

And violence itself is considered as but part of a larger uncertain and typically uncaring world, as captured in the following poetic text:

Fear of the people around me.  
Fear that the condom will break.  
Fear of death.  
Fear of old age.  
Fear of solitude.  
A fantasy of one day finding a client who gives us all we need.  
The illusion of riches.  
The illusion of being more than others.  
Fear of the prejudice of our own clients.  
Fear of the darkness of the streets.  
Fear of my own friends around me.  
Fear of myself.  
The illusion of being someone and having someone.

In such a context, survival itself becomes a central preoccupation for many *travesti* sex professionals, and one of the NAESP work group's most important functions is to provide a space where solidarity among *travestis* can be fostered and collective solutions to these problems can be explored. For example, one concrete way that the group responded to the possibility of violence at the hands of clients was to implement a system whereby each time a sex professional left with a client, another made a mental or written note of the client's physical appearance and/or car license number, so that in the event of some incident, the perpetrator could be more easily located and identified. Another simple strategy adopted was to carry whistles and to make a lot of noise when trouble arose on the streets. Discussions during the regularly scheduled work group meetings also helped spread the word about particular clients and police officers who had histories of inflicting brutality. And Lopes stressed the importance of filing of

complaints with the city and state Human Rights Commissions as a form of applying political pressure on law enforcement personnel.

Ominously, one week before the killing of Cris Loura, we had a discussion about violence on the streets at the beginning of the regular group meeting. Cris and Donna, one of the newer and most articulate group participants who was only beginning her corporal transformation into a *travesti*, recounted how they had been physically assaulted by the police in the previous week and showed us various bruises as evidence of these actions. Cris offered the idea that the greater levels of violence in the Farrapos/Voluntários area (where the beatings occurred) as opposed to other prostitution zones, might be due to the fact that some *travestis* (including herself at times) worked there *pelada* (naked), flashing their breasts or penises as the clients slowly drove by, and suggested that perhaps if people were more *comportada* (behaved), there might be less violence. Donna and several others disagreed, saying that the police had already removed *travesti* sex professionals from other parts of the city and would do the same again, regardless of whether people worked *pelada* or not. In order to stop these processes of periodical relocation, Heidi argued that a *zona liberal* was needed in which the police recognized prostitution between certain agreed upon blocks. Lopes expressed her concern regarding this idea of territory delineation and reminded the group that there were no laws preventing them for working wherever they desired, since prostitution is not a crime in Brazil and freedom of mobility is a constitutional right.

As part of this general discussion on the increased level of violence in the *travesti* prostitution zones, Lopes recounted the results of a meeting she had scheduled the previous week with the police commandant for the Farrapos/Voluntário area. According to Lopes, the commandant seemed genuinely interested in the problem of police misconduct against *travestis* and urged the *travestis* to report particular incidents in detail, including the date, time and badge number of the officer(s). Many group

participants immediately responded that this was not feasible, since not only was it dark on the streets, but that many officers also removed their badges before harassing and beating up on them. Some, like Heidi, further questioned the utility of reporting these incidents to the police because the police would then retaliate with even higher levels of brutality, while others, like Donna, wanted to video tape police abuse in action and send these tapes to the press. Cris went so far as to question the efficacy of any form of reporting violence, since much of society is prejudiced and wants *travestis* off the streets anyway. Lopes countered by stressing that one has to begin somewhere if the situation is ever going to change.

A few days later, Lopes received a telephone call from several group participants who told her that Cris had been murdered. The details of this narrative are terrible, but bear retelling, if only to demonstrate the extent to which some members of Brazilian society do not value the lives of *travestis*. According to Heidi, who was at the scene of the crime, Cris and a client were in a car arguing about the price of a completed *programa*. As is often the case, the client did not want to pay, or at least not the price Cris was seeking. He yelled for Cris to leave the car. She refused. He then pulled out a gun and shot into the floor, and then several shots to Cris' head. Heidi screamed "don't kill her," causing the client to shoot at Heidi as well, saying "get away, or I'll kill you too." He drove away, with Cris half hanging out of the car - a few blocks later he threw her body out of the car. Several other NAESP group participants found the now deceased Cris and called the police. According to them, when two police officers arrived, a neighbor offered to put a sheet over Cris' body. One of the officers plugged his nose, saying "AIDS is in the air"; the other said "there's no need to waste a good sheet - does anyone have any newspaper?" Vanessa, another *travesti* who works in this area, responded by putting her coat over Cris.

Meanwhile, Heidi went to the police station to report the crime. As is often the case, Heidi recounted that the police were very rude and demeaning, but she



nonetheless told them what had happened. Heidi was the only person to making an official police reporting of the killing, despite the fact that several others witnessed the shooting and some of the events leading up to the murder. Afterwards, Heidi feared for her life, because the suspect, a known and regular client of various *travestis*, was not put into custody - the police had dragged their feet on the investigation, and the forty eight hours had passed in which a person could be held as a suspect *em flagrante* (in the act). To make matters worse, another older *travesti* sex professional who witnessed the crime claimed that Cris had jumped into the car to rob the suspect's leather jacket and claimed that the killer was a good client who treated her nicely and paid her well in their *programas*. None of the NAESP work group participants put much faith in this story and countered by saying that she was dishonest, self-interested and generally a bad person. However, this account came to be incorporated into the official police and media version of the event:

Body of Executed Travesti Still in IML [*Instituto de Medicina Legal* - Institute of Legal Medicine]: The body of the *travesti* Cris, murdered by gun shot last Thursday night, remains in the Institute of Legal Medicine. The homosexual was executed in a white Fiat Florina with red license plates near a mechanic's garage on Avenida Rio Grande Avenue, in the Navigantes neighborhood. The author of the crime, known only as Paulo, left the corpse in one of the sidewalks of Avenida das Missões Avenue, in the São Geraldo neighborhood. The officer José Cláudio de Lima da Silva, of the fourth police delegacia [precinct], does not preclude the hypothesis of the travesti having been killed after trying to assault the motorist. The only witness to the crime, Luiz Ernane Alves, 22 years old, said that he could identify the criminal. He said that before the shots, Cris and Paulo were having a discussion within the car. (Correio do Povo, July 25, 1994)

At the first group meeting following the murder, Heidi and the other witnesses recounted the version of the events that I have set forth above. And if Lopes, the NEASP team and I were both shaken and angered by Cris' death, most of the dozen or so *travestis* present seemed in full control of their emotions. But this is not to say that they were content to sit back and do nothing, particularly in light of the fact that Cris was but the latest in a series of their colleagues and friends who had been killed in the past twelve months. Sensing that the opportunity was ripe to mount a collective response to

Cris' murder and break the silence surrounding the killing and beating *travestis* on the streets of Porto Alegre, Lopes suggested that GAPA/RS draft a letter to be signed by NAESP and all the work group participants expressing our rage at both the murder and the lack of a police response. Shortly thereafter GAPA/RS's Secretary-General stopped by the meeting and reported that GAPA/RS had filed an official complaint regarding the police's treatment of Cris' death and that the state government's Commission on Citizenship and Human Right was looking into the matter.

One week later at the next work group meeting, Lopes reported that several prestigious and powerful organizations, including the Brazilian Lawyer's Association, the Commission on Citizenship and Human Rights Commission, and several elected officials (nearly all from the Worker's Party) had agreed to sign the letter of protest. Lopes then suggested, building on ideas voiced by several group participants at the previous meeting, that GAPA/RS and the *travestis* organize a *passeata* (protest march) in order to pressure the police and to direct public and media attention to the question of violence against *travestis*. This idea was favorably received, and group participants came up with three major themes for the *passeata*: (1) work security on the streets, (2) justice, including the legal punishment of the killer, and (3) violence in everyday life. A general assembly open to all *travestis* and interested parties was scheduled for the following week to plan for the *passeata*, at which time the final details of the *passeata* were nailed down. In the end, the march was scheduled for the afternoon of August 23, 1994, beginning at GAPA/RS and ending at the *Esquina Democrática* (Democratic Square),<sup>39</sup> where an agit-prop street theater group would stage a mock funeral.

The assembly on August 9, 1994 was attended by about thirty *travestis* and representatives from several governmental organizations, including the state's

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<sup>39</sup> The *Esquina Democrática* is a public square in downtown Porto Alegre where candidates and organizations regularly distribute political literature and make speeches; it is also a traditional destination of political marches in Porto Alegre. A counter proposal to conclude the march in front of the police headquarters was rejected as posing too much risk for *travestis*.

Commission for Citizenship and Human Rights. Lopes began the meeting by stressing that incidents of violence against *travestis* occurred every day, and that something needed to be done to change this dangerous situation. The subsequent discussions revealed significant differences in knowledge, experience and political strategy among the participants at the meeting, with those who were not either *travestis* or GAPARS staff/volunteers much more likely to suggest using formal administrative and legal channels.

Human Rights Commission Representative: What do you do when you suffer violence? Do you go to the police station?

Denise (a *travesti*): No, it's worse there.

Human Rights Commission Representative: There is the Coordinator of the District Attorney's office - this is another place to report violence. If everyone goes and reports the incidents, there is an effect over time; the police, as a military type organization, has to investigate things a bit. This is called the *cansaço* [wearing them down] strategy.

In the discussion following these suggestions, Lopes and several of the *travestis* explained why these strategies were not sufficient and re-emphasized that the question of violence extended well beyond the police.

Lopes: They take their name tags off, and wear helmets - it's difficult to identify them. . . .

Claudia: It's not only for prostituting that we suffer. We are harassed even walking on the street with our mothers and family.

Human Rights Commission Representative: It's a big, long process to change society's attitudes, and then there is the more pressing problem of the 9th battalion. In the case of the women's movement, the *cansaço* strategy proved successful.

Valéria: They broke my arm, and I went to the commandant and complained. The violence in the 9th precinct stopped, but began in the 11th.

Lopes: Minorities suffer in general, but *travestis* are seen as *incomodando* [bothering, aggravating] more. In terms of applying pressure, we have already presented cases to the police, and nothing has been done. Society in general needs to be informed about this. Since the *Correio do Povo* [a Porto Alegre daily newspaper] will probably present the demonstration in a lurid or negative way, we are taking a risk here.

Throughout this assembly, GAPARS staff generally advocated a quicker response than the Human Rights Commission representative and argued that there

might not be time to wait for the *cansaço* strategy to pay off because *travestis* would be beaten and killed in the meanwhile. However, there was no consensus among GAPARS staff as to exactly what sort of short-term political actions should be taken. The original GAPARS proposal had called for a *passeata* ending in front of police headquarters, but this plan was discarded because of fear of police retaliation against the *travestis*. Instead, *Esquina Democrática* (Democratic Square), a traditional destination of political marches in Porto Alegre and a place where candidates distribute campaign literature, was selected, and it was agreed that an agit-prop street theater group would stage a piece about violence. Some supported this change in location on the grounds that the *Esquina Democrática* was a public space where more of "society" could be better reached. This distinction was puzzling to me, as I considered the street in front of the police station to be "public" as well, particularly if one were advocating public accountability of law enforcement officers. At the same time, from my experience at various political rallies at the *Esquina Democrática*, a large majority of the people passing by did not even so much as raise their heads, let alone listen to the speeches being made, leading me to wonder more generally if the standard Porto Alegre political action script of *passeatas* to the *Esquina Democrática* might not be reaching the limits of its effectiveness.

The *passeata* was held on August 23, 1994, and over eighty people marched from GAPARS's offices through downtown Porto Alegre to the *Esquina Democrática*. All who were involved with its planning and realization considered the mobilization a great success because it both showed that broad based coalitions could be mobilized in support of *travestis* and directed significant media and public attention to the question of violence against *travestis*. In terms of press coverage, the Zero Hora printed this summary of the *passeata* and demonstration, which included two photographs:

*Travestis* hold march to denounced violence - homosexuals count eight deaths in the last ten months: The regular passer-byers at the Esquina Democrática in Porto

Alegre, presently bombarded by political pamphlets, were jolted yesterday afternoon. Instead of campaign materials, they received information sheets denouncing violence against travestis. Organized by GAPA, the demonstrators simulated a funeral in order to mark the fact that eight *travestis* have been murdered in the capital since November 1993. The last to die, by four shots to the face, was *Cris Loira* [italics in original], in July.

The *travestis* say the some police beat them, burn their wigs and break their lipstick. The second group responsible for violence, according to the *travestis*, are young men, in general, well-born. "They mock and fire at us in pure pleasure," affirms *Lili*.

Captain Aroldo Veriano, of the Ninth Military Police Brigade, who is responsible for policing the downtown of the city, was surprised at the accusations - "I don't remember having heard anything about this." But he did not deny the possibility that some members of the police force may have done violent acts against *travestis*. "Irregularities in conduct exist," he said, but reminded that behind a *travesti* there are many times drug dealing networks. The Captain remembers that two years ago the prostitutes drove themselves to the 9th Military Police Brigade to make similar accusations. "A series of measures were taken to improve the situation," he assured.

This text, although to some extent avoiding the sensationalism normally associated with reporting on *travestis*, still manifests the strong societal ambivalence regarding violence against *travestis*. Instead of attempting to confirm the number of murdered *travestis* through police reports or other means of investigation, the article simply presents the killing of the eight *travestis* as an affirmation made by GAPA/RS and the *travestis* ("homosexuals count eight deaths in the last month"). Similarly, the police captain's statement that he had not heard anything about the murders is not explored. What about the various letters and meetings between GAPA/RS and the police on the question of violence against *travestis*? And if the captain really does not know about these killings, is this not an example of police irresponsibility in protecting Brazilian citizens? The article seems to maintain a "neutral" stance on this inherently political question, placing *Lili's* first-hand testimony on the forms of violence next to the captain's assertion that *travestis* are linked to drug traffickers (thereby legitimating whatever action is needed against them?), without any form of corroboration. Who are we supposed to believe?

Equally problematic is the article's presentation of the issue of violence against *travestis* as being primarily a homosexual concern. For example, although one of the photo's captions mentions that "diverse entities linked to human rights" participated in the action, none of them are mentioned in the article's main text, nor are any of their representatives quoted. Nor is the killing of the eight homosexuals reported in the text linked to violence in contemporary urban Brazil, which has been the subject of significant collective reflection by the media, the public and politicians as well as several on-going social/political movements.<sup>40</sup> Instead, the article presents the depiction of police burning *travestis*' wigs and breaking their lipstick. On one hand, these actions can be seen as a powerful indictment of police insensitivity and cruelty. Yet, perhaps for many readers, these images may serve to decrease their evaluation of the gravity of violence suffered by *travestis* and confirm stereotypes of *travestis* as abnormally vain and (unnaturally) obsessed with their appearance.

That the Zero Hora's reporting of the *passeata* does not adequately address the social causes of violence against *travestis* and to some extent perpetuates their marginalization as exotic male homosexuals (e.g. putting the female names of *travestis* in italics) is not unexpected given the sensationalistic coverage that homosexuality, prostitution and AIDS often receive in the mainstream Brazilian press. Nonetheless, despite these deficits, many of the *travestis* and some GAPARS leaders were pleased with this coverage since it (re)introduced the question of violence against *travestis* to the Zero Hora's large readership and did not contain any grossly negative images of *travestis*. On the other hand, whether the high level of political energy generated by the *passeata* against violence can be maintained remains to be seen, since at various moments in the past, *travestis* have organized around particular questions only to have

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<sup>40</sup> These include the *Viva Rio* movement in Rio de Janeiro, which focuses primarily on issues of violence and improving the quality of life in Rio de Janeiro, and Herbert de Souza's national *Ação da Cidadania Contra a Miséria e Pela VIDA* (Citizens' Action Against Misery and For Life), better known as the "campaign against hunger."

apparently budding movements die out quickly. Nor is it certain that NAESP and GAPARS will be the principal force behind a possible *travesti* political movement - for example, an emerging national *gay*/homosexual movement that I will discuss in more detail in this thesis' closing section may offer another likely avenue through which *travestis* might voice their concerns. Yet, as the NAESP team would be the first to admit, the 1994 political mobilization in response to Cris Loura's murder is but one piece of a much larger, long-term project of achieving real civil rights for *travestis*, and through demonstrating that real gains can be achieved through broad based, collective political action on *travesti* related issues, NEASP and its work groups are helping lay a strong foundation from which to support this continuing and difficult struggle in the coming years.

#### **a matter of life and death**

Up until this point in my discussion, I have chosen to highlight the ways in which the NAESP work groups seek to empower *travesti* sex professionals through encouraging on-going processes of self-reflection, social/political criticism and collective agency centered upon questions of identity formation (both individual and collective), condom use and violence. In focusing on these issues, I do not mean to give the impression that HIV/AIDS has not played an important role in the formation and evolution of the groups. In fact, were it not for the HIV/AIDS epidemic and GAPARS, there probably would not be anywhere for *travestis* in Porto Alegre to explore their aspirations, doubts and problems collectively and systematically, and although there has been talk for some time about the need for an association of *travestis* independent of GAPARS, this has not yet transpired. And while most NAESP staff would concur that an association of *travestis* is needed, they maintain that it is important for *travestis* sex professionals to have place where AIDS is a main topic for reflection and argue that

without the formal structure of the NAESP work groups, five years of gains in developing citizenship and political awareness might be lost.<sup>41</sup>

I would like to conclude my discussion of NAESP's work with *travestis* with a brief consideration of the ways in which HIV/AIDS has entered into the emotional and symbolic lives on the *travestis* who frequent GAPA/RS. Although not always discussed openly, HIV and AIDS are nonetheless important factors in the everyday lives of nearly all *travestis* in Porto Alegre. On a physical level, many work group participants know that they are infected with HIV, and some already are manifesting HIV-related illness. Many others suspect that they may be HIV+, but do not want to have their fears confirmed by taking an HIV antibody test. Exact levels of seropositivity among Porto Alegre *travesti* sex professionals are not known, but a quantitative study written in early 1994 by the former NEP-GAPA coordinators states that of sixty-one *travestis* from the groups who reported having taken an HIV antibody test, more than one quarter (26%) acknowledged that they were HIV+ (Kropf et al 1994:28).<sup>42</sup> Another 36% said that they had taken an HIV antibody test but did not know, or did not want to reveal, the results, while only 38% reported that their test results were negative. When combined with the 36% who said that had never taken an HIV antibody test (and another 20% who did not

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<sup>41</sup> On the other hand, former GAPA/RS president Gerson Winkler is particularly emphatic on the need for GAPA/RS to let go of the *travesti* work groups. In his opinion, continuing this relationship perpetuates dependence on the part of the *travestis* and hinders the possibility of political mobilization by *travestis* as *travestis*, rather than as clients of AIDS-related or other non-governmental organizations.

<sup>42</sup> When sex professionals come to NAESP for the first time, they are asked (privately) to respond to a short questionnaire that addresses demographic (e.g. age, place of origin, education) and biographic characteristics (e.g. length of time working as a sex professional, other current or previous employment) as well as health status (e.g. previous STDs, HIV antibody status) and current and previous drug use. This information is entered into a standardized intake form and kept strictly confidential.

Upon resigning from GAPA/RS, the former NEP-GAPA coordinators took these forms from GAPA/RS' offices and used the data to write the above cited study. GAPA/RS staff consider this to be robbed data that should not have been used in this way without GAPA/RS' permission.



answer the question of whether they had taken this test), it appears that the level of HIV infection among *travestis* in Porto Alegre may be frighteningly high.

Given these levels of seropositivity, and the large numbers of *travestis* in Porto Alegre with, or who have died from, HIV-related disease, it is not surprising that HIV/AIDS generates a great deal of anxiety among most *travesti* sex professionals. Yet, many *travestis* exhibit a certain reticence in discussing the emotional dimensions of HIV/AIDS, in marked contrast to the ease with which they discuss sexual practice, safer sex techniques or violence on the streets. Some even avoid saying the word "AIDS," referring instead to "*a tia*" (literally, "the aunt"), "*aquela coisa*" (that thing), or "*aquela doença*" (that illness/sickness/disease). Nonetheless, through exercises such as the "box of surprises" and the writing and drawing of life histories presented above, many group participants explored some of their personal fears and concerns about HIV/AIDS. In these texts and drawings, and the group discussions that they generated, social isolation and being left behind, rather than physical illness and death, were most often identified as the most terrifying consequences of HIV/ADS. These fears are well grounded, for there have been various cases of *travestis* in Porto Alegre (and throughout Brazil) who have been abandoned by their "friends" when they became sick and who then died alone in the hospital, at times with no one coming to claim the body. Should knowledge of a sex professional's HIV positive status become known on the streets, there is also a strong possibility that they will lose many *programas* and thereby experience severe economic hardship. Seen in this light, HIV/AIDS represents the final blow in a series of increasingly painful social exclusions, and in this context GAPA/RS emerges as an important place where *travestis* can talk about their fears related to HIV/AIDS without being socially marked and can obtain material and emotional support should they or a friend be HIV+.

During my time at GAPA/RS, I witnessed the telling of many moving narratives by *travestis* recounting the sickness and ultimate deaths of friends or acquaintances

from HIV-related illness. While to me most of these accounts were extremely sad, with their painful examples of discrimination in all possible forms - and the unspoken but ever-present feeling that this might happen at any moment to a majority of the groups participants - I think that the *travestis* evaluated these lives and death by other standards than did I or many GAPA/RS staff and volunteers. Like Scheper-Hughes' informants in *Death Without Weeping: The Violence of Everyday Life in Brazil* (Scheper-Hughes 1992), they stressed the importance of a dignified death - we all will die, but few things are worse than dying an undignified death. Cris' murder clearly counted for all as a horrible way to die - it was the psychopathic client nightmare turned frighteningly real. Equally awful was the suicide of Gabriela, another regular group participant, about a month later. Not only did Gabriela ultimately take her own life, but she also tried to burn down the house in which she and several other *travestis* lived. Luckily, no one else was hurt, although many clothes and personal belongings were destroyed. Once again, I was at a loss - why had sweet and young Gabriela committed suicide, and worse still, why did she try to take several of her best friends with her? Although no one in the work groups had a definite explanation, some suggested that the suicide must have had something to do with AIDS - perhaps Gabriela could not handle the fact that she was HIV+ (no one knew for sure if this were the case), or why else would someone go so far off the deep end?

This importance for many *travestis* of having a dignified death as a means to affirm the validity of one's life was demonstrated vividly by the loss of a long-time group participant, Claudinha (her real name), who died in July 1994 from HIV-related illness. As I have mentioned earlier, Claudinha not only participated in the work groups, but was at that point the only *travesti* to have completed the thirty hour GAPA/RS volunteer training. *Fina* (classy), friendly and driven, Claudinha earned the respect of all GAPA/RS staff and volunteers as well as most of her fellow *travesti* sex professionals, who saw in her life the possibility of improving their own. Born in the city of Urugaiana in

the interior of Rio Grande do Sul, Claudinha had left her "hick" past far behind, living in Porto Alegre and Rio de Janeiro before spending one year working as a sex professional in Milan. Unlike many *Europeas*, Claudinha did not waste her money on drugs or luxuries, but instead used most of her earnings to purchase a house for her mother in Urugaiana and to invest in clothing and other accessories in order to improve her earning capacity as a sex professional.

After being deported from Italy in 1992, Claudinha returned to Porto Alegre and became increasingly active in NAESP, both as a participant in the *travesti* work groups and a member of the staff and volunteers who coordinated NAESP activities. Some time later, she became quite ill with an opportunistic infection and lost a great deal of weight. In a few months, she fully recovered and looked as good as ever, dividing her time between working in the *batalha* at night and volunteering at GAPA/RS during the day. Unlike many *travesti* sex professionals, Claudinha never hid the fact that she was HIV+. At times her openness caused problems on the streets, and she once beat up on another *travesti* who had been telling clients not to have sex with her because she had AIDS. Nonetheless, these incidents did not deter her activism, whether conducting HIV/AIDS education on the streets, participating in *travesti* work groups, or often being the only *travesti* to attend GAPA events and public demonstrations not directly related to sex professionals.<sup>43</sup>

In late June 1994, Claudinha began to complain of a cough, which while persistent, did not appear to be anything serious. A trip to the doctor revealed that she had a slight case of bacterial pneumonia, and she was given a prescription of antibiotics and told to take it easy. Not being able to work and needing rest, she decided to spend a few weeks with her mother in Urugaiana. Lacking money, GAPA/RS volunteers took up a collection and raised the necessary funds to cover her bus fare. A few days later,

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<sup>43</sup> For example, Claudinha was one of about a dozen individuals who read texts at the ecumenical religious ceremony that GAPA/RS organized in 1994 for the International AIDS Vigil.

Claudinha called GAPARS and said that she had been admitted to a hospital in Urugaiana because her pneumonia was not responding to the antibiotics. In true Claudinha fashion, she recounted how she already had begun to organize the AIDS patients at the hospital and to raise the consciousness of the prejudiced staff people. All seemed to be going well, and we looked forward to her return.

Several days later, GAPARS received a phone call from Claudinha's sister, who informed us that Claudinha had died. We were all shocked - she had hardly seemed ill. Only a few days earlier, we had been rounding up pictures to send to Claudinha through her *marido* (husband) who was on his way to visit her. He did not make it in time. At the next scheduled work group, Lopes passed on the news that Claudinha had died. As would be the case in the deaths of Cris and Gabriela, the group participants took it all in stride. Some noted that Claudinha had not been eating well; others questioned whether she had been cheating on her *marido*. But in general, there seemed to be a consensus that Claudinha had lived a good life and died a dignified death. After all, she was a *finã* who had lived in both Rio de Janeiro and Europe. She was fully accepted by her family. She had a *marido* who tried to be by her side when he died and who was totally distraught upon her death. She had died in a hospital, receiving (arguably) decent medical treatment. What more could one want or expect?

I do not mean to suggest that there was no sense of sadness about Claudinha's death in the commentaries made by the *travestis* at this meeting, but whatever feelings they had were far more controlled and/or concealed than those of the GAPARS staff and volunteers (including myself) who were kind of in a state of shock. Perhaps this difference is related to life experience and future prospects. *Travesti* sex professionals face many severe risks in their everyday lives, and survival is by no means guaranteed, as summed up by Heidi in the comment, "we go to work on the streets and don't know if we will come back alive." Most GAPARS staff and volunteers, on the other hand, are from middle class backgrounds and generally have more stability and social support

than all but the most exceptional *travesti* (e.g. Roberta Close, Rogéria, some *Europeos*). For many of them, HIV/AIDS marks one of the first moments where they have had to consider their own mortality directly and consistently. For *travestis*, both physical death and the civil death associated with being a transgendered person and living with HIV/AIDS in a discriminatory society is felt on a daily basis. And this proximity to death, violence, discrimination and abuse at the hands of clients and society has forced *travestis* to maintain what amounts to a hard external shell in order to survive.

That many *travestis* successfully mask many of their feelings through adopting strong personas, employing scathing language, and *fazendo escândolo* (making trouble) when necessary can be seen as an example of Goffman's discussion of how marginalized social actors negotiate the stigma they experience on a everyday basis (Goffman 1959, 1963). On the other hand, the activities and discussions during my year at the NAESP groups revealed that these hard exteriors coexist with profound individual vulnerabilities and fears about what the future. In seeking to stimulate *travestis* to examine their feelings about complicated and charged issues such as AIDS, social exclusion, death and self-esteem, NAESP's work groups thus represent a dangerous proposition, for in breaking through cynicism and offering *travestis* the hope of a better and less painful future, one risks great disappointment at a minimum and perhaps an overflowing of powerful, previously controlled emotions. But as the deaths of Claudinha, Cris and Gabriela indicate, something needs to be done to change the apparently endless cycle of all too often violent death. NAESP work groups represent one possible strategy for developing the individual and group empowerment necessary to take on this difficult fight to end the marginalization of *travestis* and to achieve a society where gender/sexual difference is fully respected and not merely desired in the body of an eroticized other.

## post script

*At school with my friends, at recess and in the classroom, my desire for men awakened. I did many chores at home, like washing the car and the dishes. At night, I studied the multiplication table. The boys called out to me, but I was afraid because they lived in a communal house.*

*My grandmother restricted my activities a lot, so I went back and forth between school and home, without having friendships, because at night I had to study for tests and to sleep. I used to go to the circus a lot with my parents on Sundays - it was the only interesting thing that existed for me.*

*I met a gay man who told me about parties, clubs, adult movie theaters and the street. I never did anything sexual with a woman. They advised me to use hormones, which led me to run away from home. I got to know the night, the street - I stole from cars in order to live. I continue working in the batalha and using hormones.*

*Effect: breasts. Changing the body: As soon as I became a travesti, I received silicone implants.*

*I'm not sure about my future, but I would like it to be the best possible.*

*And to continue to be a travesti until I die!*

Text by Cristina Loira (blond Cristina)

June 14, 1994, Systematic *travesti* group, GAPARS

Murdered on July 21, 1994, by a john, in a zone of prostitution in Porto Alegre, Rio Grande do Sul.

## **6 Safer Sex and the Politics of Desire**

In the last two chapters I have examined several AIDS prevention and education initiatives in Porto Alegre and the ways in which they have attempted to mobilize targeted populations in response to the HIV/AIDS epidemic. I would now like to shift my analysis from organizations and projects to sexual practice and ideology, since it is in these latter domains that micro-level decisions about condom use and other forms of safer sex are made. I begin the chapter by positioning my discussion within recent ethnographic and historical studies of human sexuality. Next, I provide an overview of some of the dominant features of Brazilian erotic culture and use examples from Porto Alegre's sexual geography to highlight the assorted, but not always readily visible, sexual possibilities available to most urban Brazilians.<sup>1</sup> With this foundation in hand, I then consider the ways in which Vila Santos residents conceive of and practice safer sex and focus particular attention on the ways in which gender and sexual norms limit many individuals' ability and/or willingness to protect themselves against HIV infection. In conclusion I argue that HIV/AIDS prevention programs will only be successful in the long-run if they explicitly work to overcome existing gender/sexual inequalities and suggest that safer sex workshops which are attentive to questions of power may represent an important first step toward achieving this goal.

### **thinking about cross-cultural sexualities**

Over the past few decades there has been a significant increase in scholarly research on human sexuality. As Parker and Gagnon argue in the introduction to their

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<sup>1</sup> Parker defines "erotic culture" as the system of meaning and ideologies that provide the cultural frame in which erotic activity occurs. He further argues that the logic of "erotic culture" is related to, but separate from, systems of gender and sexuality (Parker 1991:98-99). Although I am more reluctant than Parker to consider erotic culture a separate domain, I use the term "erotic culture" at times in order to highlight the cultural, rather than behaviorist, dimensions of sexuality.

recent collection *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*, since the mid-1960s, and especially since the 1980s, the hegemony of the previously dominant paradigm of sexology has been eroded, and many researchers have developed more "constructionist" oriented analytical frameworks that stress the historical, social and cultural contexts shaping sexual behavior and meanings (Parker and Gagnon 1995). In these approaches, which rely greatly on the work of Michel Foucault<sup>2</sup>, universalistic and naturalistic conceptions of sex, the sexual, and sexuality are relativized. As Jeffrey Weeks, one of the leading theorists of social constructionism, explains:

What we define as "sexuality" is a historical construction, which brings together a host of different biological and mental possibilities - gender identity, bodily differences, reproductive capacities, needs, desires and fantasies - which need not be linked together, and in other cultures have not been. (Weeks 1986:15)

But despite these time and space contingencies, I believe that examining these issues which Weeks identifies as constituting contemporary western sexuality (i.e. gender identity, bodily differences, desire, etc.) can provide useful insights in non-western or historical contexts as well, so long as one recognizes that there is no one "sexuality" waiting to be discovered and that its components can be and have been combined together in many different ways.<sup>3</sup>

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<sup>2</sup> For Foucault, sexuality is "an especially dense transfer point of power . . . [It is] not the most intractable element in power relations, but rather one of those endowed with the greatest instrumentality: useful for the greater number of maneuvers and capable of serving as a point of support, as a linchpin, for the most varied strategies (Foucault 1978:103). See also Ann Stoler's *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Stoler 1995).

<sup>3</sup> After all, until the present, all human societies have relied on sexual intercourse to reproduce themselves; similarly, all societies have marriage, kinship and gender systems as well as ideas about what is pleasurable and erotic. As a result, it seems to me that recognizing the historic and cultural specificity of certain configurations of "sexuality" does not preclude one from exploring the connections between marriage, gender, desire, reproduction, power, etc. (i.e. "sexuality") in different historical and cultural contexts.

Whether human societies will continue to rely on sexual intercourse between a male and a female as the basis for reproduction is of course open to speculation given the recent development and improvement of reproductive technologies such as artificial insemination. However, to date no one has come up with a technology that replaces the human female's role in



In this burgeoning literature on the social construction of sexuality, much attention has focused on "homosexuality" and the historical emergence of sexual identities and communities related to same-sex relationships, particularly, but not only, in North America and western Europe. No doubt, this scholarly interest in (homo)sexualities, and an accompanying critique of the power relations expressed through dominant systems of (compulsory) heterosexuality, is largely a by product of the rise of North American and western European lesbian/gay and feminist movements in the late 1960s and early 1970s, which produced substantial political action and theoretical inquiries on these very questions. At times, this relationship between political/social/cultural movement and "native" intellectual has been tense, as in the 1980s when theoretical discussions among academics about whether sexual orientations/identities are "essential" individual characteristics or contingent social constructions entered into more general community debates about the origins of homosexuality and what it means to be lesbian/gay. Some of the protagonists in these discussions went so far as to accuse social constructionist theorists of undermining the gains of the lesbian/gay movement by questioning the stability, or even desirability, of lesbian/gay identities. Many constructionists responded by arguing that "essentialists" lacked historic perspective and sought to impose their own views on individuals, groups and cultures for whom such ideas might not be appropriate or pertinent. The resulting entanglement of theoretical ideas, political strategies and individual positioning (i.e. who can speak for whom, and in what contexts) has become an increasingly common feature of research on human sexuality and the newly emerging field of lesbian/gay/queer studies.

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the development of the fetus and its subsequent birth. For a discussion of the cultural and political consequences of these new reproductive technologies see Sarah Franklin's "Postmodern Procreation: A Cultural Account of Assisted Reproduction" and Marilyn Strathem's "Displacing Knowledge: Technology and the Consequences of Kinship," both in Ginsburg and Rapp's *Conceiving the New World Order: The Global Politics of Reproduction* (Ginsburg and Rapp 1995).

These theoretical and political issues are equally present in contemporary ethnographic research on sexuality in non-North American and non-western European settings. Some anthropologists, like Roger Lancaster on Nicaragua (Lancaster 1992, 1995) and Richard Parker on Brazil (Parker 1991), apply explicitly constructionist paradigms and emphasize "native" categories and classificatory systems. Others highlight the cross-cultural similarities in same sex relationships across cultures and argue that ideas of "gay" or "homosexual" identities may be present even though the particular culture may not use these exact terms (Williams 1986, Murray 1992). An interesting approach combining both social constructionism and western psychological concepts is Herdt and Stoller's "clinical ethnography" (Herdt and Stoller 1990). Building on the analysis of Sambian culture in New Guinea that Herdt began in *Guardians of the Flutes: Idioms of Masculinity* (Herdt 1981),<sup>4</sup> Herdt and Stoller conducted in-depth interviews with several key informants from Herdt's prior fieldwork in order to address the subjective phenomenology of differently positioned Sambians negotiating their sexual lives. The resulting interviews and reflexive discussions among the authors show that native, western psychological and anthropological models all can contribute to our understanding of both particular cultures and potentially universal psychological processes such as gender and sexual identity formation.

Given the heated nature of the constructionist/essentialist debate during the 1980s and its political implications for lesbian/gay political mobilization strategies, it is not surprising that these studies of cross-cultural (homo)sexuality were called upon to support various, and often antagonistic, positions. This use of ethnographic data and analysis to criticize contemporary North American and western European social conditions has a long history, as demonstrated in the works of Malinowski, Benedict and Mead in which "native"/"primitive" cultures were used to critique the repressive aspects

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<sup>4</sup> Sambian culture includes male-male oral insemination and a myth of male parthenogenesis.

of North American and western European "civilization." Recent ethnographic research on homosexuality performs a similar, if somewhat different, form of cultural critique. For example, many non-academic gay commentators, and some academic ones as well, see the emergence of gay communities in the United States and the subsequent growth of visible, transnational gay subcultures as a positive occurrence that is improving the quality of life for "gays" worldwide. From this perspective, the ethnographic examples of the social acceptance of "gays" in cross-cultural contexts can be used to affirm and morally validate the gains of the US movement - if socially identified "homosexuals" often are accepted as productive members of other cultures, then US society should do the same. Other analysts, such as Lancaster, and to a lesser extent Parker, highlight that these US models of sexual identity ("gay") and community development through so-called identity politics are not necessarily present, possible or even desirable in other cultural contexts where different systems organize gender and sexual practice (e.g. the "active"/"passive" system common in many Latin and Mediterranean cultures). Lancaster takes the critique a step further, not only questioning the universality of gay identities, but the imperialistic tendencies of US conceptions of activism and community as well.

The works of Lancaster and Parker are extremely valuable in reaffirming a basic point of ethnographic analysis - the same actions (e.g. sexual relation between two men) do not necessarily have the same significance or consequences in different cultural contexts. Equally important is both analysts' recognition that while there are significant power inequalities and social stigmatization involved in male/male and male/female sexuality in Nicaraguan and Brazil, these do not exactly parallel the forms of domination present in the United States.<sup>5</sup> As a result, the point that US models of gay

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<sup>5</sup> Lancaster does not discuss female/female sexual relationships in Nicaragua in detail. In *Bodies, Pleasure, and Passions: Sexual Culture in Contemporary Brazil*, Parker provides some discussion of women's sexuality and female/female sexual relations, but most of his research focused on male sexuality, and especially men with homosexual or bisexual activity.

identity politics and community development may not make sense for the different historical and cultural contexts such as Brazil and Nicaragua is well taken. Nonetheless, although I am sympathetic to using ethnography as a form of cultural critique that seeks to better inform US lesbian and gay activists about the limitations of their political strategies, I am not fully comfortable with the ways in which US culture, sexuality and sexual politics are treated within many of these cultural critiques, including Lancaster's. More often than not, (homo)sexuality in the United States is treated as a given, without any historical or social scientific data supporting frequently sweeping generalizations that never would be made in an ethnographic analysis of a non-North American culture.<sup>6</sup> Equally questionable is the assumption that the experiences of lesbian/gay communities in the United States over the past thirty years can be reduced to so-called "identity politics." In fact, the entire history of the gay movement in the United States has been marked by heated discussions over what it means to be lesbian/gay/bisexual/queer and what form(s) the movement(s) should take. And if a more or less white, middle class male dominated model of identity politics and community development has become perhaps the most visible manifestation of what it means to be "gay" in the United States, this position was never the only one, nor is it uncontested today.<sup>7</sup>

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<sup>6</sup> For example, Lancaster contrasts the "anality" of Nicaraguan sexuality to the "orality" of North American male homosexuality and supports his argument with the "fact" that insults against North American gay men center on oral sex (e.g. "cocksucker") while those in Nicaragua focus on anal sex (e.g. "*cochon*" (Lancaster 1992:238). However, Lancaster ignores the important role of anal intercourse in structuring North American gay male sexuality, where many men define themselves as "tops" (those who are insertive in anal intercourse) and "bottoms" (those who are inserted into). And the importance of anal sexuality in North American culture is not limited to intra-gay relations, as demonstrated by the classic locker room warning/joke of being careful when bending over to pick up the soap.

<sup>7</sup> In fact, the reduction of North American lesbian/gay politics to middle class, white male models of the "gay community" largely silences the important theoretical and political contributions of lesbian feminists (including many women of color) and non-white "gay" men throughout the post-Stonewall years (see, among others, Moraga and Anzaldúa 1981; Beam 1986; Smith 1983; Lorde 1984, 1992, Riggs 1989, 1994). The past ten years also has seen the rise of emerging queer, bisexual and transgendered movements that explicitly and openly critique gay/straight dichotomies and traditional assimilationist gay identity politics.

Why all this attention to US sexuality and sexual politics in a study about AIDS-related mobilization in Brazil? I believe that the experiences of the lesbian/gay movement in the United States over the past twenty-five years show that sexual practices and discourses can change, however natural and timeless they may seem. And given the increasingly transnational dimensions of cultural phenomena, concepts such as "gay" and "gay community" have been incorporated into the everyday life of men and women in many parts of the world. Whether this represents a positive development is open to discussion, but I personally see these transnational conversations on sexualities in general, and homosexualities in particular, as basically useful, even though I recognize that a certain amount of economic and cultural imperialism is at work in these processes.

These questions of how to conceive (homo)sexualities are not merely theoretical or political, but have direct implications in terms of AIDS education and prevention. The HIV/AIDS epidemic has generated a previously unheard of exploration of human sexuality throughout the world and has highlighted the extent to which gender and sexual inequalities limit the ability of individuals and social groups to protect themselves against HIV infection. As a result, effective AIDS education entails deconstructing the ways in which a given society organizes gender, sexuality, injecting drug use and other factors shaping possible modes of HIV transmission, and then making the political decisions as to what needs to be changed. And because systems of gender and sexual inequalities are so ingrained in most societies, it seems likely that stressing and/or reaffirming existing dominant values and social practices may ultimately reinforce the very power relations that facilitate HIV transmission. Instead, it may be those practices and discourses that are relatively new to a given society, or those existing within, but at the margins of mainstream values and social life, that may provide the tools through which to transform existing patterns of sexuality and thus help contain the spread of the HIV/AIDS epidemic.

## **brazilian erotic culture**

Conceptions of the erotic have played a key role in the construction of Brazilian national identity throughout the twentieth century, and nowhere is this more evident than in Gilberto Freyre's classic 1933 sociological treatise on the Brazilian condition, *Casa-Grande e Senzala* (The Masters and the Slaves, Freyre 1956). Freyre's reading of Brazilian national formation is significant not only because it is one of the first analyses to consider Brazil's substantial racial mixing in a positive light, but also because it presents Brazilians as a uniquely sexualized and sensual people.<sup>8</sup> This idea of the sensuous Brazilian is held by Brazilians and non-Brazilians alike - on the positive side this is exemplified by Brazil's world famous carnival festivities and many popular musical forms (*bossa nova, samba, lambada, axé música*); on the negative side lies Brazil's fame as an international destination for sex tours focused on child and adolescent prostitution.

On a personal level, I cannot count the number of times people asked me to compare US and Brazilian sexuality, typically along the lines of "don't you think that Brazilians are *mais quente* ("hotter"/more sensual) than people from your country?" Despite my honest attempts to maintain a certain relativism and avoid ethnic/racial stereotyping through responses such as "the people in both Brazil and the United States are equally sensual/sexual in their own ways," many of my Brazilian friends and informants did not believe that I could possibly think this after having lived in Brazil for several years. After all, can a Puritan temperate culture compare to the tropics of Brazil, where, as the expression and song tell us, there is no sin (Parker 1991:137-138)?<sup>9</sup> And

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<sup>8</sup> In an interesting reversal of the typical western European image of the over-sexualized "savage"/"native," Freyre presents both indigenous and African/Afro-Brazilian men as largely "undersexed" and contrasts them to lusty and insatiable Portuguese men. For Freyre, it is this excess sexual energy of the Portuguese, and their many sexual relations with indigenous and African/Afro-Brazilian women, that is largely responsible for the formation of the tri-racial Brazilian people. (Freyre 1956)

what could I say when asked to comment on how certain Florida coastal cities had gone so far (toward repression and hypocrisy) as to actually outlaw the string bikinis (called *fio dental* - dental floss, in Portuguese) that are so common on Brazilian beaches?

Complementing these popular perceptions and national mythology on Brazilian sensuality/sexuality is the impressive growth in recent years of social scientific literature addressing these issues. One of the groundbreaking works in this area is Peter Fry's 1982 series of essays *Para Íngles Ver*.<sup>10</sup> Especially important is his observation that there are in fact at least two different models of sexuality operating within contemporary Brazilian society. The first, and dominant model at the time Fry wrote, is the traditional active/male versus passive/female conception of sexuality.<sup>11</sup> Less widespread, but according to Fry gaining increasing prevalence among many intellectuals, elites and middle class persons during the late 1970s and early 1980s, are the scientific divisions of homosexual, heterosexual and bisexual. In 1983, Fry and Brazilian anthropologist Edward MacRae presented this same discussion to a more general audience in their *O que é homossexualidade?* (Fry and MacRae 1983).<sup>12</sup>

More recently, Richard Parker has built upon Fry and MacRae's work and developed a more dynamic analysis of the various symbolic constellations through which

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<sup>9</sup> According to Parker, this expression dates to the seventeenth century Dutch historian Gaspar von Barlaeus. More recently, popular music composer Chico Buarque used this expression as the basis of his "Sin Doesn't Exist in to the South of the Equator," a song especially associated with *carnaval*.

<sup>10</sup> *Para Íngles Ver* is a popular expression signifying "things are not what they seem" or "all form, no substance." It derives from the late 19th century and early 20th century practice in which Brazilians convinced their English supervisors during the latter's periodic site visits that all was well with their Brazilian projects, when in fact things were okay only at the level of surface appearance.

<sup>11</sup> This classification of one partner as passive and the other as active can occur in all sexual relations, whether female/female, male/female or male/male.

<sup>12</sup> The "What is . . ." series consists of several hundred short introductory texts (about seventy to one hundred pages in length in pocket book format) used in introductory college level courses or by mainstream readers seeking an overview of current affairs topics. There is also a *What is AIDS* book (Perlonger 1987b).

Brazilians negotiate sexuality. For Parker, there are at least three coexisting and at times contradictory systems operating within Brazilian society, which may be activated or not depending on particular contexts: the active/passive model common to Mediterranean cultures; medical/scientific categories defining sexuality in terms of the biological sex of the partner (i.e. heterosexual, homosexual and bisexual); and North American derived ideas of (gay) identity-based sexuality (Parker 1991). Holding these distinct conceptual sub-systems together are ideas of transgression and *sacanagem* (the thrill of doing what you're not supposed to do), which Parker identifies as central defining elements of contemporary Brazil erotic ideology (Parker 1994:119-120).

Parker's analysis provides an excellent starting point for making sense of the many cultural discourses and ambiguities at work in Brazilian sexuality. And while I am less willing to consider any of the sub-systems of sexual categorization or erotic ideologies as coherent and totalizing as Parker does, I agree that they are central features in the Brazilian sexual landscape. I would now like to consider more directly the spatialization of some of these erotic cultures and ideologies in the context of urban Porto Alegre. As Parker and Carballo note, sexual interactions, subcultures and communities are not randomly distributed throughout social settings (Parker and Carballo 1990:505). For example, transgendered prostitutes may work in a particular park, adolescents may make-out in another, and singles bar be concentrated in a few neighborhoods. Knowledge about these areas is also not equally shared, and many community residents may not even be aware what kind of activities occur in certain areas at night despite passing through them every day. Through developing a cultural geography of sexuality focused on the relationship between urban space and desire (Duyves 1995), it becomes possible to observe erotic cultures and ideologies in action, including the shifting positioning of actors and the circulation of power in these eroticized spaces.



One of the underlying concepts behind Parker's work and equally central to understanding Porto Alegre's sexual geography is Roberto DaMatta's important recognition of the symbolic distinction between *casa* (house) and *rua* (street) that operates in Brazilian society. According to DaMatta, the category house represents a personalized realm where everything has a proper place based upon kinship ties and traditional gender and age hierarchies. The street, on the other hand, is conceived of as impersonal, unpredictable and uncontrollable, full of passions and the dangers of violating unknown or unperceived hierarchies (DaMatta 1991:63-65). Sexual activity occurs both in the house and the street, but the structuring principles are quite different. According to traditional models of gender/sexuality in Brazil, sexual relations within the home should be limited to the *papai/mamai* (missionary) position and associated with procreation, either in terms of the possibility of conception or of the women occupying the role of the mother of the family. The street, conversely, is governed by a logic of "anything goes," both in terms of sexual practice and potential partners who may include those whom it is not appropriate or possible to marry (e.g. lovers, sex professionals, members of the same sex, *travestis*, etc.).

In this symbolic division of social space, it is the "street" in all its diversity, rather than the conformity and comfort of the house, that is associated most strongly with *sacanagem*. However, with the changing gender relations that are occurring within many married Brazilian couples, there may be an increased possibility of the wife and husband letting loose within the privacy of their bedroom, as captured in the expression *entre quatro paredes, tudo é possível* (within four walls, anything is possible). At the same time, *sacanagem* is also very context specific - a man's first sexual encounter with a prostitute after his being married may feel much more transgressive than his having monthly sexual relations with another prostitute ten years later - that is to say, what was originally transgressive may become less so over time as one learns and conforms to the different rules shaping social and sexual interaction in various street contexts.

And what of the sexual geography of Porto Alegre? With a population of nearly 1.5 million people, Porto Alegre contains far too many sexual territories for me to discuss in detail here.<sup>13</sup> I accordingly will limit my discussion to three public spaces that are frequented by large numbers of people and that constitute highly charged sexual territories: (1) the Rua da Praia *Shopping* (Shopping Center)/Praça de Alfândega, (2) the Parque de Farroplhã (Redenção) and (3) the Avenida Farrapos/ Voluntários de Pátria area. I will focus particular attention on the spatial distribution of prostitution and male/male sexuality relations within this areas, for not only do they provide classic examples of the erotic ideology of transgression/*sacanagem* in operation, but they also serve as some of the key targets for outreach work done by GAPARS and other AIDS educators in Porto Alegre.<sup>14</sup>

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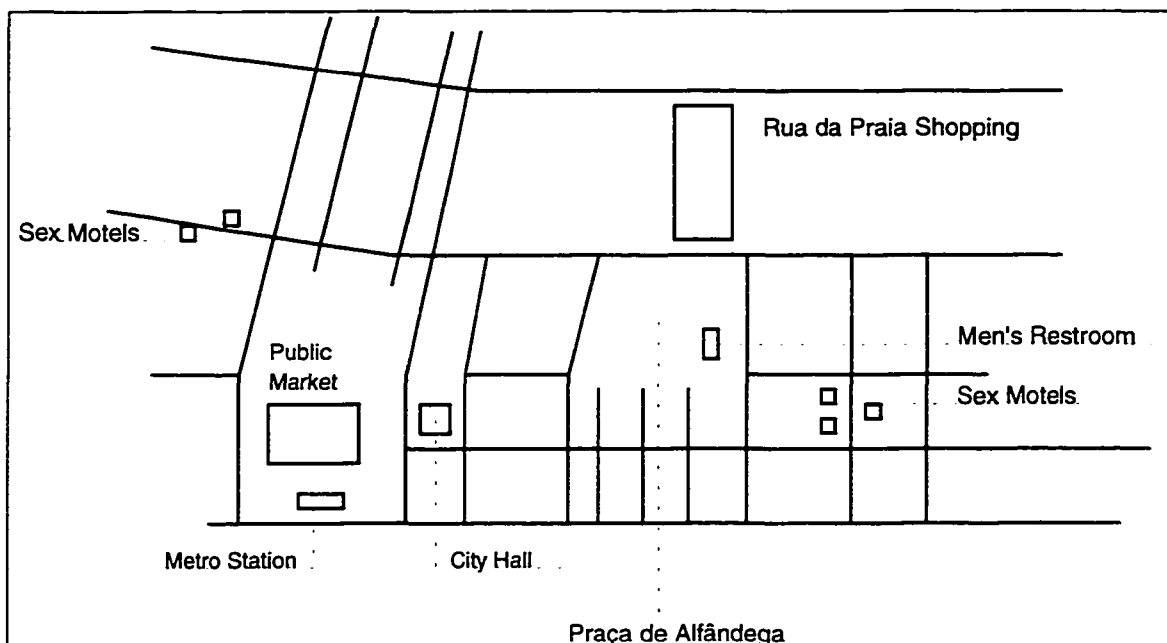
<sup>13</sup> For example, many residential areas in Porto Alegre have neighborhood bars, parks and dance halls where people socialize and meet potential sexual partners. In the case of Vila Santos, the soccer field and the streets are perhaps the social spaces used most consistently by the greatest cross section of residents; there are also several bars (*botequims*) and a *pagode* (a type of bar/dance hall featuring *pagode* type music) for those seeking a drinking establishment close to home.

<sup>14</sup> In highlight some of Porto Alegre's busiest and symbolically significant spaces in terms of male/male sexuality and prostitution, I do not mean to suggest that these forms of sexuality are totally absent from less commercial neighborhoods. For example, although the dominant spaces of sociability in Vila Santos have a decidedly heterosexual ambiance and usually focus on the formation of steady relationships (it is not wise to have a lover in your own community, since everyone would find out about it and complicate the situation) or flirtation, this is not to say that there is no homosexual activity or sexual economic exchange going on in the community. On the one hand, some women who exchange in sexual economic exchange live in Vila Santos, though they typically try to keep a low profile and avoid having *programas* (sexual economic exchanges) with people from within the neighborhood. Regarding homosexuality, various residents, from the *promotoras* to the *guris* (adolescent males) to the youth from the junior high school, commented to me about the "large number" of *bichas/travestis* who live in the community. Exactly what constitutes a "large number" is uncertain; when I tried to get a more exact, the responses given varied from dozens to hundreds. On one occasion I also saw a *travesti* at one of the neighborhood's schools - according to Regina, she hangs out there as sort of a middleperson who finds youth who are willing to have sex with older men for money. I further learned that one of the shy *guris* was supposedly having a sexual/romantic relationship with one of the community's *bichas*, and that it was not uncommon for young men of the community to have sex (theoretically as the *macho*; in practice, who knows) with *bichas*. Regina also estimates that there are perhaps ten lesbian couples in the community as well, who often live together with their children from prior female/male relationships.

The Rua da Praia Shopping Center is located in downtown Porto Alegre and fronts the Praça de Alfândega, a small public square well known as a zone of lower class, female street prostitution (see Figure 6.1). Although the project's investors and management had assumed that the Praça would be "cleansed" of prostitution before the shopping center opened, this never occurred. As a result, there is a stark contrast between the sanitized consumerist environment of the *shopping* (where female prostitutes are not permitted) and the Praça with its street life of female prostitutes, vendors, unemployed people, retired men playing dominos, and young children shining shoes. Two distinct sexual territories are evident in this first snapshot - one of sex economic exchange between lower class female prostitutes and their largely working class clients in the Praça; another of working and middle class adolescent/young adult heterosociability in the stores, bowling alley, movie theaters and eating areas of the mall. However, there is much more going on in both locations than appears at a first glance, including the activities of the many *michês* (male prostitutes) who work *within* the *shopping* during its hours of operation.<sup>15</sup> Unlike their female counterparts in the Praça who suffer sporadic but consistent police harassment, the *michês* are almost indistinguishable from the other adolescent and young adult men at the mall and can thus largely go unnoticed, except by their potential clients who are able to read the gestural and physical codes through which approximation occurs. As in the case of the female prostitutes, the sexual acts themselves occur in several run down and inexpensive sex motels located in another micro sexual territory a few blocks away from the *shopping* and the Praça. These same motels are also used for the non-commercial sexual encounters of married men or women, potentially from all social classes but most often of working class background, who cannot bring their lovers/sexual partners home.

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<sup>15</sup> *Michês* also work at the Praia de Belas Shopping located in the southern zone of Porto Alegre and the Iguatemi Shopping in the northern zone. These two shoppings generally have *michês* from higher socioeconomic backgrounds.



### 6.1 Praça de Alfândega, Rua da Praia Shopping Center and surrounding area

After the *shopping* closes at 9 p.m. (except for the movie theaters, the bowling alley and one restaurant that stay open to around midnight), the ambiance of the Praça changes from one of intense city street life to that of a "heavy" (*pesada*) place that most Porto Alegrens avoid. The ratio of female prostitutes/*michês* within the Praça inverts, with far fewer women and many more *michês* hanging out within and along side the men's public bathroom that remains open twenty-four hours per day.<sup>16</sup> This bathroom is the other major sexual territory in the area, both at night and during the day, where men from all social classes and gender/sexual identities masturbate and/or watch others urinating or masturbating while standing in front of the trough urinals.<sup>17</sup> Many

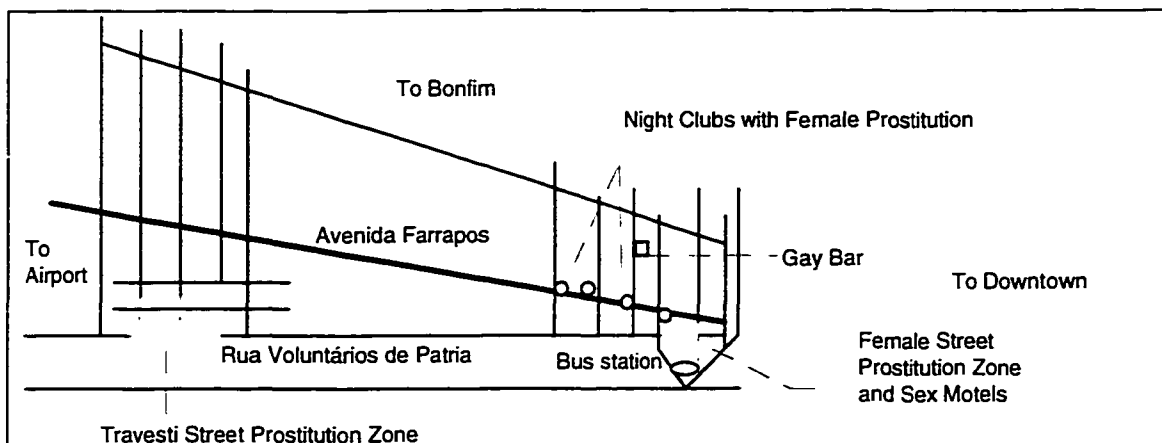
<sup>16</sup> There are always a few *michês* at work in this rest room during the day, but the majority concentrate their activities within the shopping center when the latter is open. If, as sometimes happens, there is no action in the shopping center or the security catch on to them, they will shift leave the shopping center and go to the Praça.

<sup>17</sup> Some North American public bathrooms also have substantial sexual activity, and at least one social scientific analysis has been written on this subject (Humphreys 1975).

men also met sexual partners, both paid and unpaid, at this bathroom. The couple then goes to another location such as a nearby sex motel to continue their sexual activity, although many men simply engage in the exhibitionist/voyeuristic pleasures of the bathroom without ejaculating or meeting a particular sexual partner.

A different sexual geography exists on the opposite end of downtown Porto Alegre beginning with the *rodoviária* (bus station) and continuing northward (see Figure 6.2). As is often the case at transportation nodes throughout the world, the *rodoviária* offers several forms of quick sexual encounters. For men seeking sex with other men, the *rodoviária's* bathroom is similar to that of the Praça de Alfândega, although there is less male prostitution. For men seeking sex with women, several nearby streets have large numbers of female sex professionals. Both these territories are busiest during the day; as night comes and the number of buses decreases, the action shifts north along a major transit corridor, Avenida Farrapos, and a smaller parallel street, Rua Voluntários de Pátria, that is one block from the Rio Guaíba. During the day, the entire region north of the *rodoviária* is filled with commercial activity and significant pedestrian, auto, bus and train traffic. No particularly strong pattern of sexual geography is present at this time, other than the possibility of meeting someone on the street or public transportation that can occur anywhere in the city.

At night, things change completely, and the area becomes largely deserted of foot traffic, bus service diminishes, and commercial activity is limited to restaurants and especially the many night clubs on Avenida Farrapos. These popular establishments, with their strip shows and erotic dancing, are known throughout the city as places to meet "loose" women or prostitutes and are especially popular with working class men. Some female sex professionals also work on Avenida Farrapos near these clubs, although there is some tension between them and club owners who do not want them taking away their customers. As in the case of the Praça de Alfândega, there are a series of nearby sex motels used for both commercial and non-commercial sexual



## 6.2 Female and Travesti Prostitution Zones

encounters. A block off of Farrapos is another night club with erotic dancers and prostitutes, but this one caters to men who have sex with men. The clientele at this club is somewhat eclectic, including (*mari*)*conas* (older gay-subculturized men), *michês* in their late teens or early twenties, bohemian gay men ranging from their twenties to their forties, *bichas* (effeminate homosexual men) of all ages, and a few women from time to time. Despite this diversity of men who have sex with men, during most of my time in Porto Alegre, *travestis* were not allowed to enter the club (except for those who performed in the erotic shows) because they were seen as causing scandals and preventing their *michê* boyfriends from having sex with the bar's clients.<sup>18</sup>

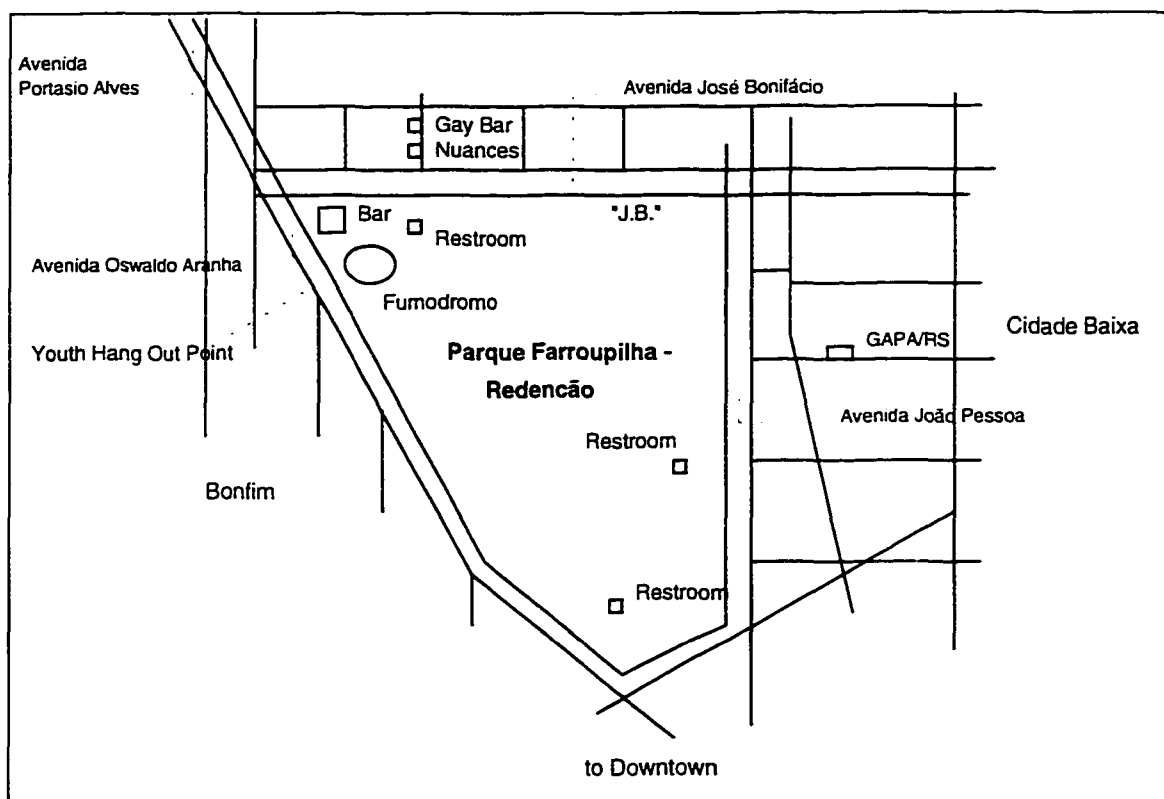
Facing discrimination on the part of the one "gay" club in the area and prohibited by the police from working along Avenida Farrapos, *travesti* sex professionals concentrate about ten blocks along Voluntários de Pátria and several surrounding streets. Unlike Avenida Farrapos, which is well light and always has some car and bus traffic at night, this sexual territory is extremely dark and deserted except for the *travestis*, their clients and at times, the police. Those clients with cars circle repeatedly around the streets checking out the *travestis*; those on foot normally stick to the darker side streets. This area is also one of the most dangerous sexual spaces in Porto

<sup>18</sup> It is relatively common for *michês* and *travestis* to form sexual/romantic couples.

Alegre, and it is here that much violence against *travestis* occurs and where Cris Loura was murdered.

The third and last location I would like to discuss is Porto Alegre's most popular park, the Parque de Farroupilha, more commonly known as Redenção (see Figure 6.3). The park, situated a few blocks from the eastern edge of city's downtown and surrounded by three middle class neighborhoods, is a tapering rectangle of about five by ten city blocks and contains various gardens, a small amusement area, a large monumental arch, several soccer fields, jogging paths, an amphitheater, a mini-zoo, and a pond with pedal boats. The street at the park's eastern end, Avenida José Bonifácio, is closed on Saturday morning for a farmer's market and on Sunday afternoon for a crafts fair. Because of its various attractions and central location Redenção always has a good circulation of people of all social classes during weekdays and especially on weekends.

With its many grassy and secluded areas, the park is a favored local for low income heterosexual couples from throughout the city who have no other place to go for romantic and sexual intimacy. Men from all class levels also cruise the park during the day, particularly in the late afternoon hours, seeking other men for sexual activity. Interestingly, there are not really any spatially defined "heterosexual" or "homosexual" territories in the context of public intimacy/sex, and specific micro patterns of spatial occupation vary from moment to moment. For example, if a heterosexual couple are looking for a place to be intimate and see two men having sex, they will likely look somewhere else; the same occurs in reverse as well. And for men seeking to have sex with other men, the park's public rest rooms are always possible options. In terms of sociability, rather than overt sexual activity, an open air bar located at the northeast corner of the park is an important meeting place, especially on Sunday afternoon and early evening. Unlike the rest of the park, this bar presents marked territorial divisions



### 6.3 Parque Farroupilha - Redenção

based on sexual orientation. On the end closest to the amusement rides is a lesbian/gay space, the opposite end closer to the corner has a strongly heterosexual ambiance. In between are the *alternativos* (alternative youth culture members) of varying or ambiguous sexualities. Behind the *alternativo's* area is the *fumodromo*<sup>19</sup> where people smoke and/or buy marijuana.

As in the other two zones discussed above, the passing of day to night totally changes the users and feel of the park. Gone are the children, families and the elderly, as well as most of the heterosexual couples, and the secluded areas of the park are largely left for those seeking male/male sexual activity and those looking to rob these men. The park's north edge, including the corner with José Bonifácio, is a place where

<sup>19</sup> The *fumodromo* is actually a fenced-in soccer field. As a result, entrance and exit is somewhat controlled, giving people more time to prepare in the event of a police raid.



middle and lower middle class heterosexual youth gather and openly consume alcohol and various other drugs in large quantities. Fights and police harassment are common here, and many residents avoid walking along the park late at night. The opposite end of José Bonifácio undergoes a similar nocturnal transformation and becomes one of Porto Alegre's primary areas of male street prostitution, the "JB" (short for José Bonifácio). At one edge of the JB is a popular gay bar, and cars often drive around in circles, passing between JB and the bar. And if the park and the streets immediately bordering it represent the wilder end of sociability and sexual activity in Porto Alegre, there are many other bars, restaurants and clubs nearby the park that offer more secure places in which to socialize and meet sexual partners. Most of these establishments cater to lower to middle class young adult heterosexuals of varying styles (alternative, yuppie, collegiate, political, etc.), but there are also several gay clubs (mostly, but not exclusively, male), two bars frequented mostly by women seeking women, and various working class heterosexual bars located near the several major transit corridors in this region.

What does this investigation of several important public spaces in Porto Alegre tell us about Brazilian erotic culture more generally? Perhaps most obviously, there are many possibilities for sociability and sexual activity on the streets of Porto Alegre, which, when taken together, constitute a visible "spatialization of sexual preference" (Duyves 1995:56).<sup>20</sup> As Duyves argues in his analysis of gay Amsterdam, both discrimination and emancipation play roles in defining the occupation, use and subsequent eroticization of urban space in Porto Alegre. For example, *travesti* sex professionals, one of the most stigmatized groups in Brazil, are relegated to the most marginal and dangerous nocturnal environments of the city. Discrimination also partially explains the

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<sup>20</sup> For an excellent analysis of the sexual geography of male prostitution in São Paulo, see Perlongher 1987b.

popularity of public sex locations like bathrooms and parks, in that they represent on the few places where men can have sex with men (even commercial sex motels often prohibit same sex couples) without having their homosexual behavior exposed. However, bathrooms and parks are at the same time highly erotically charged spaces where men can fulfill their desires and/or express their sexual emancipation, and not all who practice public sex do so because they must (that is, because they have no where else to go, in either spatial or psychological terms), but simply because they can. And if public sex locations represent a sort of middle ground between being a product of discrimination and emancipation, the bars, restaurants, businesses, publications and community organizations of what Parker calls an emergent Brazilian gay culture (Parker 1995) fall more solidly on the side of emancipation.<sup>21</sup> Perhaps the best example of emancipated gay space in Brazil is the Jardims region in São Paulo, although other large Brazilian cities are experiencing similar processes of more visible occupation of urban space by gay men and lesbians. In Porto Alegre, this emergent gay culture is just beginning to take off, and whether it will spatially concentrate remains to be seen.

Equally noticeable in this consideration of Porto Alegre's sexual geography is its gendered bias. A majority of those circulating in the more highly sexualized spaces are men, and females who are seen in such locations risks being classified as "loose" women or prostitutes. This gendered division of space, and its corollary of what sexual activities and partners are appropriate for what kinds of people, follows from DaMatta's analysis of the street (the domain of men), and the house (the domain of women and the family). If a man has sex with a female prostitute, he faces little social reprobation, at least according to "traditional" values in which men's sexual relations outside of the house are approved of, or at a minimum largely tolerated. On the other hand, if a

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<sup>21</sup> But this is not to say that those who frequent openly gay spaces and do not hide their sexual orientation and activity necessarily discard the erotic and/or political value of more marginalized practices (e.g. public sex) and social actors (e.g. *travestis*, *michês*).

woman violates the rule of marital fidelity, she faces a real possibility of losing her social status as a mother, suffering physical violence, or being thrown out of the house. The possibility of such negative consequences may diminish the pleasurable aspects of *sacanagem* for women both symbolically and physically. And when taken together with the commonly voiced idea that sex with the wife/mother is supposed to be *papai/mamai* (missionary position) or like *feijão e arroz* (beans and rice, meaning the same thing everyday), one is left wondering what erotic possibilities the system of sexual transgression provides for many poor, urban Brazilian women, who, as Goldstein notes, "have neither participated in any sexual revolution nor benefited from Brazil's myth of sexual democracy" (Goldstein 1994:922).<sup>22</sup> Of course, this question is by no means pertinent only in Brazil - wherever there is gender inequality, there is likely to be sexual inequality, or, in the words of Scheper-Hughes, a lack of "sexual citizenship" (Scheper-Hughes 1994:992-993)<sup>23</sup>, and although I do not take the argument as far as Catherine MacKinnon does, it is always useful to ask the question "whose pleasure, and at what costs to whom?" (MacKinnon 1990).

In *Bodies, Pleasures and Passions*, Richard Parker provides a good starting point for making some sense of the relationship between power/violence and pleasure/desire operating within Brazilian erotic culture. Here, Parker emphasizes the positive aspects of *sacanagem*:<sup>24</sup>

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<sup>22</sup> Goldstein goes on in her discussion to highlight the extent to which many of the poor, urban women with whom she worked disliked anal sex, which according to Parker is one of the most eroticized sexual activities for many Brazilian men. For these women, anal sex is "something dirty, incorrect, unnatural and connected somehow with those 'women' or 'galinhas' on the street" (Goldstein 1994:922).

<sup>23</sup> Scheper-Hughes defines sexual citizenship as:

"a broad constellation of individual, political, medical, social, and legal rights designed to protect bodily autonomy, bodily integrity, reproductive freedom, and sexual equity. Sexual citizenship implies, among other things, the ability to negotiate the kind of sex one wants, freedom from rape and other forms of pressured, non-consensual, or coercive sex, and freedom from forced reproduction and from coerced abortion." (Scheper-Hughes 1994: 993)

Ultimately, then, this concept of *sacanagem* links notions of aggression and hostility, play and amusement, sexual excitement and erotic practice in a single erotic complex . . . *sacanagem* focuses on breaking the rules of proper decorum - the rules that ought to control the flow of daily life. In almost all of its meanings, it implies at least some form of symbolic rebellion or transgression - overturning the restrictions which govern normal social interaction. (Parker 1991:102)

Through breaking the normal rules of everyday life, *sacanagem* may provide a means for unstablizing the existing social order.

If both gender and sexuality are defined (though, obviously, in their own ways) through differentiation, distinction, and hierarchy, the erotic overturns their order. Breaking down the separations of daily life in the fleeting moments of desire, pleasure and passion, the erotic offers an anarchic alternative to the established order of the sexual universe: an alternative in which the only absolute rule is the transgression of prohibition. (Parker 1991:134)

But does *sacanagem* really threaten the underlying gender and sexual power relations structuring everyday life? As Goldstein has argued recently, the erotic potential of sexual transgression by Brazilian males is strongly linked to Brazilian women serving as "boundary-setters" who lay down the rules which the men then try to break (Goldstein 1994:920-925).<sup>25</sup> For example, in order for there to be "bad," desirable women who "do it all," there need to be "good" wives who do not. Such distinctions, whatever their erotic values, also involve a series of social and moral evaluations on the proper roles of women and men in society. In this play of eroticized rule breaking, the question remains as to whether erotic "transgressions" do not end up reinforcing

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<sup>24</sup> In more recent writings, Parker has placed more attention on the relationship of power and erotic meanings and practice, as in the introduction to *Conceiving Sexuality: Approaches to Sex Research in a Postmodern World*.

In order to understand the effect of gender on sexuality it is necessary to fully unpack the gender system, to locate women and men in the social space of power, and to understand that socially and culturally constituted relations of power structure not only the interactions of men and women, but of different *types* of men and *types* of women within the context of complex social, political and economic systems. (Gagnon and Parker 1995:14)

<sup>25</sup> That is, unless one experiences a thrill by having an "in your face" attitude toward breaking rules, as in "your rules have no value for me". But I would describe this as a confrontational, rather than a transgressive, attitude. The pleasure Parker describes is usually associated with "being bad" and being selective about to whom you recount your sexual exploits.

existing rules and prohibitions as often as they challenge or unsettle them down. Nor are transgressions ever fully anarchistic - the process of meeting a sexual partner (or partners), going to a location to have sex, having sex, and then continuing on one's way nearly always involve well known cultural and erotic scripts in which social actors assume various hierarchical positions depending on the particular context. That is not to say that erotic transgressions cannot play an important role in changing society - this will depend largely on the various power relations that shape and are shaped by erotic meanings (e.g. gender, class, race, sexual orientation). But given this connection of pleasure and power, an effective sexual politics that seeks to challenge gender and sexual hierarchies requires a thorough assessment of the extent to which conceptions such as *sacanagem* ultimately are implicated in the (re)production of unequal power relations they seem to upset.

#### **safer sex in vila santos**

Having provided an overview of Brazilian erotic culture and its spatial distribution in Porto Alegre, I would now like to shift my analysis to a more micro level and consider how Vila Santos residents conceive and practice safer sex. As I have discussed in a previous chapter, the data from my questionnaire administered to two hundred individuals in this neighborhood revealed that the vast majority of respondents are familiar with the scientifically accepted forms of HIV transmission (see chapter 4).<sup>26</sup> Moreover, almost 85% of them believe that AIDS is a serious problem in their community, and approximately 60% consider themselves to be personally at risk for HIV

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<sup>26</sup> This is not to say that all Vila Santos residents fully understand HIV transmission, since nearly 30% thought that kissing transmits HIV and 15% thought that incest bites transmit HIV to humans. But regarding the proven means of HIV transmissions, the residents demonstrated high levels of knowledge - 99% knew that women can transmit HIV to men, 98% that seminal fluid can transmit HIV, 96% that sharing needles can transmit HIV, and 80% that a mother can transmit HIV to a child during birth.

infection.<sup>27</sup> Yet despite this knowledge and concern, almost half replied that they had not changed their sex life because of AIDS, and almost one third (28%) stated that they had never used a condom (44% of the women compared to only 14% of men).<sup>28</sup> For the remaining half who reported some kind of behavioral changes, increased condom use and more "stringent" partner selection criteria were the two most common responses. In terms of condom use, about half of those surveyed responded that they always or almost always use condoms, and 45% affirmed that they had used a condom in their last sexual encounter (52% of the men, 36% of the women).<sup>29</sup> As is readily apparent in these statistics, men are much more likely than women to have reported incorporating condoms into their sexual activity. Another important demographic variable affecting condom use among men, though not women, is age, with men thirty years or under indicating the highest levels of condom use among Vila Santos residents.<sup>30</sup> Some of these younger men also stated that they sometimes engaged into non-penetrative forms

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<sup>27</sup> In response to the statement "Other people may get HIV, but not me," 59% totally disagreed with the statement, 2% mostly disagreed, and 20% were neutral. Similarly, in response to the statement "Because of my life style, I'm sure I won't get HIV," 55% totally disagreed, 2.5% mostly disagreed, and 14.5% were neutral. On the other hand, between ten and twenty percent of the Vila Santos residents seem confident that they are not at risk for HIV infection - 11% totally agreed and 3 % mostly agreed that "Other people may get HIV, but not me," and 18% totally agreed and 3% mostly agreed "Because of my life style, I'm sure I won't get HIV."

<sup>28</sup> Respondents answered open ended questions such as "What is Safer Sex For You?," "How Do You Protect Yourself Against HIV transmission?," and "Have You Changed Your Sexual Activity Because of AIDS? If so, how?"

<sup>29</sup> 31% of the respondents reported that they always use condoms - 35% of the men, 27% of the women; 22% said they almost always use condoms - 31% of the men, 13% of the women.

Throughout this discussion, I use the phrase "report condom use" because I have no way to confirm that survey respondents actually use condoms in their sexual relations. I also recognize that these statistics may be biased in several different directions - as I will discuss in more detail below, it is likely that women would downplay their condom use in order to not make it appear that they were "promiscuous," while men might exaggerate their condom use either to demonstrate their virility and/or responsibility (i.e. if they use condoms in their extra-marital affairs, they will not bring back STDs or HIV to their wives). But I do think that these responses nonetheless provide a base line for understanding how Vila Santos residents conceive and practice safer sex.

<sup>30</sup> Only 6% of men under thirty stated that they had never used a condom, and more than three-quarters of these younger men said that they always (43%) or almost always (34%) use condoms. On the other hand, women's patterns of reported condom use did not vary significantly by age.

of sexual activity (e.g. masturbation or rubbing the penis between the women's thighs) in order to protect themselves against HIV infection.

How can we account for these apparently divergent attitudes and practices related to HIV risk reduction among Vila Santos residents? While it might be intuitively appealing to argue that differing amounts of knowledge about AIDS may explain these differences, the cross-tabulations from the questionnaire data do not show any significant association between level of knowledge about AIDS/HIV transmission and whether a person uses condoms.<sup>31</sup> Similarly counter-intuitive is the absence of any definite correlation between whether respondents use condoms and whether they find them sexually (un)pleasurable.<sup>32</sup> To begin with, only a third of the men stated that

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<sup>31</sup> This finding that knowledge about HIV/AIDS and safer sex is quite different from either considering oneself to be personally at risk for HIV infection or from changing one's sexual behavior has been documented by research in many different societies, including Zaire (Schoef 1992a, Schoef 1992b), Haiti (de Zalduondo and Bernard 1995), the United States (Worth 1989; Weeks et al 1995) and Brazil, where a 1987/1988 Gallup International Poll showed that although Brazilians demonstrated a relatively high level of AIDS awareness compared to other nationalities, they reported little behavior change in response to AIDS (Parker 1994:110-111).

Regarding where Vila Santos residents obtain information about HIV/AIDS, 88% identified television programs; 73%, education pamphlets; 70%, newspapers; 69%, radio; 58%, relatives; 57% friends; 52%, magazines; and 39%, health posts.

<sup>32</sup> In one of the few in-depth studies in Brazil on this question of condom use and erotic pleasure, Parker suggests that for many homosexual and bisexual men in Rio de Janeiro, condom use may indeed be discouraged as a result of their negative effects on sexual pleasure:

[These results] suggest that the use of condoms continues to be seen not only as non-erotic, but as an important barrier to sexual intimacy. The introduction of condoms in sexual scripts is considered difficult - it is a turn-off (*abaixa o tesão*) - that inhibits profoundly the development of the sexual act. (Parker 1994:79)

According to Parker, this resistance to condoms derives from both the erotic value of semen and the importance of unprotected intercourse as a marker of intimacy for these bisexual and gay men (Parker 1994:78-79). However, despite this association between condoms and decreased desire, Parker notes an overall increase in the use of condoms among these men (Parker 1994:76). Goldstein likewise reports that most of the low income women with whom she worked do not like using condoms, which they, like many Brazilians, compare to sucking a candy with the wrapper on (*chupando bala com papel*) (Goldstein 928-929).

While both Parker and Goldstein's findings are useful in helping us understand what Brazilian men and women think about condoms, the question remains as whether one needs to *like* condoms in order to use them. In fact, various analysts have argued that the relatively high levels of condom use found among many homosexual/gay identified men in different parts of the world may be more related to condom use being a way to assert and reaffirm "homosexual"/"gay" social identities than to individual perceptions about whether condoms are an erotic turn-on (for example, see Altman 1994:43-53, Patton 1990:42-49; Watney 1994:127-142). Parker has

condoms reduce their sexual pleasure (21% a lot, 14% a little), while women recounted even less pleasure reduction (9% a lot, 20% a little).<sup>33</sup> And even among those who answered that condoms reduce their sexual pleasure a lot, about three-quarters of them still responded that they almost always or always use condoms in their sexual activities.<sup>34</sup> Alternatively, of the more than forty percent of the overall sample who stated that condoms either reduce their sexual pleasure very little or not at all, nearly one-third of them replied that they only sometimes, rarely or never use condoms.<sup>35</sup> Nor is condom use directly linked to whether one considers them to being an effective means of preventing HIV transmission - many of those who do not think that condoms protect against HIV transmission report regular condom use them, while others who believe that condoms block HIV transmission nonetheless do not.<sup>36</sup> And although many Vila Santos

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identified a similar occurrence in Rio de Janeiro, where those men who have "gay" or "homosexual" identities and who participate in Rio de Janeiro's homosexual sub-culture are more likely to practice safer sex than their non-gay/non-homosexually identified counterparts who also have sex with men (Parker 1994:80-82).

Taken together, these findings suggest that while some threshold level of pleasure - or rather lack of displeasure - may be a prerequisite for regular condom use, the high level of attention given to "eroticizing" condoms in AIDS education campaign may be somewhat misplaced, particularly if in the process energy is diverted from attempting to link condom use to individual and collective self-esteem and empowerment.

<sup>33</sup> More than forty percent of the men and about a quarter of the women reported that condoms do not adversely affect their sexual pleasure. Interestingly, for both women and men, unmarried individuals were more likely to report pleasure reductions and less likely to respond that condoms make no difference in sexual enjoyment. Nearly one-third of the women surveyed did not respond to this question, which is probably largely a function of the large numbers of women who stated that they never have used a condom (nearly 40%). It is also possible that women may also be more embarrassed to discuss condom usage than men.

<sup>34</sup> Of the 20% of the sample who stated that condoms reduce their pleasure, 59% of them (43% of the subgroup women, 64% of the subgroup men) reported that they nonetheless almost always use condoms in their sexual activities, while another 17% of this sub-category (29% of the subgroup women, 14% of the subgroup men) responded that they always use condoms.

<sup>35</sup> 43% of the men and 25% of the women surveyed responded that condoms do not reduce their sexual pleasure at all; another 7.5% of the men and 5% of the women reported very little pleasure reduction. Of the forty-six men who stated that condoms do not reduce their pleasure at all, 50% reported that they always use condoms, 22% almost always, 20% sometimes, 4% rarely, and 4% never. Of the sixty-nine women who reported no pleasure reduction, 37% said they always use condoms, 17% almost always, 17% sometimes, 3% rarely, and 9% never.

<sup>36</sup> In response to the statement "Using a condom protects against HIV transmission," 23% of men totally agreed, 21% mostly agreed, 32% were neutral, and 23% totally disagreed. Of the women,



residents complained to me on various occasions about the high cost of condoms, in response to the survey question "in which situations don't you use condoms, and why?" none of the respondents cited price or lack of income as a reason for not using condoms.<sup>37</sup>

These data suggest that for many Vila Santos residents, condom use decisions are not primarily a function of the (perceived) materials qualities of condoms (e.g. efficacy, price, awkwardness, non-eroticness, etc.). Instead, in order to understand condom usage among Vila Santos residents, it is necessary to examine the condom's symbolic positioning(s) within the gendered inequalities of Brazilian erotic culture. As I have discussed earlier, one of the principal features of Brazilian sexual geography, and Brazilian culture more generally, is the symbolic distinction between the street and the house, with the former a male territory, and the latter a female domain. For many Brazilians, condoms, with their strong association of transgression, *sacanagem* and "illicit" sexual activity, fall into street side of the dichotomy.<sup>38</sup> As a result, for an individual

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22% totally agreed, 18% mostly agreed, 38% were neutral, 2% mostly disagreed, and 20% totally disagreed. I will not go into all the details of the cross tabulations but would like to highlight the result that I found the most curious, which concerns those men who reported always using condoms. I had expected that these men would be more likely to think that condoms are an effective means of preventing HIV transmission. Yet, of the 35 men who reported that they always used condoms, only 11 totally agreed that condoms prevent HIV transmission, with 10 neutral and 8 totally disagreeing.

<sup>37</sup> Brazilian condoms are among the most expensive in the world, costing nearly \$1 per condom (Istoé 1994c:38). For a majority of Brazilians, who have monthly household incomes of less than \$200, the purchase of condoms constitutes a real economic hardship. However, there are several ways that Vila Santos residents can obtain condoms without having to pay for them. For example, health posts, NGOs and other institutions sometimes donate condoms, although these distributions are often discontinuous and in some cases require community residents to travel long distances in order to receive the condoms. There is also significant informal circulation of condoms within the community, with adults passing on the condoms that they receive through various channels to their adolescent relatives and neighbors. And some youth who work at supermarkets and pharmacies "liberate" condoms from their employers and give or sell them at reduced prices to their friends and other community residents.

It is also possible that the survey respondents were uncomfortable saying that they did not have enough money to buy condoms, but it is my experience that most Vila Santos residents do not generally mind talking about their poverty and lack of purchasing power.

<sup>38</sup> A small percentage of Brazilian female/male couples also use condoms as a form of birth control, but it is not my impression that this has resulted in condoms being strongly associated with "the house," which is of course the privileged site of reproduction.

within a stable union to suggest condom use, other than for contraceptive purposes, is tantamount to asserting that one of the partners is being unfaithful. And given the sexual double standard operating among many Brazilians (i.e. men's extra-marital sexual activity is tolerated if not encouraged while women's is socially punished), should a woman make such a request, she faces a real possibility of suffering physical or emotional violence and of losing her socially valued, if nonetheless constraining, position as wife/mother. Consequently, even when women suspect that their husbands/partners<sup>39</sup> are *pulando a cerca* (jumping over the fence) and having extra-marital affairs, they often feel powerless to do anything in response (see, for example, Goldstein 1994:924-925).

Taken together, these different moral standards regarding male and female sexual behavior, and the larger gender inequalities of which they are but one part, result in condom use decisions effectively being the prerogative of men and to a lesser extent those women who are not considered "respectable" (e.g. sex professionals). And if a small number of Vila Santos men argue that condom use is obligatory in *all* sexual relationships unless both partners have taken an HIV antibody test, received a negative trust and can be trusted to be monogamous,<sup>40</sup> it is my impression that the general rule of thumb regarding condom use for most men in Vila Santos is to use them only when

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This association between condoms and "the street"/*sacanagem* has been reinforced with the advent of AIDS, since condoms have become a tool through which men can continue having extra-marital sexual affairs while minimizing their potentially negative consequences (e.g. passing on HIV or another STD to their wives/principal partners).

<sup>39</sup> I use the terms husband/partner and wives/partners in order to highlight that many Vila Santos residents who live together in (theoretically) monogamous unions are not formally married. Many women in Vila Santos also demonstrate a pattern of serial monogamy over the course of their reproductive years, and often have children with different fathers.

<sup>40</sup> This idea was often expressed by means of the popular expression *quem vê cara não vê coração* ("who sees the face does not see the heart"). In general, this saying signifies that appearance is a poor guide for assessing a person; in the case at hand, it suggests that it is impossible to tell who has AIDS by physical appearance or social presentation.

"uncertain" about the sexual/social status of one's partner.<sup>41</sup> Here, the question centers not so much of condoms per se, but on "determining" whether one's *parceiro* (partner) is *certo* (regular, reliable, "clean" and presumably HIV-). As Regina explains,

Regina: If men have a wife, and a steady lover, and only these two women - the lover, and the wife at home, they will not use condoms. Because he is certain - I don't know if it's because their *machismo* is so strong - that neither their wife, nor their lover, because they are steady, will betray them. They are sure of this. "No. My steady lover, my wife, they won't betray me."

CK: As if the lover never had had sex with anyone before him?

Regina: This doesn't enter into their heads. If a woman thinks that she and her lover should begin using condoms, this will produce a controversy. He will ask "are you betraying me?" It's a polemic, very *machista*, along the lines of "if someone is betraying me, it's you, because my wife wouldn't betray me, so if you are wanting to use condoms, it's because you are betraying me, or you are thinking about betraying me." And so goes the polemic. Regina, 1994 Interview

According to Regina, for women with steady partners, the situation is a bit different:

If a woman has a steady partner, she doesn't use a condom. But if a woman has a lover, or has sex with someone other than her husband, she uses condoms - on this point, women are more reliable. Regina, 1994 Interview

But to the extent that women's extra-marital affairs become stable and on-going relationships, there is an increasing probability that they too will stop using condoms in the long run.<sup>42</sup>

If this belief in the possibility of determining whether one's sexual partner is *certo* helps explain why many men in Vila Santos do not or only irregularly use condoms in

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<sup>41</sup> I would go so far as to argue that this same rule governs the vast majority of male/female sexual relations throughout the world. And although I am focusing my discussion here on female/male sexual relationships, the same pattern can be observed in many male/male relationships in Brazil and beyond (e.g. the United States).

<sup>42</sup> Given the social reprobation associated with female extra-marital activity, it is somewhat difficult to concretely or accurately determine its prevalence among Vila Santos women. This reservation aside, it is my impression from conversations and interviews with Vila Santos residents that some women do have extra-marital affairs, although many do not and those that do typically have far less extra-marital sexual activity than their male counterparts. And whereas it is common for men to have a wife, a steady mistress (usually not from the neighborhood, as this would be too visible) and sporadic sexual relations "on the street" concurrently, this pattern is much rarer for women.

their sexual relations, this is not to say that this strategy constitutes an effective means of protecting either them or their sexual partners from HIV infection, as is dramatically demonstrated by the rising numbers of Brazilians, including many married, monogamous women, who are becoming HIV+ through sexual activity. Nor, as Goldstein accurately notes, are most AIDS prevention campaigns and their simplistic "get informed, use condoms" approach doing much to halt the continued spread of HIV among Brazilian women.<sup>43</sup>

Given the Brazilian context of unequal power relations between heterosexual partners, AIDS prevention and education programs are placed in a peculiar predicament: they are attempting to protect women's bodies by condom literacy workshops and campaigns oriented to men, while neglecting women's powerlessness in heterosexual partnerships. To address safer-sex education to women is to educate bodies who in principal are sexually controlled. There is a tendency for condom literacy to simply reinforce the Brazilian male's view of sexuality; it protects men's access to various partners as long as safe-sex regulations are guarded. It enforces the ideal that partners don't need to talk to one another, that they merely need to slip on a condom (or condoms). Teaching men to slip on a condom, or women to simply demand one, is one possible strategy among many, but it reinforces the idea of silence between sexual partners, an aesthetic rejected by my Brazilian female informants. (Goldstein 1994:926).

And as Guimarães work with low income women in the Rio de Janeiro area further suggests, these discourses not only silence "female" views of sex and sexuality in which love, trust and romance may be considered more important than erotic pleasure, but also entirely disregard the fact the condoms prevent women from having children, which for many Brazilians represents the most critical component of a woman's fulfilling her role as an adult female (Guimarães 1994a).<sup>44</sup>

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<sup>43</sup> See Patton's *Last Served? Gendering the HIV Pandemic* (Patton 1992) for a general discussion about the relative weakness of global policies and interventions related to women and HIV/AIDS.

<sup>44</sup> Scheper-Hughes also has suggested that more HIV antibody testing should be made available to low income Brazilian women so that they could make informed decisions about pregnancy. (Scheper-Hughes 1994:996)

Recognizing that many AIDS education materials and activities are not adequately responding to the ways in which naturalized concepts of sexuality and gender make *both* women and men extremely vulnerable to HIV infection, a small number of Brazilian AIDS educators and women's groups in recent years have begun to develop projects that address both sexuality and gender inequalities (see, for example, Barroso and Bruschini 1987, Goldstein 1994, Guimarães 1994a, 1994b).<sup>45</sup> In the following and final section of this chapter, I will examine one of the more common components of these innovative programs, namely, the safer sex/sexuality workshop. I will first provide a brief history of the invention of "safer sex" in the United States. Next, I will recount how safer sex and safer sex/sexuality workshops came to be disseminated in Brazil in the early 1990s. I will conclude by considering two particular safer sex workshops that I attended in Porto Alegre - one as part of the GAPARS coordinated training for community leaders that I discussed in chapter 4, the other as part of a conference for lesbian/gay organizations and activists from Brazil's three southern states. These experiences suggest that although there are many obstacles to transforming sexual values and practices at collective levels, at least some Brazilians are working to create an erotic culture based on equal sexual citizenship for all rather than on male privilege and gender inequality.

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<sup>45</sup> In "AIDS and Women in Brazil: An Emerging Program," Goldstein argues that an "influential group" of male AIDS activists have produced a dominant AIDS education discourse in Brazil which privileges male sexual freedom while leaving sexual double standards unchallenged. (Goldstein 1994). Scheper-Hughes makes a similar argument in "AIDS and the Social Body" (Scheper-Hughes 1994). While I agree with Goldstein and Scheper-Hughes that such attitudes are prevalent among Brazilian (and non-Brazilian) AIDS activists, my experiences at GAPARS, ABIA and Pela VIDDIA indicate that at least some male activists are willing to take on the issue of sexual double standards and the other power dynamics involved in Brazilian erotic culture. Goldstein also argues, as would most activists at AIDS/NGOs, that the Brazilian women's movement as a whole has generally been slow to respond to the HIV/AIDS epidemic (Goldstein 1994:926).

## remaking erotic culture

The first conceptualizations of "safe sex" were developed in US lesbian and gay communities during the early 1980s in the context of a devastating epidemic of then unknown cause. But even though solid scientific data on the emerging epidemic was lacking (e.g. HIV was isolated only in 1984), lesbian and gay male activists quickly and correctly surmised that the underlying cause of the disease was something that could be transmitted sexually (see Altman 1994; Patton 1985, 1990; Watney 1994). This realization suggested that something could and must be done to prevent other people from coming down with the disease - if people avoided exchanging "bodily fluids" (e.g. blood, semen, vaginal fluids, perhaps saliva) that might harbor that yet as unidentified biological agent(s) responsible for the disease, new infections could be avoided. With this epidemiological theory in hand, community members spread the word among themselves through word of mouth and several groundbreaking pamphlets such as Michael Callen and Richard Berkovitz's 1983 "How to Have Sex in An Epidemic" that it was indeed possible to continue to have enjoyable sex while preventing the transmission of potential disease causing microbes. And although our understanding of HIV and AIDS has increased substantially over the course of the past fifteen years, this basic principal of avoiding the exchange of potentially infectious bodily fluids set forth in these early "safe sex" materials remains the foundation of nearly all contemporary HIV risk reduction strategies (Altman 1994:44, Watney 1994:130).<sup>46</sup>

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<sup>46</sup> In these early materials, sexual practices were typically placed on a risk continuum (e.g. "very high," "high," "moderate," "low," "no risk"). Although there was general consensus at either of the spectrum (e.g. anal intercourse without a condom was always in the "high risk" category, while masturbation and talking dirty were always in "no risk" category), the middle portion of the spectrum was more uncertain, with oral sex and wet kissing varying being placed in moderate risk, low risk or no risk categories. Such divergences did not call into question the underlying logic of safer sex, but were rather the result of different risk assessments given the lack of solid epidemiological data on all forms of possible HIV transmission.

After more than ten years of increasingly banal AIDS prevention/education materials and campaigns, it is easy to forget that when safe sex was first conceived and disseminated, it represented a form of radical sexual politics in the face of a growing moral panic and backlash directed toward the lesbian/gay communities and gay men in particular. As Patton explains,

Reliant on a self-help model indebted to the women's health movement critique of health care and to the gay liberation discussion of sexuality, safe sex was viewed by early AIDS activists, not as a practice to be imposed on the reluctant, but as a form of political resistance and community building that achieves both sexual liberation and sexual health. (Patton 1990:42)

This commitment to sexual liberation was evident in both the form and content of most of the safe sex materials as well, which used gay male sexual vernacular<sup>47</sup> and explicit images to drive the point home that it was not who or where or how often you had sex that placed you at risk, but whether bodily fluids were exchanged. In this manner, rather than advocate a return to monogamy or a purifying of the extremes of gay male erotic culture,<sup>48</sup> safe sex called for all (gay men) to assume the responsibility to play safely and to use appropriate technologies (e.g. latex gloves, condoms) were necessary.

With the striking decrease in new HIV transmissions among gay men in US urban centers during the mid-1980s and a rising fear among public health officials that the epidemic might spread into the "general population," HIV risk reduction activities based on ideas of safe sex - or safer sex as it was now called - gradually spread outside of the lesbian/gay communities.<sup>49</sup> But not all who joined the safer sex bandwagon

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<sup>47</sup> See Patton's "Designing Safer Sex: Pornography as Vernacular" (Patton 1992) for a discussion of the consequences, both positive and negative, of using sexual vernaculars in safer sex materials in different cultural contexts.

<sup>48</sup> In general, safer sex guidelines placed all activities on the same chart without any moral evaluations. Nor is the social acceptability or prevalence of a particular sexual activity necessarily correlated to the likelihood that it might be a means to transmit HIV - water sports (i.e. urinating on another person) present very little to no risk of transmitting HIV, and even fisting (i.e. placing one's hand in another's anus) is "safe" (in terms of HIV transmission) so long as the insertor uses a latex glove.

necessarily incorporated the underlying ideas of sexual liberation and community empowerment that helped support the remarkable level of behavioral change among many gay men in US urban centers. In fact, many of the materials and campaigns directed toward "heterosexuals," which were usually produced by "expert" health professionals and other trained personnel (Patton 1990),<sup>50</sup> reduced safer sex to using condoms and/or having a monogamous relationship with someone who had tested negative for HIV antibodies. As a result, although more radical versions of safer sex continued to circulate in US lesbian/gay communities, by the end of the 1980s, the general optic for most HIV/AIDS prevention in the United States, including much of that in lesbian/gay communities, had shifted from community survival through emancipatory safe sex to behaviorist strategies centered around individual-based risk assessments and condom use (see Patton 1996).

At the same time that US activists were inventing "safe sex," Brazil was also in the midst of the first phase of its HIV/AIDS epidemic. But unlike in the United States, where lesbian/gay community organizations quickly took on AIDS as one of their key political issues, most Brazilian homosexual liberation groups, of which there were then perhaps less than a dozen in the entire country, were somewhat slow in acknowledging the extent to which they were being and would be affected by the growing epidemic.<sup>51</sup>

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<sup>49</sup> The term "safe sex" gradually gave way to "safer sex" in recognition of the fact that not all forms of HIV risk reduction are 100% certain (e.g. for example, condoms can break).

<sup>50</sup> In the initial years of the AIDS epidemic in North American lesbian/gay communities, AIDS education activities centered around informal networks of friends, bars and other gay social spaces, and street outreach. Over time, AIDS-related organizations with increasing budgets became the key players in most community-based HIV prevention activities (e.g. Gay Men's Health Crisis in New York, the San Francisco AIDS Foundation, AIDS Project Los Angeles). This process of the professionalization and institutionalization of safer sex initiatives was even faster in non-gay contexts that typically lacked the lesbian/gay communities' substantial experience of talking about and mobilizing around sexuality.

<sup>51</sup> This is not to say that all Brazilian gay groups did nothing in response to AIDS. For example, the *Grupo Atobá de Homossexual Emancipação* (Atobá Homosexual Emancipation Group) regularly distributed condoms at gay bars, discos, beaches and other social/sexual meeting places in Rio de Janeiro, while the *Grupo Gai de Bahia* (Bahia Gay Group, or GGB) in Salvador,



Instead, as I have discussed previously, Brazilian AIDS activism came to concentrated within AIDS/NGOs, which although having large numbers of homosexual/gay men among their leader and volunteers, neither considered themselves to be homosexual/gay organizations nor responsible to any gay "community." Over the course of the second half of the 1980s, these pioneering Brazilian AIDS/NGOs - and in particular the *Grupo de Apoio à Prevenção da AIDS/São Paulo* (Support Group for AIDS Prevention, or GAPA/SP), the *Associação Brasileira Interdisciplinar de AIDS* (Brazilian Interdisciplinary AIDS Association, or ABIA), and *Ação Religiosa Contra AIDS* (Religious Action Against AIDS, or ARCA) - worked to mobilize and to educate the Brazilian public in relation to AIDS. As part of these efforts, they produced some of Brazil's first AIDS education materials, including GAPA/SP's controversial "*Transe Numa Boa*" ("have a good one" or "have good sex")<sup>52</sup> poster, an ARCA pamphlet for practitioners of Afro-Brazilian religions, and a series of ABIA leaflets and videos directed at construction workers, street youth and other targeted populations (see Parker 1993:107).

These groundbreaking AIDS education campaigns, and the many others that followed in the wake of the rapid expansion of AIDS/NGOs throughout Brazil in the early 1990s, played a critical role in stimulating public discussion about HIV risk reduction and Brazilian erotic culture and helped transform *camisinha* (condom) from a dirty word into topic of everyday conversation. But some long-time AIDS activists worried that many of the more recently established AIDS/NGOs were not building on the lessons from the past, which had shown that simply informing people about HIV transmission and

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in addition to distributing condoms, also produced its own AIDS education pamphlets. These in turn were harshly criticized by many activists at AIDS/NGOs because the GGB materials relied on fear to motivate individuals to change their sexual behavior.

<sup>52</sup> One of the meanings of *transar* is have sexual intercourse. However, *transar* also refers to business transactions (*transações*), and in colloquial use the verb is similar to the English "to do" - as in "*Eu não transo drogas*" (I don't do drugs) or "*Eu transo isso, é uma coisa legal*" (I do that, it's great). As a result, although Schepher-Hughes translates *transa uma boa* as "Have a good fuck" (Schepher-Hughes 1994:997), I think this translation comes across much harsher in English than it does in Portuguese.

condoms was not sufficient to motivate safer sexual practice, and further argued that if the HIV/AIDS epidemic was to be slowed in Brazil, education activities would have to become more theoretically grounded and politically informed.<sup>53</sup> As Veriano Terto, Jr.,<sup>54</sup> one of Brazil's most well known AIDS educators, explained in the 1992 ABIA article

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<sup>53</sup> Up to this point in time, most of the AIDS education materials produced by Brazilian AIDS/NGOs used sexually explicit language and imagery and saw themselves as "sex positive". However, few articulated any explicit, underlying sexual politics or provided in-depth discussions of the gendered power dynamics involved in the exercise of sexuality in Brazil. An example of the limitations and contradictions of many Brazilian AIDS education materials can be seen in the text of the well known and much copied *Transe Numa Boa* poster, which reads as follows:

*Transe Numa Boa:*

Sex is good and doesn't give you AIDS. Get over that.

Avoid contact with sperm s Use condoms s Reduce your number of partners

Masturbating together is hot and offers less risk.

Being informed is the best prevention.

Here, the call "to have good sex" is reminiscent of the (gay) sexual liberatory tone of the early US safe sex materials. However, the text's recommendation to "reduce your number of partners" is more in line with moral conservatives than sex radicals and serves to undermine the text's underlying, if not entirely explicit, safer sex message - if "sex is good and [safer sex] does not give you AIDS," the number of partners you have is irrelevant. And as I discussed earlier, whereas the early US AIDS education materials typically linked individual HIV risk reduction strategies to larger issues of community and collective empowerment, the *Transe Numa Boa* poster leaves the discussion at the level of erotic pleasure.

Scheper-Hughes is particularly adamant in her critic of the *Transe Numa Boa* poster, which to her seems to epitomize all that is bad in Brazilian AIDS education:

[T]he AIDS education approach is elitist and depends on literary and shared universes of meaning. Education programs assume a consensual model of emancipated and egalitarian sexuality, one that exists more in the social imaginary than in practice. AIDS educational programs assume that women, like gay and heterosexual men, are able to negotiate safe sex and that all they need is clear and specific information. . . .

What possible use could the widely distributed and much celebrated AIDS prevention poster exhorting: "Have a good fuck! *Always* use a condom! Mutual masturbation is fun!" have for many poor and working class women (many of them married or in long-term relationships) who are unable to convince their partners to use a condom to protect them for multiple unwanted pregnancies, let alone from a disease still viewed as very distant from them. (Scheper-Hughes 1994:997)

<sup>54</sup> Terto, Jr. is a trained psychologist and ABIA staff person specializing in health education and policy analysis. He was also a founding member of Pela VIDDAs/Rio de Janeiro. Through his work at ABIA, which includes frequent contacts with community-based AIDS educators from throughout the world (e.g. the World Health Global AIDS Program in Geneva and the Appropriate Health Resources and Technologies Action Group in London), Terto emerged as perhaps the key node in the flow of transnational AIDS education strategies from North American and western Europe into Brazil.

"Safer Sex: Nearly Everything That You Always Wanted to Ask About (Safer) Sex But Were Afraid to Ask!":

When doing safer sex education, the limits and complexities of sexual life must be taken into account. It is important to remember that sexual encounters are not all the same and are subject to social, economic and cultural factors. When we discuss safer sex, the limits between the individual and collective are also greatly confused. We know that positive behavioral changes are only observed when

- people feel personally threatened by HIV and AIDS;
- they are able to protect themselves from HIV and AIDS;
- they can make the necessary behavioral changes;
- they maintain a satisfactory sexual life;
- they can count on the support of their partners in order to realize and maintain these changes.

These conditions raise important questions that must be addressed, such as access to condoms so people can protect themselves; machismo and other cultural values that hierarchize desires, preferences and sexual styles and can thereby make it difficult for partners to seek and valorize behavior change in themselves and others. (Terto 1992:7)

During 1991 and 1992, Terto, Jr. and a few other activists based largely of Rio de Janeiro and São Paulo disseminated this version of *sexo seguro* (safer sex) throughout the world of Brazilian AIDS/NGOs via articles, conference presentations, and safer sex/sexuality workshop demonstrations, the latter of which has emerged as perhaps the centerpiece of the growing Brazilian safer sex movement.<sup>55</sup> Like their North American counterparts on which they were largely modeled, these Brazilian *oficinas de sexo seguro/sexualidade* (safer sex/sexuality workshops) generally consist of a coordinator leading a group of ten to twenty people through a series of exercises that explore the power, pleasures and risks involved in sexual behavior. And although the exact format varies from workshop to workshop, most tend to draw on the same set of activities (see Figure 6.4). But this is not to say that all safer sex workshops produce the same results. As Terto, Jr. has observed, workshops composed of either

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<sup>55</sup> For example, in 1991 GAPA/SP published the *Guia Completo de Sexo Seguro* (The Complete Guide to Safe Sex), which is one of the first Brazilian AIDS education materials that used the term "safer sex" as an umbrella term for HIV risk reduction strategies.

- HIV transmission checklist: each person marks "yes," "maybe" or "no" to a list of actual and false HIV transmission routes;
- STD/HIV transmission game: each person receives a card with a symbol (i.e. circle, square, triangle). Then, in a series of several rounds set to music, each person marks down the symbol of all those with whom s/he comes into contact. Afterwards, the coordinator explains that those who started with a circle had no STDs; those (usually one or two individuals) with a square had an STD other than HIV; and those (again one or two individuals) with a triangle were HIV+ and that the symbols on each persons card thus symbolize all the times that s/he was exposed to either HIV or an STD other than HIV. At times the game is complicated by adding a "+" to some of the geometric figures - this indicates that a person always practiced safer sex. The goal of the activity is to show how STDs can spread throughout a group even if only one or two people start out with a particular disease.
- "what is safer sex": each person defines (either written or orally) what "safer sex" means to him or her;
- STD identification: the group collectively lists all the STDs and STD symptoms that they can think of;
- sexual slang identification: the group collectively lists all possible names for sexual acts and the female and male genitalia;
- "what turns you on?": each person is given a list of possible sexual acts and privately marks whether the act is exciting to them; the responses are then collected and there is a group discussion on whether they are safe (for HIV, STDs, pregnancy), and if not, how might they become so;
- condom demonstration: the facilitator shows how to put a condom on (using a dildo or banana); each person then does this;
- "dental dam" demonstration: the facilitator explains how latex can be used to prevent oral/vaginal or oral/anal HIV transmission;
- safer sex negotiation: skits and discussion about getting a partner to practice safer sex

#### **6.4 Safer sex/sexuality workshop exercises**

homosexual/gay identified men or young people (of whatever sexual identities) typically are the most open and creative in terms of considering safer sex alternatives, while those consisting of older heterosexually identified people consistently are the most restrained and least likely to seriously contemplate non-penetrative sexual options (Terto, Jr. 1992). Other researchers have reported that all female groups fall somewhere between these two extremes - although women often exhibit an initial reluctance to talk about sexuality, once a certain level of comfort is achieved, the

discussion normally opens up considerably (see Goldstein 1994, Guimarães 1994a, and Paiva 1994).

My personal participation at safer sex/sexuality workshops in Brazil confirms these general patterns that Terto, Jr. and others have observed.<sup>56</sup> For example, at a 1994 workshop for lesbian/gay activities that was held in Porto Alegre as part of a three day conference for lesbian and gay organizations from Brazil's southern region, participants explored nearly all aspects of Brazilian erotic culture and Porto Alegre's sexual geography in great detail, including possible sex acts, types of partners, locations for sexual activity, and sexual violence.<sup>57</sup> In contrast, the discussion at the safer sex/sexuality workshop component of the GAPARS community leader training stayed primarily at the level of generalizations (e.g. "many men in our community have extra-marital affairs," "men really let loose when they have sex with their mistresses").<sup>58</sup> And whereas the lesbian/gay workshop was self-consciously titillating and included

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<sup>56</sup> I have attended workshops consisting of homosexual/gay identified men, lesbian and homosexual/gay men together, and mostly heterosexually identified men and women. Although I would have liked to attend one of several safer sex workshop for women which were held while I was in Porto Alegre, I was unable to do so because these were "women only" events. I was also conveniently and coincidentally at GAPARS in late 1991 when Terto gave what I believe is the first safer sex workshop in Porto Alegre.

<sup>57</sup> The lesbian/gay activists' workshop was attended by about twenty people, with a slightly larger number of men. It included the following activities: (1) body awareness/relaxation; (2) small group discussions of "what is safer sex for you"; (3) group presentation of all the names for the male and female genitalia and different forms of sexual activity; (4) safer sex/unsafe sex collages (made in small groups using photos from pornographic magazines); (5) safer sex negotiation skits; and (6) condom and dental dam demonstrations.

<sup>58</sup> The community leader workshop was attended by eight heterosexually identified women, two heterosexually identified middle aged men, and one younger homosexually identified man, and consisted of the following activities: (1) small group discussions of "what is safer sex for you"; (2) the HIV/STD transmission game described in Figure 6.4; (3) confidential writing down and subsequent discussion of when participants first heard about AIDS, what sexual practices they had before they knew about AIDS, and what sexual practices they had after they knew about AIDS, and subsequent discussion; (4) confidential marking off whether each of a list of sexual activities was a turn-on, a turn-off, or unknown, and subsequent discussion; (5) collaborative group presentation and discussion of all the names for the male and female genitalia and different forms of sexual activity; (6) ranking of sexual activities in terms of HIV risk; and (7) condom demonstration.

accounts of actual sexual experiences and fantasies, the community leader workshop, while at times playful, generally steered clear of both personal narratives and sexually provocative language.<sup>59</sup>

In noting that the feel and focus of the two workshops was quite different, I do not mean to imply that one was better than the other. Rather, I would argue that both workshops were important steps toward promoting safer sexual practice among these individuals and their communities because they stimulated collective debate on aspects of Brazilian erotic culture that normally go unexamined in the course of everyday life. For the community leaders, the very experience of women and men talking about sexuality in an open, serious and systematic way was an unprecedented event in their lives, and both sexes agreed that the workshop was perhaps the most valuable component of the training and expressed interest in holding similar workshops in their communities.<sup>60</sup> At the same time, for many of the women, and the *promotoras* in

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<sup>59</sup> Several factors were probably at work in the different degrees of sexual explicitness in the two workshops. To begin with, many of the community leaders may have felt uncomfortable talking about their own personal sexual lives with people with whom they would have to work in the future, and the women in particular may have feared that they would be judged them negatively should they acknowledge their own sexual experience and desires. It is also likely that if the community leader workshop would have been limited to one sex or the other, the discussion would have been more explicit - in other settings, I had extensive and often rambunctious conversations about sex with the *promotoras*, several of whom seemed to pride themselves on trying to shock and embarrass me with their provocative statements.

Another possible explanation behind this difference may stem from the ways in which *tesão* (desire) and *sacanagem* are conceived of and actualized within Brazilian erotic culture. In transgressive sexual activity, part of the erotic thrill lies in doing, or fantasizing about doing, that which cannot, or should not, be either talked about or done. Seen from this perspective, perhaps too much talk may make transgressive acts such as anal or oral sex seem as routine as the banalized *papai/mamai*. On the other hand, for many of the lesbian and gay male activists, talking about sexuality in an open manner was an integral part of their social/sexual identity, thereby partially breaking the connection between the forbidden/unspeakable and pleasure/desire that underlies transgressive sexuality.

<sup>60</sup> Despite this interest, during the next five months that I spent in Porto Alegre (the workshop was in June 1994), to my knowledge no safer sex workshop was held in any of the vilas of Porto Alegre's East Side. There was also a question as to *who* should lead such workshops - some of the community leaders suggested GAPA/RS staff, while the latter countered that it was time for the community leaders to begin taking control of AIDS education in their communities.

particular, the workshop provided an opportunity to highlight the ways in which sexual double standards and gender inequalities limit women's ability to express their sexuality and place them at risk for HIV infection, other STDs, unwanted pregnancy and sexual violence. In the case of the lesbian and gay male activists, their workshop allowed them to simultaneously celebrate homoeroticism in its various forms and to discuss some of its more problematic and contested areas, such as gender/sexual dichotomization in Brazilian same sex relationships (e.g. *ativolpassivo*, *bofelbicha*, *sapatãollady*)<sup>61</sup> and the eroticization of risk and violence among some homosexual/gay men (e.g. cruising in public places known for high levels of gay bashing, taking home partners one does not know well, and consciously choosing to have unsafe sex).

Of course, it is one thing for individuals to come together and collectively discuss sexuality and the ways in which gender and sexual hierarchies (e.g. men over women, straight over homosexual/gay, active over passive) place individuals and communities at risk for HIV infection; it is quite another for them to take on the challenge to change erotic culture and its many fields of power. Yet, many AIDS activists and educators, including some who organize safer sex workshops, seem to operate under the assumption that if individuals only knew that they can protect themselves against HIV in an erotically satisfying manner, they would incorporate safer sex into their lives. But as I have discussed above, many Brazilian women cannot realistically demand condom use or other forms of safer sex from their male sexual partners. And if, as my data from Vila Santos suggests, while many men now follow the rule of thumb that condom use is called for whenever the sexual/social status of one's partner is uncertain,<sup>62</sup> not all men

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<sup>61</sup> In English, active/top/passive/bottom; stud/real man/fag/gay; butch/dyke/femme.

<sup>62</sup> Some of the adolescent males in Vila Santos were particularly adamant that condoms must be used in extra-marital sexual encounters, as can be seen in this exchange:

CK: Do you think that men should talk to their wives when they have affairs, since it seems to be that they are the ones who become infected on the street and pass this on to their wives?

Tonio: I would blow off his head and leave.

hold or consistently apply this rule. In fact, some men knowingly choose to not use condoms even when their sexual partner is in what they would undoubtedly perceive as a "high risk" category, as is confirmed by the experience of *travesti*, female and male sex professionals from the GAPA/RS work groups, who report that many of their clients offer them more money to have vaginal or anal intercourse without a condom.<sup>63</sup>

These examples of men who offer sex professionals, the perceived "reservoirs of HIV/AIDS" *par excellence* in the Brazilian popular imagination, more money to have intercourse without condoms raises serious doubts about some individuals' interest in protecting themselves against HIV infection. How might this high risk behavior be explained? Are these men in denial, considering themselves to be somehow immune to HIV infection? Perhaps they see desire as so uncontrollable that nothing can be done to stop it? Is achieving sexual pleasure is worth whatever price? Perhaps the greater the risk, the greater the erotic thrill? Or maybe some men are simply disinterested in assuming responsibility for the consequences of their sexual activity for both themselves and their other sexual partners who may be unaware of the risks they are taking?

No doubt all of these factors may be at work to some degree, and if it were so simple to change people's behaviors and attitudes, the HIV/AIDS epidemic would have

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Xico: [A quizzical and almost amused look] Aren't there any other options?

Tonio: He has already ruined his life. Now it is shit.

Zeca: To give AIDS to his child, to his family - for his birthday present, I'd give him a box, only one with a bullet that I'd use for his head.

<sup>63</sup> There is some variation and disagreement among the sex professionals at GAPA/RS as to the prevalence of clients who offer more money in order to have intercourse without a condom. Some say that a majority of their clients make such requests, or would be open to this possibility should the sex professional suggest it; a smaller number of sex professionals recount that most of their clients accept condoms as a regular if not necessary part of a *programa*.

This practice of offering sex professionals more money to not use condoms extends across "active"/"passive" lines - many *travestis* provide numerous examples of how their clients, the majority of whom are married men with children, ask to be penetrated anally, and how it was they who had to remind these men that they should use condoms if only to protect their wives and families.



been contained years ago. But what I would like to stress through this example is the extent to which effective AIDS education is above all a question of challenging the gender and sexual inequalities that are present in any given society and of affirming that sexual self-determination, or to use Scheper-Hughes' term, sexual citizenship, can be an important element in developing individual and community empowerment. Seen in this light, the *travesti* work groups that I discussed in chapter 5 are successful because AIDS-related issues have served as a vehicle through which to construct positive identities as *travestis* and sex professionals, thereby encouraging the development of self-esteem and the exercise of citizenship, both of which help maintain safer sex practices. Similarly, the *promotoras* have been willing and able to introduce AIDS education into their political agendas and activities because they have come to see safer sex and HIV risk reduction as a fundamental question of gender politics.<sup>64</sup>

Given this connection between effective AIDS education and empowerment, it is not surprising that many of the most successful AIDS education programs in Brazil and throughout the world involve those who are somehow socially marginalized, whether in terms of gender, sexuality, profession (e.g. sex worker), or socioeconomic class (e.g. street youth). For these groups, it is often readily apparent that changing the status quo of gender/sexuality is in their best interests, even though they may suffer retaliation from those who prefer to maintain their positions of domination, either consciously or unconsciously. But these changes may also be in the long-term interest of those (men) who seemingly benefit from existing gender/sexuality inequalities, for more than nearly anything else, it is the exercise of sexuality based on these hierarchies of genders,

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<sup>64</sup> This commitment of many of the *promotoras* to AIDS education was demonstrated soon after the completion of the GAPARS training when they attended an international women's conference in Mar del Plata, Argentina. Upon returning from Argentina, the *promotoras* told me how disappointed they were with the lack of attention given to AIDS issues at the conference, which included the rescheduling and subsequent cancellation of the only "Women and AIDS" workshop. The lawyers from THEMIS, who also attended this event, similarly described how the *promotoras* were almost single handedly responsible for introducing AIDS-related issues into the conference.

sexualities and desires that facilitates the spread of HIV through discouraging realistic evaluations of risk and providing little social support for safer sex practices.<sup>65</sup> Yet, despite the important work of AIDS/NGOs and women's groups in Brazil, many Brazilians continue to see condoms and other forms of safer sex as at best a nuisance to be endured rather than as a collective political concern, suggesting that new HIV/AIDS prevention strategies may be needed in the coming years.

It is my belief that it is possible to combine sexual pleasure and personal and community responsibility. The development of safer sex in lesbian/gay communities in the United States provides one example on how this might be done, but this model need not be followed in terms of its specifics. What can be taken from the experience of US lesbian/gay communities and applied in other sociocultural contexts is that effective AIDS education needs to explicitly deconstruct and challenge the existing inequalities manifest in sexual activity and to promote safer sex practices as part of individual and collective sexual meanings rather than to simply market instrumental solutions such as condoms. With its ideas of *sacanagem*, *tesão* and fluidity, Brazilian sexuality would seem to offer many possible avenues for re-configuring an erotic culture that incorporates safer sexual practices without reinforcing gender/sexual inequalities. However, the mere existence of sexual fluidity and borderlands does not guarantee that the dominant power relations manifested through sexuality will be de-centered. In fact, desire and sexual pleasure often function as the ultimate technology for perpetuating gender and sexual inequalities - they are experiences so "natural" , "uncontrollable" and "pleasurable" that they largely go unquestioned. Yet, until women (of all sexualities) and non-heterosexually identified men have the same rights and responsibilities as

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<sup>65</sup> Of course, many people become infected with HIV through injecting drug use as well, where male privilege may not be play such a strong role. But since most injecting drug users are sexually active, the question of gender/sexual inequalities and the sexual transmission of HIV remains a critical issue that must be addressed by injecting drug users and their sexual partners.

heterosexually identified men, it is difficult to talk realistically about real sexual autonomy and self-determination, let alone attempting to re-configure more general sexual norms and values. Thus, until challenging and breaking the rules shaping gender and sexual hierarchies becomes a more valued cultural and political practice for all members of society, it seems unlikely that safer sex has much chance of succeeding in Brazil or anywhere else.

## Closing

Over the course of this thesis I have tried to provide a broad yet grounded analysis of some of the ways in which Brazilian AIDS/NGOs have attempted to mobilize individuals, communities and governmental agencies in response to the HIV/AIDS epidemic. As I have argued in my opening, this decision to conduct a multi-level analysis derives from my own commitment to a version of anthropology that emphasizes processes and shifting boundaries rather than timeless structures. And it is also a consequence of the realities of Brazilian AIDS activism, which like many so-called new social movements throughout the world, consciously strives to affect both traditional political spheres and everyday cultural practices and thus requires analytical frameworks that are attentive to the identities and institutions these political actors create and re-invent in their efforts to transform society (see Colás 1994:16, citing Arditi 1987).

This idea that transformative political action in the context of a capitalist global economy driven by "flexible specialization"<sup>1</sup> is necessarily an on-going process of changing initiatives and structures is one that accurately describes the history of Brazilian AIDS-related mobilization. Facing general governmental and social apathy toward a rapidly growing HIV/AIDS epidemic, groups of traditional leftist activists, progressive health professionals, homosexual/gay identified men and women, and concerned individuals came together in the mid-1980s and created a new actor on the Brazilian political stage, the "AIDS activist," as well as a new institution, the AIDS/NGO. During the late 1990s, this NGO model of AIDS activism spread across Brazil, and through their education activities, direct service provision, self-help activities, and political action, these AIDS/NGOs effectively spread the safer sex

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<sup>1</sup> For some discussions of the relationship between contemporary capitalism, space and politics, see Borgmann 1992, Harvey 1989, Martin 1994, Offe 1985, Soja 1989.

message, fought for the human rights of people living with HIV/AIDS, criticized governmental policy and media coverage of the epidemic, and provided vehicles for the empowerment of people with HIV/AIDS.

By the early 1990s, there were hundreds of AIDS/NGOs throughout Brazil, and at each annual conference of People Living with HIV/AIDS in Rio de Janeiro, these numbers were saluted as evidence of the strength of AIDS activism in Brazil. Yet, not all long-time participants in this movement have been pleased with the shape AIDS activism has taken over the years and in particular have questioned whether its increasing institutionalization within AIDS/NGOs who are financially dependent on agencies of international cooperation and the Brazilian government has not caused a corresponding loss in their political autonomy and militancy. Equally uncertain is the efficacy of many AIDS/NGO prevention and education programs, which despite having expanded in number and scope in the course of the epidemic, do not appear to have motivated most Brazilians to integrate HIV risk reduction into their everyday lives. And even as HIV continues to spread throughout and gravely affect all sectors of Brazilian society, AIDS-related politics has remained largely the domain of AIDS/NGOs and a few other organizations that have AIDS-related programs, with individuals and most other community/political organizations limiting their engagement on AIDS-related issues to times when they are personally touched by the epidemic.

It is now August 1996, and from what I hear from my friends and colleagues at Brazilian AIDS/NGOs, GAPA/RS and Pela VIDDARio de Janeiro continue to share their message of "living with HIV/AIDS" with countless people each year through their regular group activities, participation in AIDS policy development forums, and periodic public demonstrations on the pressing AIDS-related issues of the day. However, at the same time, the trend toward overall movement stagnation and isolation that I discussed in chapters 2 and 3 has continued, if not intensified, during past two years. And as always, most organizations remain greatly preoccupied about their financial

situation, and since the joint World Bank/Brazilian federal government AIDS project that has provided millions of dollars to more than 150 AIDS/NGOs over the last three is scheduled to end, it will be increasingly difficult for the now more than 500 Brazilian AIDS/NGOs to maintain the levels of infrastructure, services and activities to which they - and people with HIV/AIDS in Brazil and Brazilian society more generally - have become accustomed. More than likely, if the Brazilian government does not pick up the tab, the world of Brazilian AIDS/NGOs will implode over the course of the next few years, with most groups becoming much smaller and/or narrowing the scope of their activities, and many will cease to exist.

In highlighting the marked uncertainties that Brazilian AIDS/NGOs face in the immediate future, I do not mean to suggest that Brazilian AIDS activism is either dead or hopelessly locked into what may be the somewhat successful, but now perhaps no longer viable, organizational structures and political strategies of the past. For example, as I have discussed in Part Three of this thesis, AIDS/NGOs such as GAPARS and Pela VIDDARJ have developed systematic projects that attempt to engage low income communities on AIDS-related issues. And although neither group's community-based project has been an unqualified success, training peer AIDS educators and providing people the opportunity to openly talk about sexuality and AIDS constitute important first steps toward making HIV/AIDS awareness and prevention an integral part of the social fabric of these low income neighborhoods. In the coming years, it seems probable that many AIDS/NGOs will build on their substantial experience in developing and implementing such AIDS-related programs and attempt to solidify their role as local/regional political organizers and consultants on AIDS-related issues, much as first-wave Brazilian NGOs like IBASE (*Instituto Brasileira de Análise Estatística e Econômica*, or Brazilian Institute of Statistical and Economic

VAMOS CUIDAR MELHOR DA LIMPEZA DO ROSSO PÁTIO, CALÇADA, E NÃO COLOCAR LIXO EM SANBA, CÔRREGO OU ARROIO !!

**ATIVIDADES DO CENTRO DE LAZER**

OFICINA DE TEATRO: Com Marcelo Gomes - 98 Fe 62 F das 14:30 às 18 horas.

OFICINA DE DESENHO E ARTE: Com Max Reartes - 23 F e 3 F das 19:30 às 17:30 horas.

OFICINA DE RÁDIO: com RAPASL.

OFICINA DE CAPOTEIRA: com Mestre Churrasco.

OFICINA DE JORNAL: com SÂNIO AYALA.

OFICINA DE GRAFITE: COM SLYN E ALEX - Sáb. Manhã 9h às 12h - 14h às 17h.

OFICINA DE DANÇA: com MARI.

OFICINA DE RESTAURAR: com Maria de Lourdes - 28 98 e 6 F das 9h às 12 horas.

OFICINA DE PINTURA NA TELA: com Zilda Rodrigues.

**PARTICIPE!**

OFICINA DE MASCARA

ESSE É UM TRABALHO FUNDAMENTAL DE HONRAR AOS QUE LUTAM COM RESISTÊNCIA OU APRESENTAM AS SUAS LUTAS COMO SEUS PRÓPRIOS. COM SEUS PRÓPRIOS AÇÕES, CRIAR E DEBATER E PRECISA ENTÃO CONSTITUIR E ENTREGAR PARA A CONSTRUÇÃO DE UMA NOVA FORMA DE ORGANIZAÇÃO DE UTILIDADE QUE TRAGA O BEM E O BEM-ESTAR A REALIDADE E O PUNTO DE PARTIDA PARA SER A MATÉRIA-PRIMA DE SEUS TRABALHOS DE CRIAR ATIVIDADE, APRENDER A TRABALHAR, TRABALHAR, APLICAR A NOVA REALIDADE E UMA TAREFA QUE CADA UM DE NÓS, ANTIPODAS, TENTANDO DE FORMAS DE CONSCIENTIZAÇÃO COM EXPERIÊNCIAS DE BARRAGEM, ANO A ANO, ENFIM, O SAC DE LIXO, O PISO DE BARRAGEM, INTERAÇÃO E INTERAÇÃO, A ATIVIDADE É MUITA, ASSIM COMO O AMOR, JUNTOS E FORTIFICANDO A POSSIBILIDADE DA MELHORIA DE QUE VIVEMOS DE HOJE NUNCA.

SDS/ANAL.

IMPULSIONAR A RECREAR A APROVEITAR A VIDA

AIDS PREVINHA-SE VISTA-SE!

A banda que canta e cria o volume vivo.

A MASCARA VAI FICAR COM ESTA MEMÓRIA DA PRACA DA ALFÂNDEGA. O FENÔMENO FOI UM DOS AGITADORES DAS OFICINAS NO CENTRO, QUEM HOJE É NA LIXO.

7.1 Nova Geração Fanzine

Analysis) and CAMP (Centro de Assistência aos Movimentos Populares, or Popular Movement Support Center) provide technical support to various popular movements.

Another possible path for Brazilian AIDS activism involves integrating AIDS-related issues into the various cultural political movements that have gained strength in Brazil during the 1990s. By "cultural politics," I refer to efforts to promote individual and community empowerment and to achieve social change largely, though not entirely, through popular cultural media and everyday life styles. These new forms of Brazilian political action include growing "hip hip" and "black" movements centered on affirming and constructing Afro-Brazilian culture and identities, and an emergent gay culture with several national and local magazines, a yearly film festival, gay-oriented businesses, and higher levels of reporting on gay issues in the mainstream media. During the course of my fieldwork, I was able to observe and to participate in both of these cultural movements and was continually struck by their creativity and vitality. For

example, in Porto Alegre, *hip hop* concerts were held in *vilas* throughout the city, graffiti artists had their works exhibited at the respected and much visited *Usina de Gasômetro* cultural center,<sup>2</sup> and a group of adolescent males from Vila Santos who considered themselves part of the *movimento hip hop* produced several issues of a fanzine investigating issues related to racism, violence, police brutality, drugs, racism, and lack of economic opportunity (see Figure 7.1).<sup>3</sup> Similar developments have been occurring throughout Brazil, and an Istoé feature story published in the last month of my fieldwork (December 1994) proclaimed "A New Generation of Blacks Confronts Racism with Beauty, Style and Talent" (see Figure 7.2). Even more dramatic has been the rise of Brazilian gay culture, which, as I will discuss below in more detail, in little more than a decade has left the ghetto and entered into mainstream media and society to an extent few would have believed possible (see Klein 1996).<sup>4</sup>

Despite this flourishing of new political spaces, relatively few Brazilian AIDS/NGOs have devoted much attention to tapping into these emergent networks,

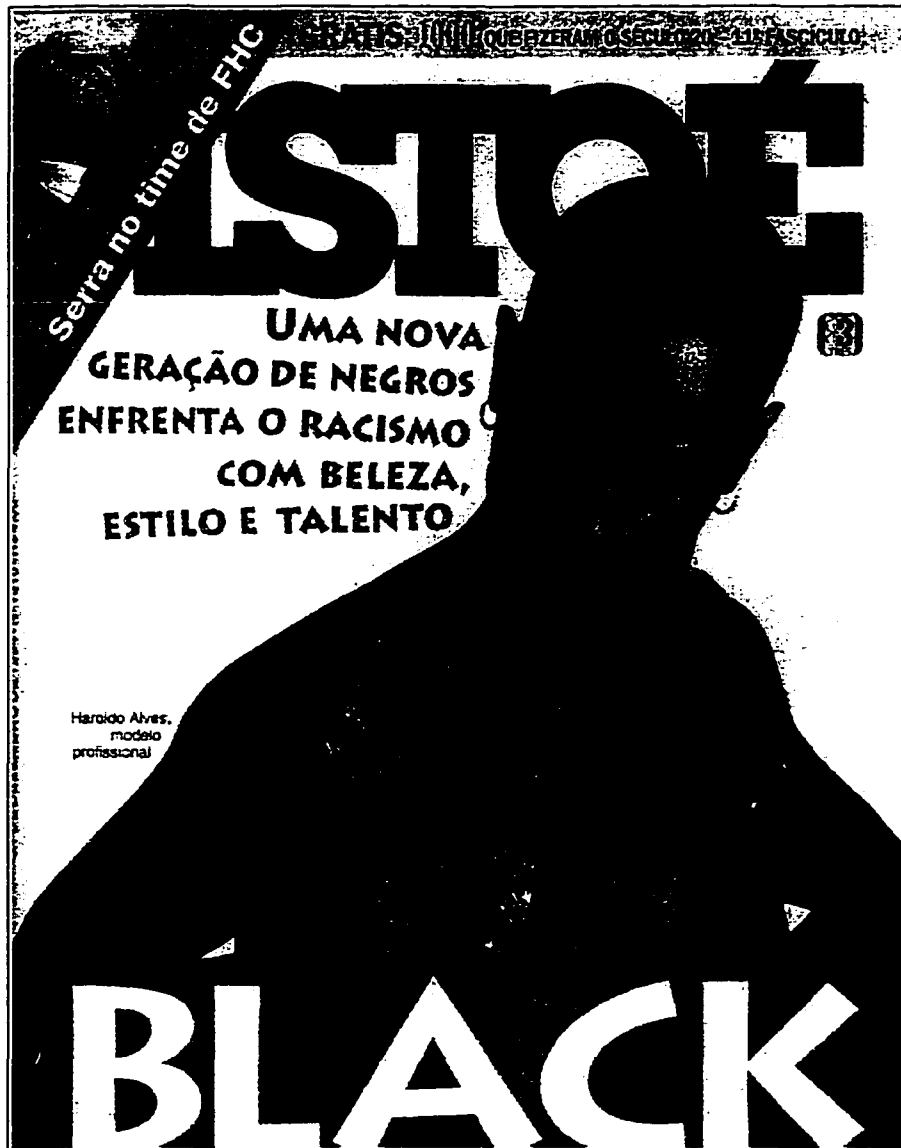
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<sup>2</sup> The *Usina do Gasômetro* is an abandoned power plant that was reformed into a cultural center by the first *Administração Popular* under Mayor Olívio Dutra. Today, it houses many exhibits, concerts, and other events as well as many of the municipal government's arts and cultural programs.

<sup>3</sup> This fanzine was the out-growth of a graffiti workshop in Vila Santos which was sponsored by the *Fundação de Educação Social e Comunitária* (Communitarian and Social Education Foundation, or FESC) of the city government of Porto Alegre.

<sup>4</sup> Of course, whether the spread and popularization of explicitly transnational *gay, black* and *hip hop* movements (note the use of English words here) in Brazil is necessarily a positive development is open to question, and some may see these developments as more about cultural imperialism and/or making money than transformative politics. However, my experiences in Porto Alegre suggest that the *movimento hip hop* has played an important role in politicizing many low income youth who were not being reached by more other political institutions and community organizations. Similarly, for all its consumer orientation, the emerging national gay culture in Brazil has helped stimulate a wide of organizations, both political and social, that have gained the support of many Brazilian men who have sex with men and women who have sex with women. It remains to be seen whether these movements will have any lasting impact on the racial, gender and sexuality hierarchies that they seek to address, which despite being denied and/or downplayed by many Brazilians, nonetheless constitute important features of the Brazilian social landscape.





## 7.2 The Black Movement

and when they have, these interactions have been short-term collaborations focused on the production of certain AIDS education materials (e.g. a video, a rap, a carnival safer sex campaign) rather than on-going political dialogue and partnership. A notable exception to this general pattern has been the joint ABIA, Pela VIDDA/RJ and Pela VIDDA/São Paulo "Men Who Have Sex With Men Project,"<sup>5</sup> which has shown that

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<sup>5</sup> In Portuguese, the project is called *A Prevenção à AIDS para Homens que fazem Sexo com Homens*.

these linkages between AIDS activists and other cultural based political movements can be extremely fruitful. In the remainder of this closing section, I will examine this Men Who Have Sex with Men Project and suggest that its bringing together of three AIDS/NGOs, gay community organizations, cultural producers/activists and concerned individuals serves as an example of a version of Brazilian AIDS activism that has been able to move beyond the confines of the relatively insular world of AIDS/NGOs and into the many social and cultural spaces in which HIV/AIDS is experienced on an everyday basis.

### **the re-gaying of AIDS activism in Brazil**

The Men Who Have Sex With Men Project was established in 1993 by ABIA, Pela VIDDA/Rio de Janeiro and Pela VIDDA/São Paulo out of a recognition that despite the large numbers of Brazilian men who were continuing to become infected with HIV as a result of having sex with another men, few Brazilian HIV/AIDS prevention programs were seriously and/or systematically addressing the specific issues that AIDS raises in the lives of homo- and bisexual men. Coordinated by anthropologist and AIDS/sexuality researcher Richard Parker and supported by a veritable "who's who" of international funders (e.g. AIDSCAP/USAID, the MacArthur Foundation, the Inter American Foundation, the Ford Foundation, the joint World Bank/Brazilian federal government AIDS program), this project has developed an impressive and unprecedented array of activities directed toward men who have sex with men in Rio de Janeiro and São Paulo. These include a mapping of the homosexual social spaces that resulted in the publication of a "Gay Guide" for these two cities and subsequent street outreach at these identified locations; the production of a video (*Homens/Men*) consisting of the oral histories of three homosexual men; extensive collaboration with gay organizations and medical institutions; the production of AIDS education materials geared specifically toward men who have sex with men; the training of peer educators;

a expressionist theater workshop; a weekly gay cultural space; safer sex/sexuality workshops; and a large scale research project related to sexuality and HIV/AIDS among men who have sex with men.

My direct participation at the Men Who Have Sex with Men Project, better known as either the Homosexualities Project or "HSH," dates to late 1994 when I spent three months in Rio de Janeiro during the second phase of my fieldwork in Brazil.<sup>6</sup> At this time, I was struck by how this Homosexualities Project had changed Grupo Pela VIDDA and ABIA. During my first fieldwork in these groups during 1991 and 1992, formal discussions of homosexuality had been rare - if not a bit taboo - even though, as I have discussed in chapter 3, a majority of group participants were self-identified homosexual/gay men. In stark contrast, by late 1994 the Homosexualities Project had become the most vibrant activity at either ABIA or Pela VIDDA, with the gay cultural space and theater workshops consistently bringing together more than eighty men from diverse socioeconomic and sexual identity backgrounds on a weekly basis. And unlike in the past, when relations between the AIDS/NGOs and homosexual rights organizations in Rio de Janeiro had been at best tentative, these groups now worked together on the HSH project on a regular basis without any significant difficulties.

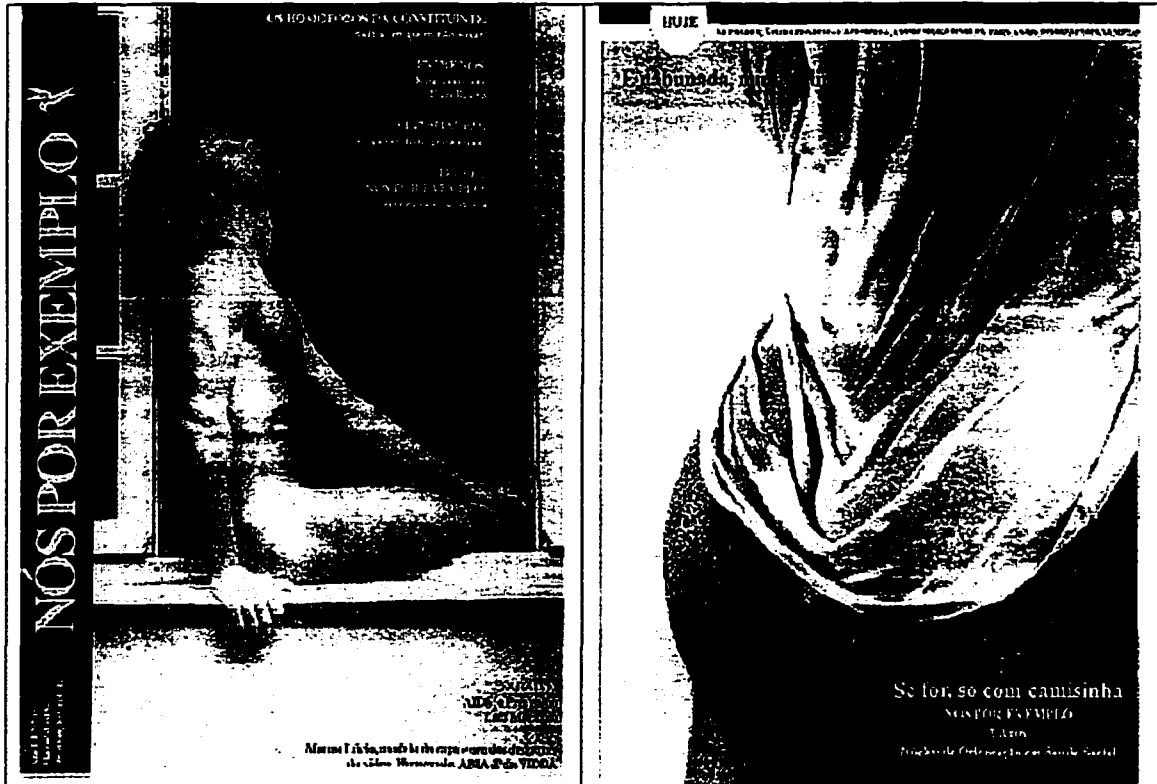
How can we account for this increased attention given by AIDS/NGOs to issues related to homosexuality and the improved relations between AIDS and gay activists it engendered? During the 1980s, the HIV/AIDS stimulated a barrage of media coverage on Brazilian erotic culture in general and male homosexuality in particular. As many Brazilian gay leaders feared, much of the early reporting on AIDS portrayed homosexual men as promiscuous, tainted and waiting to die. Yet over time the quality of most reporting gradually improved, and more attention was given to the various forms of discrimination and violence experienced by many Brazilian homosexual men

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<sup>6</sup> Since I did not conduct any extended participant observation at Pela VIDDA/São Paulo, my comments concern the Rio de Janeiro component of HSH.

and women in their everyday lives. And despite much moral hyperbole predicting the demise of homosexuals and their supposedly "contaminated" ghettos, gay oriented commercial establishments continued to expand throughout the 1980s and to integrate into the flow of ideas, dollars and people - including anthropologists - that make up contemporary global gay culture.

By the early 1990s, this rapid expansion of an increasingly visible Brazilian homosexual community and the greater availability of funding from agencies of international cooperation to both AIDS/NGOs and gay groups involved in AIDS prevention among men who have sex with men had produced a growing number of forums and organizations where Brazilian men and women have been reflecting collectively on the meanings and the political implications of non-normative sexuality. For example, whereas there were only perhaps a dozen gay groups in Brazil in the late 1980s, there are now more than sixty. Cultural events such as the annual Mix Brazilian Film and Video Festival of Manifestations of Sexuality - which presents both national and international queer productions - have played to full houses throughout Brazil. And perhaps most importantly, several periodicals specifically directed at homosexual audiences have emerged as a critical force behind a vital and media oriented national gay culture. The oldest and largest of these publications, *Nós Por Exemplo* (Us, For Example), began publication in December 1992 as a project of the Center for Orientation in Social Health, or NOSS, a Rio de Janeiro based NGO that has worked extensively with male prisoners and male street prostitutes on AIDS and other health issues. In the 10,000 copies of this self-described "homo newspaper" that are printed each month, coverage of political and gay male cultural events is joined with health education pieces and many photos of male nudes (see Figure 7.3). On the other hand, two smaller publications, the Santos based FEMME, and the São Paulo based GEM newsletter, highlight lesbian related issues. Striking a more even



### 7.3 Nós Por Exemplo: Male Homoeroticism and Safer Sex Education

balance between women and men's issues are the glossy national magazine *Sui Generis* and the trendy Rio de Janeiro *ENT&* fanzine, which bounce from clubbers to AIDS to political critique to all permutations of gay culture within and beyond Brazil (see Figures 7.4).

The Homosexualities Project is both the product of and a key player behind this emerging movement, and it is this interconnectedness to and interdependence on the many spaces that constitute contemporary Brazilian gay culture that ultimately explains the project's popularity with men who have sex with men in the Rio de Janeiro metropolitan area. On the one hand, without the extensive support of gay organizations such as *Atobá*, *Arco-Íris* and the *Grupo 28 de Junho*<sup>7</sup>, and the owners

<sup>7</sup> June 28 is the day on which the Stonewall Rebellion occurred in New York City and in honor of which this group from Nova Iguaçu named itself. Nova Iguaçu is a largely poor city of about a million people that is located in the *Baixada Fluminense* region of the Rio de Janeiro metropolitan area.



**7.4 ENT&: "Information, culture and pleasure for those who 'understand'"<sup>8</sup>**

of the gay commercial establishments, it is unlikely that the project would have taken hold among men who have sex with men in Rio de Janeiro, and this assessment is shared by nearly all of the project's principal coordinators with whom I have spoken (see also Terto, Jr. and Godinho 1994). On the other hand, activities such as the weekly gay culture space and the expressionist theater workshop have emerged as important Rio de Janeiro gay institutions in their own right. At the gay cultural space, films and videos (both national and international), safer sex workshops, and structured debates serve as springboards for stimulating discussions among participants about their sexualities and sexual identities and how these might be related to homosexual

<sup>8</sup> In Portuguese, this reads "Informação, cultura e prazer pra quem entende"; *entende* is a play on the term *entendido/a*, which as I have discussed earlier, is a synonym for a homosexual/gay or someone familiar with gay subculture.

collectivities at local, national and global levels. At the expressionist theater workshop, freewheeling explorations of sexual desires, fears and practices take these questions to a more intimate level, and a "Prevention Cabaret" performance piece produced by the workshop group has been seen by more than 2,000 people at several gay venues in the greater Rio de Janeiro area.<sup>9</sup> This synergistic relationship between the Homosexualities Project and Brazilian gay culture also occurs at the level of the gay media, with *Nós Por Exemplo*, *ENT&* and *Sui Generis* covering and promoting HSH activities that in turn are helping solidify a self-conscious community of gay/bi/queer individuals on which the viability of these publications depends.<sup>10</sup>

In positioning HIV/AIDS prevention within the various issues that men who have sex with men face in their everyday lives, the Homosexualities Project represents a conscious shift away from the current dominant Brazilian AIDS/NGO model of HIV/AIDS education that normally presents the "facts" about AIDS and then attempts to promote condom literacy and usage (see Goldstein 1994). As one long-time Pela VIDDA activist who co-coordinates the HSH project explained to me in a 1994 interview:

The richness that we have received within this project is amazing. We are mixing things up, stepping on eggs. And more than that. The reality that the Grupo 28 de Junho brings here is something very interesting and shows that we are living with various homosexual sub-cultures. The whole time we have been working on the project we are learning about this, and these questions that the people from Nova Iguaço bring to us - the question of concrete violence, of extermination groups, of killing *travestis*, and the difference between *travesti*, *michês*, *entendidas*, *pintosas* [effeminate homosexual men/flaming queens], which are at the foundation of power relations within homosexuality. These hierarchies come here to Pela VIDDA/Rio de Janeiro. And we have contact with all this, and we learn about the gay cultures of Rio de Janeiro and about homosexuality, and we see what discrimination and prejudice are, and the dimension that they reach - murder. Magarete, 1994 Interview

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<sup>9</sup> *ENT&* No 7 (1995):6.

<sup>10</sup> The March/April 1994 Boletim ABIA also included a one page article on *Nós Por Exemplo* entitled "*Nós Por Exemplo: Um Jornal que Ousa Dizer o Nome*" (*Nós Por Exemplo: A Newspaper that Dares Say the Name*).

In this manner, the Homosexualities Project has shown that it is possible to integrate HIV/AIDS education into existing organizational and cultural networks in a vibrant and effective manner. The task now remains for other social groups and communities to develop similar programs that build on their own political and cultural resources and meet their own specificities and needs. That this strategy of treating AIDS as a question of oppression and individual and community empowerment can be successful is further confirmed by GAPARS work with *travesti* sex professionals and the *promotoras* from Porto Alegre's East Side that I have discussed in Part Three of this thesis. And given that oppression and inequality are so widespread in Brazilian society, AIDS activists have no shortage of possible partners with whom they could collaborate. Two avenues that seem particularly promising starting points for taking the type of HSH model of partnership between AIDS/NGOs and cultural political movements to non-gay contexts are the *movimento hip hop* and *movimento black* that I discussed briefly above, and the many groups that make up Brazil's large feminist/women's movement, a number of whom already work on questions related to health and sexuality. To take hold, such collaborative ventures would require a fundamental restructuring of the Brazilian NGO model of AIDS activism - AIDS/NGOs would have to let go of their monopolization of AIDS issues, while other social movements and communities would have to show more initiative in responding to the HIV/AIDS epidemic than they have to date.

In speculating on some of the paths that Brazilian AIDS/NGOs and AIDS activists might take in the immediate future given the high level of public complacency, if not indifference, that many people in Brazil and beyond now manifest in respect to the HIV/AIDS epidemic, I would like to emphasize that these ideas are exactly that - my own opinions. And although I firmly believe that decentralized forms of cultural politics centered on gender, sexual, and racial questions represent a promising strategy for Brazilian AIDS activism which might simultaneously help people protect



themselves from HIV infection, improve the quality of life of those with and without HIV/AIDS, and partially counter the over-bureaucratization of many Brazilian AIDS/NGOs, I do not mean to suggest that these are the only viable or desirable options. Certainly, progressive political movements addressing the marked economic inequalities that exist between and among nations are needed today more than ever, particularly given the rise of neo-liberalism throughout the globe and the real hardships it poses for most of the world's population. That this question of global economic restructuring is imperative if the epidemic is to be contained is demonstrated by promising HIV/AIDS treatments such as protease inhibitors, whose high costs (typically more than \$15,000, not counting other medications being taken) make them economically inaccessible to most of those with HIV/AIDS, though of great profit to pharmaceutical companies. It is also likely that should an effective vaccine against HIV/AIDS be developed, it would similarly be financially out of reach of individuals and public health systems in much of the world, unless wealthier countries decided to cover these costs. So unfortunately it seems probable that AIDS is going to be around for some time to come, and the challenge remains for us to consciously and continually re-configure identities, institutions, cultural forms and political strategies in the always changing and never-ending present in which we live our lives.

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