

## **AIDS as an apparatus: lines, tensions and educations between life, death, health and disease<sup>1 2 3 4</sup>**

### ***A aids como dispositivo: linhas, te(n)sões e educações entre vida, morte, saúde e doença***

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#### **Abstract**

This essay reflects on the webs and educations that permeate the body through between life, death, health and disease, focusing on AIDS as an apparatus that interweaves and is interwoven by these multiple facets of existence. We explore cartography as a means of research and draw on authors such as Gilles Deleuze, Michel Foucault, Félix Guattari, Suely Rolnik and Néstor Perlongher, first reflecting on the connections and frictions between life, death, health and illness to then focus on the concept of apparatus and on AIDS as one. Lastly, we address the lines, desires, lusts and tensions that permeate lives affected by the HIV/AIDS epidemic, as well as flight, resistance and minor education.

**Keywords:** HIV/AIDS, apparatus, cartography, body and sexuality, minor education

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## Resumo

*Este ensaio pensa nas tramas e nas educações que permeiam o corpo através das linbas entre vida, morte, saúde e doença, focando na aids como um dispositivo que entremeia e é entremeada por estas múltiplas facetas de uma existência. Utiliza-se a cartografia como caminho de pesquisa e dialoga-se com autores como Gilles Deleuze, Michel Foucault, Félix Guattari, Suelly Rolnik e Néstor Perlongher. Inicialmente, reflete-se nas conexões e nos atritos entre vida, morte, saúde e doença. Secundariamente, foca-se no conceito de dispositivo e na aids como um dispositivo. Por fim, mobilizam-se as linbas, os desejos, os tesões e as tensões que permeiam vidas afetadas pela epidemia de HIV/aids, como também em fugas, resistências e educações menores.*

**Palavras-chave:** HIV/aids, dispositivo, cartografia, corpo e sexualidade, educação menor

*I didn't know that danger is what makes life precious.  
Death is the constant danger of life.*<sup>5</sup>

Clarice Lispector as Author (1978, p. 157)

*A yearning. I wish I could live everything at once and not keep  
living little by little. But then Death would come.  
When I die I won't know what to do with myself.  
There must be a way of not dying, but I haven't figured it out yet.  
At least **not dying in life**: dying only after death. [emphasis added]*<sup>6</sup>

Clarice Lispector as Ângela Pralini (1978, p. 159)

*It would be paradoxical if the fear of death made us lose the taste for life.*<sup>7</sup>

Néstor Perlongher (1987, p. 92)

<sup>5</sup> Eu não sabia que o perigo é o que torna preciosa a vida.  
A morte é o perigo constante da vida.

<sup>6</sup> Uma ânsia. Queria poder viver tudo de uma só vez e não ficar vivendo aos poucos.  
Mas aí viria a Morte. Quando eu morrer não saberei o que fazer de mim.  
Deve haver um modo de não se morrer, só que eu ainda não descobri.  
Pelo menos **não morrer em vida**: só morrer depois da morte.

<sup>7</sup> Seria paradoxal que o medo da morte nos fizesse perder o gosto da vida

## Introduction

To venture into subjective paths. To walk along the connections between body, desire, sexuality, pleasure, health, illness, life and death. This is an essay written as flirtations between art, anthropology, health, education, philosophies of difference and... and... and...<sup>8</sup> as actions of thought on the subjectivities that are composed in such interweaving. On threads between lust and tension, the words traverse and are traversed by HIV/AIDS, thinking of AIDS as an apparatus.

I weave this text in the present tense and in first person because it is essay writing (Larrosa, 2004). An essay is “looking at existence from the point of view of what is possible, rehearsing new possibilities of life,” says Jorge Larrosa (p. 37). Thus, I am open to roaming along possible paths in the attempt-writing-mobilization of also experimenting other paths based on a cartographic research through the subjective webs existing between power and resistance.

Being a professor and researcher in the field of education, I believe that the ideas outlined in this essay are capable of infecting educational territories and, specifically, education in/of science, health and biology. I realize that the webs unleashed by AIDS as an apparatus, involving dimensions of body, sexuality, health, illness, life and death, are run through by educations and teachings that establish and are reinforced by moralities, promoting processes of marginalization of some existences, insofar as they are made vulnerable.

Inspired by the concepts of major and minor education proposed by Sílvia Gallo (2002), I reflect on major educations and pedagogies linked to institutions such as medicine, schooling and the state that take part in the creation and maintenance of the stigma attached to HIV infection and AIDS. In addition, such pedagogies play a role in the vulnerability processes that segregate and marginalize so many lives, distancing them from possibilities of prevention against and treatment of the virus, which leads them to physical and social death, because “we have long known also that pedagogy always ends up being the hegemonic exercise of founding a certain order based on common sense” (Diaz, 2020, p. 169). What Santiago Diaz (2020) describes as pedagogy at the service of hegemonic forces I call major education.

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<sup>8</sup> Inspired by Gilles Deleuze and Félix Guattari's rhizome concept (2011).

I also reflect on minor, molecular educations, or counter-pedagogies, inspired by Diaz (2020), as practices that are subversive to hegemonic orders, capable of breaking with those webs and barriers, breaching them and establishing other possibilities of interacting with people who experience and are affected by the epidemic. Such possibilities of minor and divergent educations are being produced in the daily becoming of our collective actions, teachings and interventions. In reflecting on these dimensions, I leave open territories to create, establish and promote other educations – minor educations, counter-pedagogies, and... – based on this porous and changeable apparatus that has been created regarding AIDS.

The goal of this essay is to zigzag<sup>9</sup> through multiple facets of what has been configured in AIDS as an apparatus over the last four decades and in its spatiotemporal modulations, alert to what currently remains alive and moving. I do not aim to establish truths but rather to reflect on some possible affects related to HIV/AIDS. Based on this text-path, I reflect on how this apparatus takes part in processes of subjectivization, shaping and impacting so many lives affected by the HIV/AIDS epidemic.

I argue that this apparatus, which is inserted in the tensions between life, death, health and disease, by affecting so many existences, also proves to be an educational, pedagogical process, running through different processes of learning about self and the other. I realize that rather than static, this apparatus is always in motion, capable of changing, transforming and being transformed. Thus, I leave open some clues of possibilities to act, create and intervene in AIDS as an apparatus, in an attempt to open breaches and, who knows, forge other possibilities of dealing with the epidemic, the virus, illness, health, body, desire, pleasure, sex, death and life.

As a research compass, I use cartography. A compass that does not point north, but rather shows ways for the movements of the desires and powers that make up a life. Regarding cartography, Suely Rolnik (2016) reflects that:

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<sup>9</sup> Inspired by the zigzag concept proposed by Deleuze in his *Alphabet Book* (Boutang & Pamart..., 1996).

For geographers, cartography – unlike the map: a representation of a static whole – is a drawing that accompanies and is produced together with the movements of transformation of the landscape. Psychosocial landscapes can also be charted. Cartography, in this case, accompanies and is produced together with the dismantling of certain worlds – their loss of meaning – and the formation of others: worlds that are created to express contemporary affects, in relation to which current universes become obsolete. (p. 23)

Cartography guides me as an ethics and research-in-motion, providing strength and attentiveness to venture into landscapes that are continuously and intensely constructed from the subjective questions that make up these webs between life-death-health-disease and from what leaks regarding the affects caused by the HIV/AIDS epidemic. Body and desire intertwine with the epidemic affects, being traversed by and composing, at all times, webs of power.

In these cartographic paths through the subjectivities that traverse bodies and their life and death processes, we pervade and are pervaded by power relations that, as Foucault (2014) states, “there is only power exercised by ‘some’ over ‘others’; power only exists in action, even if, of course, it is integrated into a sparse field of possibilities, supported by permanent structures” [emphasis in original] (p. 132). Drawing on Foucauldian philosophy, I think of this power as something that is not static, but malleable, defining itself in practices and daily life, porous and capable of producing fissures. Power, as argued by Foucault (2014), is pervaded by resistance, because “there is no relationship of power without resistance, without escape or flight, without possible reversal; every power relationship therefore implies, at least virtually, a strategy of struggle” (p. 138). Thus, I walk along the tensions between power and resistance structured around AIDS as a device.

## **Webs and dances between life, death, health and illness**

What is a life? What is living? Thinking about life is possible, based on different perspectives. Biological life, human life, social life, affective life. Life, a life... These facets are connected in multiple ways, through lines that sketch and permeate organic, social, subjective lives. According to the philosopher Gilles Deleuze (2002), “a life is the immanence of immanence, absolute immanence: it is complete power, complete bliss” (p. 12). Life is power, movement, transformation that is produced in different historical, social, political, cultural, economic and subjective contexts.

A life is everywhere, in all the moments that a given living subject goes through and that are measured by those lived objects: an immanent life that carries events or singularities that no more than update themselves in the subjects and objects. (Deleuze, 2002, p. 14)

Amidst voids and immensities,<sup>10</sup> a life happens in contacts and encounters, engendering the subject's possibilities to produce, develop, experience, as well as die. Life and death are related among webs and dangers that pervade a life. "I didn't know that danger is what makes life precious. Death is the constant danger of life," says the author character in the book *A Breath of Life*, by Clarice Lispector<sup>11</sup> (1978, p. 157). The danger that lurks in death also grants life its possibility of living. Inspired by Lispector's quote (1978) I believe that the only way to never die is to never exist.<sup>12</sup>

The webs between life and death, health and illness intertwine in multiple ways, almost as dances: dance-movement loaded with dangers, which give the living subject its character of being alive. Health and disease interlace, permeating bodies and lives. Experiencing a disease affects a life in many ways: through feelings and their variations, through the processes of suffering, pain, change, unawareness, search, treatment and also death, when the body succumbs, when life fades away. But is death really the end of a life?

We walk in life in the webs between health and illness, listening to what the body has to say to us. In his *Alphabet Book*, Deleuze talks about illness and the processes of attention to life based on becoming ill, inspired by his experiences with tuberculosis. For him, poor health can make thinking and listening to the world easier:

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<sup>10</sup> I make other reflections on the voids and fullnesses that permeate life in *Entre vazios e cheios: cartografias da anorexia* (Sales, 2021a).

<sup>11</sup> I quote Clarice Lispector to address the powers and tensions present in life and also in death. Rosa Fischer (2016), reflecting on Clarice Lispector's literature and Michel Foucault's philosophy, argues that "Clarice's creation escapes moral judgment, the serenity of waters in a supposed lake of dualistic positions. More than that, of ordered constructions of life, of language, of things. It is obviously not about applying literature to the statements of a given historical context. It is, rather, about the announced gesture (practiced by Foucault), about questioning what is said, the statements, as well as the visibilities, casting a problematizing eye at words and things" (p. 17).

<sup>12</sup> Clarice Lispector (1978) as author when talking about Ângela Pralini, the main character of the book, states that "In order to never die, Ângela prefers not to exist" (p. 150).

Thinking is for me listening to life. (...) Listening to life is much more than thinking about your own health. But I think poor health favors this kind of listening. (...) It is true that you cannot think without being in an area that slightly exceeds your strengths, that makes you more fragile. (Boutang & Pamart, 1996)

If a life is “complete power” (Deleuze, 2002, p. 12), would illness be the end of power? Does illness deplete the body’s power? Is illness the end of life? Deleuze, in conversation with Claire Parnet, continues reflecting about the webs between life and illness, especially on the power of a life:

What does it mean to realize a little power, to do what one can, to do what is in one’s power? It is a fairly complex notion, because what makes us powerless, such as fragile health or illness..., we need to know how to use it in order to recover some of our power through it. Of course, illness must be good for something, like everything else. I’m not just talking in relation to life, in which it must give some feeling. For me, illness is not an enemy, for it is not something that gives the feeling of death, but rather something that sharpens the feeling of life. It’s not in the sense of, “Oh, how I’d like live and when I’m cured, I’m going to start living!” That’s not it. There is nothing more abject in the world than a bon vivant. On the contrary, the great people alive have very poor health. Returning to the issue of illness, it sharpens a vision of life, a sense of life. When I speak of vision of life, of life or of viewing life, it is being overwhelmed by it. *Illness sharpens and affords a vision of life.* Life in all its power, in all its beauty! I am sure of that [emphasis added]. (Boutang & Pamart, 1996)

Illness can change perceptions, displace a life from its previous coordinates, lead to other territories and perceptions. Subjective experiences act directly on health experiences and how they are lived: how subjects perceives an illness, how organic-physical issues in their body act directly on their experience of the world, on their health and body.

The psychoanalyst Suely Rolnik has used some words and terms from the Guarani language to reflect on ways of viewing and dealing with life and its pulses. In a live stream on August 30, 2020, at the height of COVID-19<sup>13</sup> pandemic, the author defined the term *Teiko porã* as a way of being “inseparably beautiful and good for life,” and which becomes its driving power: “life is good like that because it flows, and because it is good, its way of being is beautiful”; and *Teiko Vai* as a way of being “ugly or bad, evil” for life (Agenciamentos, 2020). At the end of the session I had the opportunity to ask a question in a text message, which was: “Can we think of *Teiko porã* as a way of understanding health? A state of possibility of power for life...”, and she

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<sup>13</sup> I am writing this essay in the midst of the COVID-19 pandemic, a disease caused by the Sars-Cov-2 virus. This pandemic event caused millions of deaths around the world, hundreds of thousands of them in Brazil, and an immeasurable amount of grieving. I make cartographic reflections about the COVID-19 pandemic, with brief comments on its connections with HIV/AIDS, in *Cartografias de vida-e-morte em territórios pandêmicos: marcas-ferida, necro-bio-políticas e linhas de fuga* (Sales & Estevinho, 2021a).

answered thus: “Absolutely. For what is health? It’s life capable of balancing itself in motion. What is disease? It is when that motion is interrupted, when there is no way to act towards recovering that balance in motion”<sup>14</sup> (Agenciamentos, 2020).

Balancing on a tightrope, as in the works<sup>15</sup> by the artist José Leonilson featured on pages 203 and 214 of his catalog *Sob o peso dos meus amores* (Nader, 2012). Balancing in dances, feelings, experiences and experiments in the world. In the first work (2012, p. 203), walking on the everyday tightrope, on everyday paths... Balancing oneself in imbalances. In the second work (2012, p. 214), paying attention to the dangers that lurk below the rope, to the sharks that swim in the sea of a life and its desires. Falling off? Swimming or getting up, when possible. Being aware of the dangers that can come from stumbling on the tightrope of life, the risks that surround an existence in the midst of the movements-desires that guide it and make its becoming possible.

I think here of health and illness, life and death not as oppositions, but as merging, blending and composing a web, becoming inseparable without creating new templates of how those territories – health, illness, life and death – should be. Leonardo Oliveira and Guilherme Corrêa (2020), in reflecting on the educations that are intertwined with health, propose a “notion of health that makes room for the multiplicity of thought and that finds life powers in illness and not only in an absence of health” (p. 14). The authors claim that:

Those whose health condition strays, in an observable way, from what is considered normal – and normal is one of the greatest and most important shelters of the ideal – must be redirected towards normal states of health. The state of illness viewed as a deviation from the ideal calls for the restoration of health. It is this way of thinking that guides major health practices that have become universal, which end up disqualifying, obscuring, delegitimizing minor practices (p. 17).

A life: walking on a tightrope through risks, dangers, pains and delights. But “what life is possible when everything we do, think and desire is committed to the plaster of healing, relief and consolation used to bring us closer to the ideal and whose invariable effect is immobility?” (Oliveira & Corrêa, 2020, p. 18). Dense pedagogical webs are drawn around the notions of health and illness, pathologizing what departs from an alleged normality that is hegemonic,

<sup>14</sup> Suely Rolnik (2020) in *À escuta de futuros em germe* (visited on January 7, 2021), a lecture streamed live on August 30, 2020, on the *Agenciamentos Contemporâneos* YouTube channel.

<sup>15</sup> I chose not to show here the images of the works for copyright reasons. However, the catalog *Sob o peso dos meus amores* (2012) is available online (visited on May 7, 2021). The works cited are on pages 203 and 214, respectively.

greater and dominant. Breaking with these lines that control lives means learning to walk in these daily imbalances, as in Leonilson's works mentioned above.

Leonilson was an artist from Ceará who achieved international prominence and has several productions spread around the world that attract admiration and critical appraisal. At a young age he discovered he was infected with the human immunodeficiency virus, HIV, and in 1993 he died from AIDS at the age of 36. These illness processes directly marked his life and his artistic production, influencing the creation of several works.<sup>16</sup>

When not treated with antiretroviral drugs, HIV infection tends to trigger AIDS, being potentially fatal. In the early 1980s,<sup>17</sup> cases of the disease were identified in several countries around the world, but it was later discovered that the virus had already been circulating in different places for decades. It took several years to find out the cause of the disease, develop tests and create drugs to stop the virus from replicating. In the following years, millions of people died from AIDS. It was only in the late 1980s that the first antiretroviral drugs appeared,<sup>18</sup> capable of preventing the proliferation of the virus, but initially with little efficacy. In the mid-1990s, triple therapy, which combined three types of antiretroviral drugs, was more successful in treating HIV infection and preventing the development of AIDS.<sup>19</sup>

According to UNAIDS (2020), by 2019, around 32 million people had died in the world as a result of AIDS, 690,000 in that year. Also in 2019, approximately 38 million people were living with HIV/AIDS worldwide (Unaid, 2020). In Brazil, in 2019, "41,909 new cases of HIV

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<sup>16</sup> To learn more about Leonilson and how HIV and AIDS influenced his life, I recommend the documentary films *A Paixão de JL* <<https://www.youtube.com/watch?v=0wXU30LD1Io&t=44s>> and *Leonilson, sob o Peso dos Meus Amores* <<https://www.youtube.com/watch?v=8TKHN2LcChA&t=311s>>. Available on YouTube.

<sup>17</sup> Guacira Louro (2001) briefly outlines the genealogy of aids and its impacts on identity policies, breaking them up at many times and producing other possibilities of experiencing encounters between people, in solidarity networks, in affects for the preservation of life in its moments of greater vulnerability, fragility and crisis in the face of illness, stigma and social invisibility. According to the author, from the 1980s onwards, AIDS: "Presented initially as "gay cancer," the disease had the immediate effect of renewing society's latent homophobia, intensifying the discrimination previously shown by certain social sectors. Intolerance, contempt and exclusion – apparently mitigated by the action of homosexual activists – were once again intense and exacerbated. At the same time, the disease also had an impact that some called "positive," insofar as it led to the emergence of solidarity networks. The result is alliances that are not necessarily based on identity, but rather on a feeling of affinity that unites both the affected (many, certainly, non-homosexuals) and their families, friends, healthcare workers, etc. The networks, therefore, break the boundaries of the homosexual community as it was so far defined. The fight against the disease also causes a shift in discourses on sexuality, now addressing less identity and more often sexual practice (by emphasizing, for example, the practice of safer sex)" [emphasis in original] (Louro, 2001, p. 545).

<sup>18</sup> Zidovudine, also known as AZT, was one of the first antiretrovirals to be approved and marketed.

<sup>19</sup> The purpose of this essay is not to delve into the biomedical and historical aspects of the HIV/AIDS epidemic. For more information on the chronology of AIDS in Brazil and worldwide, see the chapter "Historical milestones of AIDS in Brazil and in the world", from the book *Sentença de Vida*, by Márcia Rachid (2020, pp. 118-127).

and 37,308 cases of AIDS were diagnosed (...) totaling 1,011,617 AIDS cases detected in the country from 1980 to June 2020” (Ministério da Saúde, 2020, p. 8). By the end of 2019, another than 349,000 people had died from HIV/AIDS (Ministério da Saúde, 2020).

More than just a biological infectious agent, HIV pervades subjective experiences directly related to the human body and its experiences with sexuality, especially in the last four decades. Deleuze (2013), in an interview in 1985, talks about “AIDS and global strategy,” reflecting on the relationship between medicine, AIDS and new styles of disease. Regarding the HIV/AIDS epidemic in the mid-1980s, Deleuze (2013) argues that it might be configured as a new grouping of symptoms and new experiences of becoming ill. By acting directly on the immune system of affected individuals, AIDS establishes other possibilities for thinking about the defense of a body and the impacts it can suffer when one is infected by a hitherto new virus. He reflects on the new places of danger for homosexuals due to the disease, in connection with refugees and other minorities, and on possible flight-stubbornness due to the refusal of the “dual image of the disease and society” (p. 171).

In 1987, two years after Deleuze’s aforementioned interview and five years before Leonilson’s death, the anthropologist Néstor Perlongher published the book *O que é AIDS* (Perlongher, 1987). Today, more than three decades later, this material remains important for studies on the HIV/AIDS epidemic, as well as on the body and sexuality. On AIDS, Néstor Perlongher (1987) states:

What is AIDS? Although scientific knowledge has advanced a lot, the disease is still shrouded in mystery. It is known that transmission is through sexual contact or blood. It is not – as some moralists claim – a “homosexual disease,” but caused by a virus that can be transmitted to anyone. Once it manifests itself, the disease is practically fatal. There is currently no known cure for AIDS. (...) *But the horror of bodies that fall ill and die seems to become more terrifying when one can guess, at the origin of the contortions of agony, the spasms of enjoyment.* In the same way that AIDS initially transcended the private pain of its victims to extend to the corridors of the “ghettos” as a powerful mechanism of moralizing and control, derived from the panic waves, the specter seems to abandon the diffuse limits of minority groups to terrify heterosexuals as well. Thus, AIDS, which began as a “homosexual disease,” is now proclaimed as a threat to families [emphasis added]. (pp. 8-9)

Written in a period of great terror of the HIV/AIDS epidemic, in the late 1980s, when there was no effective treatment and infection was practically fatal, the book portrays scenes that make up the construction of social and intersubjective experiences regarding AIDS. Associated with sex and, initially, with homosexuals, blacks, injecting drug users and prostitutes,

it was gradually stigmatized: “Fantasies of decline, degeneration and death found their target in the patients, predominantly seen as homosexuals, intravenous drug users and black immigrants” (Pelúcio & Miskolci, 2009, p. 129). AIDS was marked by dread and repulsion as it engaged in “the spasms of enjoyment,” as Perlongher (1987, p. 8) states, for being associated with promiscuity, pleasure, lust and non-reproductive sex, posing a danger to families and Christian-patriarchal standards.

The stigma of AIDS is also the stigma of sex, flesh, pleasure, body, linked to marginalized populations, created by a capitalist-colonialist-Christian morality that judges, condemns and punishes sex not intended for marriage and reproduction, spinning webs of control. An apparatus?

## **AIDS as an apparatus**

The French philosopher Michel Foucault focused intensely on the issues that constitute and produce the subject, traversed by networks of power and knowledge that are formed in the midst of social relationships. A concept of great importance in Foucauldian works is the apparatus. About the apparatus, Foucault (2019) states that:

With this term I try to demarcate, firstly, a thoroughly heterogeneous ensemble comprising discourses, institutions, architectural organizations, regulatory decisions, laws, administrative measures, scientific statements, philosophical, moral, and philanthropic propositions. In short, *the said and the unsaid are elements of the apparatus*. The apparatus is the web that can be established between these elements. (...) I understand the apparatus as a type of formation whose main function, at a given historical moment, was to respond to an urgent need. The apparatus thus has a dominant strategic function [emphasis added]. (pp. 364-365)

“The said and the unsaid” make up the apparatus in webs that involve the formation of subjectivity, knowledge and power networks. Given its historical nature, the apparatus is not given, nor is it ready, concluded. It is never concrete-static: it is formed, deformed, modified, adjusting itself in different contexts, according to the modulations of the territories in which it is inserted. The apparatus is formed by lines, as Deleuze (1989) states:

What is an apparatus? First of all, it is a kind of skein or roll, a multilinear ensemble. It is composed of lines of different natures and these lines of the apparatus do not encircle or surround systems, each of which would be homogeneous in itself (the object, the subject, the language), but rather follow different directions, forming processes that are always out of balance and these lines both move closer and farther away from each other. Each line is broken, subjected to shifts in direction (forked), subjected to derivations. Visible objects, articulable statements, forces in action, subjects in position are like vectors or tensors. (...) Untangling the lines of an apparatus means, in each case, preparing a map, a cartography, a survey of unknown lands. (...) It is necessary to be positioned on the lines themselves, which do not simply compose an apparatus, but run across and drag it from north to south, from east to west or diagonally. (p. 155)

Thinking about these apparatuses means following the different lines that compose them and their modulations around life. The apparatuses are made up of “lines of visibility, of enunciation, lines of force, lines of subjectivation, lines of rupture, of fissure, of fracture that intersect and blend while some give rise to others through variations or even mutations of assemblage” (Deleuze, 1989, p. 158), denying universals, formed by lines of variation, and being, in themselves, multiplicity.

Health, illness, life and death are fertile territories for apparatuses to explore through various lines that pervade these processes that constitute existences: medical and educational institutions, networks of knowledge and power, webs of control of desire and movements of (de)subjectivation. Thus, I place myself in movements to sketch cartographies in these territories that compose AIDS as a socially produced (and also productive!) apparatus, endeavoring, mapping, walking between the lines that modulate it, in attempts to perchance untangle them, to find routes to create other nuances.

In the multiplicities of which each apparatus consists, always changing, never universal, I think of AIDS as an apparatus that has acted to control the body, desire and pleasure, capturing, marginalizing, killing physically, socially, subjectively, annihilating and modulating subjectivities through mediations that pervade a biological-infectious being, a disease, a process of illness. An apparatus run through by moralities, as Perlongher (1987) believes: “There is, in the AIDS crisis, a whiff of restoration. Things have gone too far, the penalty is being paid for lecherous excess! A return to the couple, a return to the family, the definitive death of anonymous and impersonal sex” (p. 52).

In reflecting on ACT UP, an activist movement to fight AIDS, Paul B. Preciado (2018) states that:

Fighting AIDS became fighting the geopolitical and cultural apparatuses of the production of AIDS syndrome – which include biomedical models, advertising campaigns, governmental and nongovernmental health organizations, genome-sequencing programs, pharmacological industries, intellectual property, bio patents, trademarks, definitions of risk group, clinical assays and protocols... (pp. 355-356)

Associated with sexual, social and cultural practices, AIDS became the perfect setting for building conservative and reactionary webs and, with them, hard lines of control of body, desire, pleasure, reproduction and life, aiming to boost the heteronormative, patriarchal, Christian family. Some examples of the spread of these lines in our lives occur through contraceptive methods, methods of preventing sexually transmitted diseases (STDs), civil and religious marriage, and even religious, educational, biomedical and media discourses that stigmatize bodies impacted by the epidemic, for example. On prevention and AIDS as an apparatus, Larissa Pelúcio and Richard Miskolci (2009) explain that:

The AIDS apparatus operates and makes sense, with prevention as a normalization strategy materialized in a kind of imposition, in a heterosexist teleology that points to a future understanding of life as monogamous, reproductive, family-oriented, in short, private and under control. (p. 142)

Non-heterosexual sexual experiments and/or those aimed at pleasure and non-reproduction are condemned as territories of exposure and infection, impurity, sin and death. Discourses that contradict each other, insofar as the epidemic also spreads among families considered heterosexual, in monogamous, Christian relationships between couples married in registry offices and churches. The virus can infect anyone, with no preferences for subjectivities, and is capable of entering human bodies regardless of their characteristics – not excluding the need to take into account that some existences are more vulnerable to HIV infection and AIDS than others, due to issues involving race, gender, sexuality and social, economic and political contexts. Nonetheless, AIDS as an apparatus continued to be consolidated, with increasing control of practices, with constant surveillance of body, life, desire, carnal experimentation, pleasure, pain, illness and death.

These facets of control concerning AIDS as an apparatus not only surveil and constrain but also produce ways of being, inasmuch as they capture existences through institutions such as medicine, as Perlongher (1987) argues:

An apparatus like AIDS – not the disease itself, but the moralization unleashed around it. In order to discipline the body, certain intimacies must be deemed disgusting, such as penetration, ejaculation inside or outside the anus, etc. If public morality did not allow such things to be said, AIDS would be – as was syphilis – a “secret disease” – and would perhaps enjoy the heroic halo of the clandestine adventure. However, a campaign like that of AIDS requires that everything related to corporeality be said, shown, displayed, assumed; only then is it possible to diagnose and regulate. Before, the abnormal were *outside*: outside the family and outside the doctor’s office. Now they can enter and receive advice [emphasis in original]. (p. 74)

Viewing AIDS as an apparatus means reflecting on the morality surrounding the disease, the illness process and the control networks inspired by it. “The AIDS panic revealed a new ‘collective desire for purge’ and ‘elimination.’ The infected had become a ‘race,’ a ‘species,’ in the sense used by Foucault when discussing the construction of homosexuality as a clinical phenomenon” [emphasis in original] (Pelúcio & Miskolci, 2009, p. 136).

In *AIDS: Disciplinar os poros e as paixões*, Perlongher stated in 1985 that “the threat of AIDS has already transcended the private suffering of its victims (...) to become a moralizing apparatus that aims to reorder bodies and their passions” (p. 35). Thus, at that time,

Strategies triggered by a real problem – the emergence of AIDS – involve policing and organizing perverse sexualities, in order to reduce the frequency, diversity and intensity of encounters. Those who were “outside” society are now instructed by the medical and paramedical structure to discipline the pores and passions. The highly proclaimed right to one’s body ultimately becomes the duty to regulate it [emphasis in original]. (p. 37)

Sexual experiences deviating from the hetero-Christian-family standard were and still are targeted by this apparatus – not excluding the fact that lives within these standards are also captured and impacted by the apparatus and its lines – as with homosexuality: “Once medicine stops considering homosexuality a disease, it seems to dedicate itself to curing it, or rather, to regulating it” (Perlongher, 1987, p. 74). These processes are linked to the strengthening of medicine, “a major protagonist of the AIDS crisis,” which led to “an unprecedented expansion of medical influence and power” (p. 79).

With AIDS, the medical embrace comes to rest on the sphincters, its fulcrum. “Anality” comes into play. *The eyes of science on the anus!* The medical machine explores the mucous membranes, the points of rubbing and enjoyment, the microscopic wounds that testify to an uncontrolled power. (...) What was once enjoyment, in the crowded intimacy of the orgy, is soon projected on slides as a danger flag [emphasis in original]. (Perlongher, 1987, p. 75)

With AIDS, parts of the body that were previously marginalized, such as the anus, became the target of medical attention, as reflected by Perlongher (1987). Deleuze and Guattari,

in discussing the becoming-wolf and criticizing Freudian psychoanalysis, think of the anus as a territory of the body where reside forces, intensities and multiplicities.

But the Wolf Man thinks: what about my ass, isn't that a wolf? (...) The wolf as the instantaneous apprehension of a multiplicity in such a region is not a representative, a substitute, it is an *I feel*. (...) The wolf, the wolves are intensities, speeds, temperatures, non-decomposable variable distances. It's a tingling, an inflammation. And who can believe that the anal machine has nothing to do with the wolf machine, or that both are only linked by the Oedipal apparatus, by the all-too-human figure of the Father? For ultimately the anus also expresses an intensity, in this case the approach to zero of the distance that cannot be decomposed without the elements changing their nature. *A field of anuses, like a pack of wolves* [emphasis in original]. (Deleuze & Guattari, 2011, pp. 58-59)

With AIDS, the anus, a territory of powers and multiplicities, becomes also a territory of medical dispute. Friction is created between powers seeking to establish a return to the family, to the Father and to heterosexual sex aimed exclusively at reproduction and resistance to the search for other possibilities of existence in multiplicities. How to find escapes in these pedagogies and/or moralizing teachings that watch over and capture desires, bodies and experiences?

Over the past century, power has shifted from control of land to control of manufacturing and then to control of information and life. Today, power extends to sex, gender and race as precise encodings of information and subjectivity. (...) The problem is that, so far, desire, pleasure, sex and gender have been thought of in terms of non-transferable essence or as private property. Initially, they were thought of as fixed substances in nature; then, as the property of God; then as state property; later as private property; and today, finally, as the property of large pharmacopornographic multinationals. The new global corporations produce nothing. Their sole aim is to accumulate and manage patents in order to control the (re)production of bodies and pleasures. This *copyright* policy that oversees the sexualization of production and the conversion of life into information is what I have called pharmacopornopolitics; its purpose is to turn your ass and mine, or rather your desire and mine, into abstract benefit. (Preciado, 2018, pp. 293-294)

The constructions of what is understood as nature, God, state and multinationals established truths and were active in the "(re)production of bodies and pleasures," as argued by Preciado (2018, p. 294). It would also be appropriate to include medicine in this field of institutions that establish truths, in movements of production and reproduction of bodies, pleasures and subjectivities. The anus and the whole body, territories of life, power and multiplicity, are captured, watched over, scrutinized, dissected, controlled and produced by medical eyes in the webs that were established with AIDS as an apparatus.

An apparatus is always changing, with its lines being updated, readjusted, altered, spread: thinking of AIDS as an apparatus in the 1980s is very different from thinking of it in the 2020s,

since therapeutic changes have made it possible to deal with HIV infection through drugs and the epidemic has spread to populations other than those most affected at first. Other complexities emerge: bio-pharmaceutical-pornographic-technological (Preciado, 2018), pervaded by new medical apparatuses in constant production, creating other chances of life with the virus, aiming at the chronification of processes of life and death with HIV and AIDS.<sup>20</sup> On these new modulations of AIDS as an apparatus, Pelúcio and Miskolci (2009) point out that:

The sexual panic that forged the AIDS apparatus led by the discourse of prevention began to cool down with the invention of cocktail therapy. From then on, we began to experience what some call the post-AIDS age, when the effectiveness of the treatment, alongside campaigns aimed at minimizing prejudice, spread the perception that AIDS is not a disease that exclusively affects people with “suspicious” behavior, but is also at the heart of heterosexual, family-oriented and monogamous relationships. The prevention policies – even if unintentionally – are experiencing the paradox of becoming an expression of reinvestment in the original sexual panic, since the fight against stigma still lacks criticism of biopathologizing axioms and, above all, the problematization of the social order as whole, rather than focused on “groups,” “minorities” or “dissident sexual cultures.” Today, AIDS has lost its character of a death sentence and is defined by some as a “chronic disease.” Thus, in the collective imagination, the disease is now less marked by sexual panic than by a “label” of seropositivity by part of society – this paradoxical condition in which one is neither sick nor healthy. HIV-positive people are a problem for themselves and a new incarnation of the stigma of homosexuality for others [emphasis in original]. (pp. 151-152)

The apparatus, not being a ready-made, solid and immutable template, is adjusted and updated in different contexts, times and spaces. Being historical and changeable, AIDS as an apparatus will come to an end, as predicted by Pelúcio and Miskolci (2009):

The AIDS apparatus is historical and as such it will come to an end. Its replacement occurs with the transformation and expansion of the discourse of prevention from its epidemiological origin in the 1980s to contemporary forms of control and normalization of desire. What remains in the contemporary sexual order is the social obsession with sexuality and desire, a mixture of repugnance of and attraction to the Other that constitutes heteronormativity. It is the unstable heterosexist hegemony, built in contrast to the homo pole (but also dependent on its maintenance), which still exploits this ambivalence as the driver of policies and knowledge. (p. 153)

As I follow the modulations and transformations of AIDS as an apparatus, I ask myself: what lines of flight are possible in and from this apparatus?

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<sup>20</sup> It can be said that, in recent years, AIDS has been produced and updated as a chronic apparatus as a result of biomedical changes and the discourses and practices they have engendered. On AIDS as a chronic apparatus, see the works by Atilio Butturi Junior and Camila Lara (2018) and Butturi Junior (2019).

## HIV/AIDS, tensions and other lines

Lines between life, death, health and disease. Apparatuses, viral lines, epidemics, educations, subjectivities. Between tension and lust, life presses, emerges with force and screams.

Involved in a net of social encounters, bodies produce intensities. By the way, the affects and repulsions between the bodies, their feelings, are themselves intensive, that is, they are modulated according to thresholds of intensity, whose production upsets and runs through the actual bodies, pushing to the limit or subverting the very physiological organization of the organism. Hence, relentless pursuit of intensity, of ecstatic feelings, is capable of straining the body to the limit of its resistance, to the gates of death and disintegration. Desire would tend to excess, to exorbitance, to flight. The paths are variable. The extreme pursuit of intensity can follow the paths of orgy, of radical and systematic perversion, to exhaustion and the apathetic repetition of gestures. An ever bordering line of flight, it may reach the verge of destruction or self-destruction, triggering a passion for abolition. Both the pervert who roams on the brink of danger and the drug user who persists in exacerbation to the impossibility of frantic vertigo would be diving into (or sinking?) the quicksand where the intensification of desire borders on death. However, this unbridled pursuit is not strictly suicidal, although suicide may happen, in the manner of an accident or a temptation, in the complexity of its intricacies. *This demand for intensity is essentially affirmative – it affirms life by straining it and straining the body, traveling in the experimentation of its limits* [emphasis added]. (Perlongher, 1987, pp. 87-88)

A body and its desires, even when in pursuit of intensities, of stronger, screaming, dense, extreme experiences, do not seek its death – although those paths may lead to it. It is life that the body seeks, pursues, aims at all times: a life full of desire and lust. The tension that permeates this life also gradually surrounds it with dangers. Apparatuses and their lines involve the paths of a life, as in the case of the HIV/AIDS epidemic and existences infected by the virus, marked by stigma and naturalized segregation.<sup>21</sup>

The Body passes from the dimension of pleasure to the dimension of duty and from there to restriction to what common sense sees as abject, being, therefore, bodies that matter as treatable life, but never as a place of enjoyment. Thus, the body is restricted to its condition of virus carrier, of full entity in discourse, but alienated from Life and its Pleasures. (Inácio, 2016, p. 489)

<sup>21</sup> This dimension of the naturalized is closely related to the pedagogies established around the HIV/AIDS epidemic – images of seropositivity, terror, fear, stigma, death – and the associated representations. In this essay, besides criticizing these images-representations interwoven with the apparatus, I also seek to infect them with possibilities of fleeing the naturalizing instances linked to the major educations.

Sex, the territory of pleasure and life,<sup>22</sup> is now seen as a place of infection, perversity, disease and death, intensifying itself through AIDS as an apparatus. Emerson Inácio (2016) is assertive when talking about the place in society reserved for the body living with HIV and AIDS: the place of an abject person, a virus carrier, deprived of the possibility of a full life and pleasures. An infected body is marked in countless ways in these webs. “The focus is no longer on AIDS as an evil or as a focus that generates cultural narratives, but rather as an additional aspect of life (...) Contemporaneity has made the disease a secret, a horror that establishes silence as form” (p. 498).

Inspired by the character Ângela Pralini (Lispector, 1978, p. 159), I ask: could a body living with HIV/AIDS “not die in life,” but “only die after death”? In what ways does the silencing of people living with HIV/AIDS, interspersed with the chronification of this experience with the virus, act to maintain death in life, or what Herbert Daniel (Daniel & Parker, 2018) called civil death?

In an ethnographic study in a social networking site aimed at people living and coexisting with HIV and AIDS, in researching the encounters that take place there, Lucas Melo et al. (2020, p. 6) notice and bring to academia some facets of the experiences pervaded by HIV/AIDS and the “chronification” of the infection:

For our interlocutors, living chronically with HIV/AIDS meant: managing the uncertainty of its course; emphasis on self-care combined with biomedical handling; strategies to produce a normal life; the identity work required to become a sick person with a normal life; and the psychosocial implications of ongoing engagement in biomedical care. (p. 6)

The lines of AIDS as an apparatus are being reconfigured in contemporaneity, traversed by the discourse of chronification and biomedicalization; thus, “such policies and narratives do

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<sup>22</sup> Drawing these instances of desire, bodily-sexual experimentation and life, I recall the last paragraph of the – most beautiful! – text “The Utopian Body,” by Foucault (2013): “Maybe it should also be said that to make love is to feel the body flow back on itself, it is to exist, ultimately, outside of any utopia, with all density between the hands of the other. Under the other’s fingers running over us, all the invisible parts of our body come into existence, against the other’s lips ours become sensitive, before their half-closed eyes, our face acquires a certitude, there is a gaze, finally, to see our eyelids closed. Love, too, like the mirror and like death, appeases the utopia of our body, silences it, calms it, encloses it as if in a box, locks and seals it. This is why love is so closely related to the illusion of the mirror and the threat of death; and if, despite these two dangerous figures that surround it, we love making love so much, it is because, in love, the body is here” [emphasis in original] (p. 16).

this by engendering processes of subjectivation of HIV-positive people that involve, to some degree, a subjective turn, via technologies of the self (self-care, self-monitoring, self-discipline, etc.)” (Melo, 2020, p. 20). In these webs of power that discipline, control, watch over and lead to confession, resistance is constant.

In facing with local responses moralizing topics of transnational preventive guidelines, the government and organized civil society point to the possibility of breaching the disciplinary discourse that structures the AIDS apparatus, which does not mean breaking with it altogether, but realizing that it is historically and locally marked; especially as such relative plasticity is needed for it to be efficient. (Pelúcio & Miskolci, 2009, p. 129)

Lives affected by the HIV/AIDS epidemic do not remain submissive. In these webs of control, they answer back, confront, fight, opening breaches in this apparatus, as Pelúcio and Miskolci (2009, p. 129) reflect. Amid so many policies to control life, strains between chronification and long-term diseases, access to antiretroviral treatment, illness, fragilities, dependence on the state, uncertainties, stigma and death, life is lived on a tightrope. Butturi Junior (2019) argues that it is precisely in existences marked and interwoven by the virus that other ways are found to question such apparatuses, to produce, to fight for better possibilities of health care, to create new ways of life.<sup>23</sup> In this setting of instabilities, other lines gradually emerge, rise up, converge.

Perhaps it is through the same porosities and fissures that make us more vulnerable to contamination that we will find ways to think of possible paths through which desire can flow, a fertile ground for the proliferation of embryos of possibilities of living and feeling lust amid such strain. (Sales, 2020, p. 26)

Perhaps it is through the frailties of a life that are found the possibilities of flight and the powers of a future to come, of rehearsing other existences, of creating fissures in suffocating webs. How to find breaches to sustain such strain? Or, perhaps, to forge fissures to escape these webs?

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<sup>23</sup> “At times of proliferating subjectivities and the twilight of politics, it is in the HIV-positive that he glimpses an opening. It is in their daily and bodily struggles for less toxic medicines, to the detriment of struggles in the name of a universal subject and a metaphysical human that these subjects inform about a different, so to say, post-human way of being a subject. At times when their militancy requires the limit of death as a fundamental experience. At times when, in their discourse and in their techno-modified body, they suggest a “no” and request, for themselves, an opening to produce paradigmatic and not yet invented forms of life – and of post-humanity” [emphasis in original] (Butturi Junior, 2019, p. 652).

It may perhaps be necessary to conceive a different kind of sexual politics, one that would not ignore the multiplicity of erotic desires or attempt to pedagogically discipline the perverts and their pleasures. It is about offering the best information possible, but at the same time asserting the right to one's own body and life (...). Life is not only measured according to medical standards, in terms of prolonging survival (or agony), but also in terms of the intensity of enjoyment. The dimension of desire should not be neglected, if life is to be saved. (Perlongher, 1987, pp. 91-92)

Lust, enjoyment and pleasure also measure the strength of an existence, often acting as resistance and lines of flight. Desire, the driving force of life, cannot be neglected when talking about health. Since AIDS is daily configured as an apparatus, in the webs and paths shaped by encounters, perhaps, as Perlongher (1987) proposes, a way out would be politics that does not make differences and multiplicities invisible.

In these webs full of dangers and chances of derailing to death, there is a pressing need to mobilize other ways of narrating and experiencing such a pandemic: talking about other or different possibilities does not mean thinking about something “unique” and “innovative,” but rather being open to listening to bodies, subjectivities, demands, being alert to the tensions and pedagogies that capture and try to control, discipline and nourish themselves from life. The apparatus, being mutable, can be unwound, unraveled, charted – inspired by Deleuze (1989) – sketching cartographies through the territories of HIV/AIDS, in connection and friction with other medical, economic, capitalist, pharmacopornographic apparatuses (Preciado, 2018), in the search for possible modulations for powerful lives and flight from the webs that limit, control, capture, discipline and pimp (Rolnik, 2018) a life.

Thus, I approach the end of this essay with a reflection-teaching that also started it, by the anthropologist Néstor Perlongher, made more than three decades ago but which remains current in terms of responses to the HIV/AIDS epidemic. Perlongher lived and died amid greatly hazy, dense and uncertain periods of the epidemic, forging in his productions possible solutions to the pain and annihilation of living existences, through the paths of desire, lust, enjoyment and life.

There is, for threatened populations, a real risk – which should not be overestimated, though. It is perhaps an unstable compromise between risk and enjoyment, subject to the comings and goings of desire. This assertion of desire should not be lived (as hygienist hysteria would have it) with guilt and a heavy conscience, but with joy. It would be paradoxical if the fear of death made us lose the taste for life. (Perlongher, 1987, pp. 91-92)

To oppose these pedagogies of fear and stigma, I think of counter-pedagogies and minor educations of life and multiplicity. Deleuze (2013), in reflecting on Foucault's work and life, states: "Something possible, otherwise I'll suffocate" (p. 135). What are the possibilities for us not to suffocate in the midst of this epidemic that has been shaped and transformed for more than four decades? How to create other possibilities when exhaustion sets in?

Creation takes place in bottlenecks. (...) A creator that is not grabbed by the neck by a set of impossibilities is no creator. A creator is someone who creates their own impossibilities, and so creates possibilities. (Deleuze, 2013, p. 171)

AIDS as an apparatus, along with its webs, affects everyone, but in different ways. What impacts do these lines that intersect the epidemic have on our lives? If you do not live with HIV/AIDS, have you ever thought about what it would be like to coexist with the virus in your body during these different times of epidemic? And if you do live with HIV/AIDS, how do these experiences compose your pathways, interposing themselves in the production of your subjectivity and in your life-death-health-disease relationships? What kinds of exhaustion does the HIV/AIDS epidemic cause us? How to walk this tightrope with the powers that affect so many lives, HIV-positive or not? What "bottlenecks" (Deleuze, 2013, p. 171) emerge and establish a need to create other worlds? How to draw on other, minor educations that, based on the lines prompted by this apparatus established together with AIDS, make it possible to breach the multiple pedagogies that are formed around the body, desire and pleasure, strengthening stigma and prejudice and helping preserve instances that segregate, make vulnerable and cause death?<sup>24</sup>

Sadness, sad affects are all those that reduce our power to act. The established powers need our sadness to make us slaves. (...) The sick, both in soul and body, will not leave us, vampires, alone until they have communicated to us their neurosis and their anxiety, their beloved castration, their resentment against life, their filthy contagion. It is all a matter of blood. It is not easy to be a free man: fleeing the plague, organizing encounters, increasing the power to act, being moved by joy, multiplying the affects that express or encompass a maximum of affirmation. (Deleuze & Parnet, 1998, pp. 50-51)

Fleeing from sadness, from the absence of power, from vampirization as an active form of life movement. Fleeing from the plague and the filthy contagion, inspired by Deleuze's powerful statement, does not necessarily mean fleeing from biological viruses, much less acting

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<sup>24</sup> I use "make die" inspired Foucault (2005) and the notions of "make die and let live."

for the maintenance and updating of the stigma to the human lives that live with them, but rather fleeing from the webs and major educations that pimp life (Rolnik, 2018) in lines of fear, terror, panic and aversion to the other. There are already multiple ways of dealing with this epidemic, of avoiding illness and death through prevention and treatment, of facing the past and seeing how much wrong was done in stigmatizing the infection, the experience, the disease and the end of life surrounding HIV and AIDS. So it is up to us to mobilize them in everyday life, in accesses – to treatment, prevention, information – in discourses and in practices.

That requires the capacity to forge other ways of charting the territories of HIV and AIDS, establishing possibilities to come of narrating such paths that are made in the encounter between human and virus. Actively acting on AIDS as an apparatus by “making the body a power that cannot be reduced to the organism, making thought a power that cannot be reduced to consciousness” (Deleuze & Parnet, 1998, p. 51), for the joy of the encounters of a life, for a politics of affective contagion.

In reflecting on the webs established around the COVID-19 pandemic, Santiago Diaz (2020) proposes a “counter-pedagogy of contagion”. According to the author,

the virus is not the pandemic, nor its cause or motive, the virus is the name of a counter-pedagogy of life in its crudest sense: the living being. (...) Maybe it’s time to let go of the virus and its erotic-political pedagogy. (p. 170)

What forces inhabit the viral (co)existence? How to use the contagion-subjective dimension and its erotic-political pedagogies to proliferate through denied spaces, supervised practices, scrutinized bodies?

The counter-pedagogical power of the virus is to bring us this ancient knowledge: that life proliferates heterogeneously between bodies, between species, between “realms,” which make up the infinite and unreachable contemporary presence of the living being. (...) What this counter-pedagogy teaches us is the experience that no educational institution dare teach: the raw and unexpected vitality of the uncertain. (...) The virus is a power of the living being and, as such, it has no value a priori. It is merely a growing power that expands and changes according to its relationships and variations, just like thought. Because thought always happens through contagion, as does education, our fruitful micropolitics is contagious, revolt and dissent are contagious... [emphasis in original]. (Diaz, 2020, p. 171)

In subversive pedagogies and educations promoted by contagious micropolitics, it is up to us to create possibilities from what has been denied, controlled and watched over so far: the right to pleasure, enjoyment, desire and the power of life. “And what is resisting? To create is

to resist...” says Deleuze in his *Alphabet Book* (Boutang & Pamart..., 1996). To create “desiring survival strategies” (Rolnik, 2016, p. 16). To forge other possibilities as resistance: ways of staying, of being alive,<sup>25</sup> of persevering in strength, in proliferation, in life.

To think about AIDS<sup>26</sup> is to recall the many who have gone due to the necrophilic politics that promotes the epidemic, but it is also to relate to life that pulsates with the desire to persist.<sup>27</sup> In the webs of this apparatus, perhaps one solution is to look for lines of flight that provide strength to engage in other relationships with the virus, infection, the epidemic, desire, health, disease, death and life. Lines of flight in rhizomes, powers of contagion and mixing, becoming-virus, powers of in-between (Deleuze & Guattari, 2011). Resistance in active movements of transformation of the apparatus and production of other worlds. Possibilities of walking the tightrope and, who knows, willingly dancing on it with all the strength and power that a life carries.

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<sup>25</sup> For connections between life and education, I suggest reading the powerful text *Estar Vivo: Aprender* by Fernanda Rigue and Alice Dalmaso (2020).

<sup>26</sup> I address other issues about memory and HIV/AIDS in *The AIDS Memorial: histórias de amor, perdas e lembranças em pedagogias de afetos* (Sales & Carvalho, 2021).

<sup>27</sup> I address the theme of power of life in relation to HIV and AIDS and in minor educations based on movies in the texts: *Carta para além dos muros biológicos: pistas de uma biologia menor e afetos possíveis com um documentário sobre HIV/aids* (Sales & Estevinho, 2021b); *120 Batimentos por minuto: educação, currículos e o que pode um filme nos afetar em relação ao HIV/aids?* (Sales, 2021b); and *Os ventos do Norte também podem mover moínhos? “Como sobreviver a uma praga” e respostas à epidemia de HIV/aids* (Sales, 2021c).

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