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Dynamics between Catholicism and AIDS: reproduction, transformation and (in) formation

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Abstract

This article presents some interpretations on the HIV/AIDS epidemic as a dynamics of meanings in the social field. It departs from the empirical observation of the social work for people who live with HIV/AIDS, developed at Fonte Colombo House by Franciscan friars and volunteers. From the daily life at Fonte Colombo House, it tries to understand how this pastoral and assistance practice affects the traditional conceptions of the catholic orthodoxy on sexuality and human reproduction. The reflection we make points to a local process that tends to redefine the doctrinal position of the Catholic Church as to the normatization of the sexual act as fundamentally an act of human reproduction. The ethnographic method adopted in the research highlights the specificity of a Catholic and Franciscan style in the greeting rituals, in the experiences and information that are socialized and the forms of confrontation that are used in relation to the common problem of the House users.

Keywords:

religion, health, AIDS, Catholicism, Franciscans

The HIV/AIDS epidemic, in its three decades of existence, has brought to light fundamental issues to the process of organization/symbolization of the human collectives. As it remits to the idea of "contamination" of the blood, sex, body, it has moved apparently crystallized or repressed senses that, though originally remitting to the primitive societies, remain in the Western modern society at its unconscious level.

Gay plague, disease of the degenerated, disease of the deviants, gay cancer (PARKER 1991, SEFFNER, 1995; TREICHLER, 1998; SANTOS, 2006; SONTAG 2007), among many other pejorative denominations, make reference to the considered "risk groups", an epidemiological conceptualization that has become stigmatizing for gays, sex workers and drug users. Since its beginning, the HIV epidemiology has called the attention to distinct "lifestyles", pointing, mainly, to different sexual cultures (PARKER 1991). It publicizes the dispute regarding sexuality, interpenetrated nowadays by reflections on pleasure, prejudice, morality, diversity, solidarity and human rights.

In *AIDS and its metaphors*, Sontag (2007) maintains that this epidemic has made thin the line that marks the differences of meaning between disease and death, or, still, of the signs: sex, health, disease, blood and contamination. This dynamics of meanings and signs has been, too, explored by Treichler (1998), who conceptualizes AIDS as an "epidemic of meanings" (in special meanings of the medical sciences). Just like Sontag, on making metaphors evident, Treichler maintains that "the very nature of AIDS is built through language". (1987). Turner (2008), on his turn, underlines the transforming and dynamic character of the metaphor, maintaining that:

The change will start, prophetically, with the metaphor [...] My vision of the metaphor structure resembles I.A. Richards' "interactive vision", that is, in metaphor, "we have two thoughts about different things acting together and kept by a single word or expression the meaning of which results from its interaction" [...]. This vision emphasizes the dynamics inherent in metaphor, instead of merely comparing the two thoughts, or considering that one "replaces" the other one. The two thoughts act jointly, they "engender" the thought in its coactivity (TURNER, 2008).

The notion of metaphor opens a vast field of reflections on AIDS and institutes it as a social event, beyond the biomedical conceptions that defines it as a *disease*. The metaphors associated to AIDS are an important resource, allowing "the signs [...] to take on functional and implying values in an action project; (...). [As] they are subject to the analysis and recombination from which unprecedented forms and meanings emerge" (SAHLINS, 2008). On mobilizing signs and creating metaphors around fundamental issues like death, disease and sex, AIDS produces de-stabilization in symbolic systems that traditionally held hegemony in the production of senses of these spheres of human existence, as, for example, the religious system.

This characterization of AIDS as an event able to produce displacements and jeopardize the categories of understanding of fundamental spheres of human existence is what makes it an agent able to institute dynamics and cause significant changes in human relations, not only in the semantic sense, but also in the *habitus*, on the bodies and in the practices while "deeds".

AIDS and Religion in Brazil

In the context of HIV/AIDS epidemic in Brazil, the National DST and AIDS Policy (PNDSTAIDS), from its prevention strategies, based on biomedical concepts, has privileged a conception of sex as "safe sex", focusing on the theme in terms of public health. On their turn, the countercultural movements have called the attention to other conceptions of sex and exercise of sexuality, based on the feeling of sexual freedom, on which sex is, above all, pleasure. Next to these two hegemonic players in the dispute around this sign (sex) and its meanings, there emerge the religious players who defend the moral need for indissociation of the sexual act from human reproduction. Thus, supported by an ethic of principles, the Catholic doctrine, reiterated by the Roman hierarchy, for example, even when referring to AIDS, presents the sexual abstinence up to marriage as the only alternative to the Catholic believer.

The first AIDS diagnoses in the country occurred between 1982 and 1984, being that the State response to the epidemic arises in 1983 with the creation of the AIDS State Programs, in São Paulo and Rio de Janeiro (GALVÃO, 2000). Two years later the civil society's response is expressed with the advent of non-governmental organizations, such as GAPA-SP (São Paulo Supporting Group for HIV/AIDS Carriers) and ABIA (AIDS Brazilian Interdisciplinary Association). The demands of these organizations were, in a first moment, the fight against prejudice and for new concepts of sexuality and sexual identities, and next, for better life and treatment conditions for the HIV/AIDS carriers.

The action of the religious institutions begins in this same process, as points out Eduardo Barbosa (adjunct director of PNDSTAIDS):

Since the beginning of the epidemic the government itself has had the recognition that the [religious] institutions ended up giving a response that one did not have, mainly if we take the first supporting houses, they end up having a greeting response that the State did not give. The abandon of people who lived with HIV. The first people were abandoned by their families and they had no place to go.

The prevention strategy taken on by the State was (and still is) a target of dispute, in spite of the levels of agreement between the Catholic Church and the AIDS combat, in relation to the prevention strategies. In over a decade of presence of the epidemic in the country the prevention propaganda promoted by the PNDSTAIDS, at carnival time, has had as the main strategy the *use of condom*, focusing on safe sex. An emblematic example, the 2001 propaganda utilized the Christian symbology of *good* and *bad* (in the figures of the angel and the devil) with the following scene: at a carnival ball, a young man approaches a girl. The "little devil" appears, stimulating the young man to go ahead and talk to the girl. An "angel" reminds the young man that he forgot the condom at home and stops him. Surprised, even the devil agrees with the angel.

These campaigns, each year, get contrary reactions from the Catholic hierarchy, which considers that the option for sexual abstinence and the denial of the use of preservative would represent the best Catholic attitude. In some countries of Latin America, as it is the case of Nicaragua, for example, the public policies of HIV/AIDS prevention take on the possibility in "abstinence", in agreement with the Catholic Church. In the case of Brazil, the tensions coexist with the alliances, reinforcing what Parker (1991) called "Brazilian sexual culture". The PNDSTAIDS does not adhere to this papal orientation, which does not imply a break with the Catholic Church, on the other hand, one estimates that this one would be a "necessary strategic alliance", on the part of the public power.

In 1998, there started an approximation dialog between the Ministry of Health (PNDSTAIDS) and the National Council of the Bishops of Brazil (CNBB), which would culminate in the support of PNDSTAIDS aiming at the creation of the DST/AIDS Pastoral Care, with the intention of utilizing the capillarity of the Church to promote prevention (SEFFNER *et alli*, 2007). The Catholic Church, through the CNBB, was suffering pressure from the civil society, as expressed in an interview by Raldo Bonifácio, former director of PNDSTAIDS: "*the Catholic Church had serious problems as regards the epidemic, one used to comment on the difficulty [of the CC] in giving responses to the religious people at the parishes, some of them HIV carriers*" (ABIA, 2008). Thus, besides the traditional work of assistance to the sick, undertaken by many religious orders, the Catholic Church starts reflecting on the Catholic possibilities of the epidemic prevention.

Catholic Church and AIDS: "Franciscan charism" as a condition of possibility

From the new reality imposed by the epidemic, one starts a process of pastoral reflection within Catholicism, questioning the normative principle of indissociation between the sexual act and human reproduction, pointing, thus, to the positivation of the former as a source of personal harmonization.

The occurrence of cases of Catholic religious people with AIDS and the actions of care and greeting by catholic agents established at the level of the local experiences have approached the Catholic Church to the reality of the people who live with HIV/AIDS. The existence of the DST/AIDS Pastoral Care has been conducted by the Ordem dos Frades Menores Capuchinhos,

who take it on as an update of the "*Franciscan charism*" of care for the poor and *attention to the sick*. One articulates, thus, the tradition founded on the ideal of saintship lived by Francis of Assisi, in the 9th century A.D., with the contemporary urgency of an effective response to an epidemic that brings the marks of the stigmatized sex and of vulnerable poverty. Somehow, the confrontation of Francis of Assisi with the Catholic hierarchy, opposing poverty, charity and gospel on one side and luxury, power and law on the other one, is what authorizes the creation of the DST/AIDS Pastoral Care within the Catholic Church and what legitimates it, even being in disagreement with the position of the current Roman hierarchy.

In this movement of return to the Franciscan tradition, which combines charity and confrontation, the DST/AIDS Pastoral Care becomes concrete in an emblematic and empirical way at the foundation of Fonte Colombo House, a Franciscan institution that has as primary mission the greeting of poor people who live with HIV/AIDS. Actions like these ones, according to Steil and Herrera (2010), "call our attention to processes within the Catholicism itself which would be conferring it a new vigor", in tune with the context and values of modernity. This vigor results from the internal dynamicity and elasticity of Catholicism itself, able to incorporate, in its institutional frame, at the margins of orthodoxy, pastoral organizations and practices of care and assistance to the population carrying HIV/AIDS, orientations of the AIDS combat national policy and the conceptions of the social movements that defend the use of the condom as a legitimate method of prevention.

"But the Pope is against the condom!?" This an issue present in the public opinion and that has frequently appeared in the training activities of DST/AIDS Pastoral Care, in an implicit way in the speech of the agents and explicit in those of the volunteers and users of the pastoral care services. The response to this issue is generally formulated by the pastoral care agents through the reiteration of the medical scientific discourse and the evocation of life as a greater good – a category which is central in the Catholic discourse -, as appears in the speech of Friar José, which follows below:

Our role is to give the correct information, the condom was a scientifically tested method, it is the method that gives more results concerning the HIV/AIDS prevention. We have to think that life is the greater good, and in this case this is what the use of the preservative guarantees (Friar José, from the national coordination of the DST/AIDS Pastoral Care, at the 1st AIDS and Religions Seminar in Pelotas, October, 2006).

To the medical scientific discourse and to the evocation of life as a greater good, one sums other arguments of moral and religious order, as "pastoral charity", the "help to those most needy" and the "care for the brother". These arguments are frequently activated by the Franciscans in their pastoral action at Fonte Colombo, in Porto Alegre, as a greater justification that in the name of the gospel and of the Christian charity would make relative the papal considerations related to the use of the preservative. Next to the evangelical argumentation of charity, however, the agents incorporate in their discourse a conception of sexuality that puts them in tune with the modern lay perspective that associates sex and pleasure. Another passage detached from the interview with Friar José, which we transcribe below, makes it possible to realize these slidings between the discourse of the Catholic charity and that of pleasure.

Today, I think that nobody with a minimum of good judgment, who may have been renovated by the new contributions of the sciences, will say that the sexual act is ugly, is a sin, is dirty, as one used to say formerly. [...]. The AIDS epidemic has shown, "taken from under the rug", either of the Church or of society as a whole, a reality that you cannot contest or question, reality presents itself, it is like this. And it does not behave according to what we imagine, with that idealized vision that people do not make sex before marriage, or that they only make sex within marriage, or that sex is made only

between men and women. AIDS opened up our ways of exercising sexuality. The great problem or the great contribution of AIDS is that it unveiled what we, as mankind, have always insisted in veiling, in putting away, in hiding, which is the fact that we are sexuated, we have sexual intercourses in the most diverse forms, with the most diverse partners (Friar José's interview in TRASFERETTI, 2005).

If we could take the above speech as a common expression of a significant portion of the Catholic, we would say that not only pleasure, but also the sexual diversity has been positivated by the discourse of the pastoral agents who have taken on the care and assistance of the HIV carriers as a Christian mission. As occurs in other operation areas of the catholic pastoral cares, here one can also observe a porous border between the Catholic orthodox discourse and the conceptions about sexuality activated by the governmental and civil movements of confrontation of the HIV/AIDS epidemic in the Brazilian society. Therefore, it is especially in the porous border, created by the AIDS Pastoral Care, where circulate and mingle friars, priests, seminarists, nuns, catholic laypeople with prostitutes, homosexuals, drug and alcohol addicts, homeless, that the conceptions of liberation of pleasures and of sexual diversity penetrate in the Catholic Church. Thus, issues related to the importance of sexual education, with the diversity of homosexuals' lifestyles and the complexity of sexual behavior, have become part of the Catholic debate.

Fonte Colombo: the option of "being among the sick"

Fonte Colombo House is presented by the Franciscans as a fraternity, composed, in the period of fieldwork, by five friars who coordinate and organize the actions of care of the sick carrying the HIV virus who seek the House as an assistance and coexistence place. Here the concept of fraternity includes the relation of the friars between themselves, with the volunteers and with the users of the House service. A relation that, according to the orientation documents of the Franciscan way of life, must be governed by the virtue of charity, humility and mercy.

Being a brother means to avoid any superiority behavior. It means to live the attitude of greeting and mercy, without judging. [...] It supposes a deep, loving, maternal, compromised and responsible vital relation that goes far beyond friendship and being together. In fraternity the other one must be another, himself and not be a prolongation of myself. (Primer *Cuidando a Vida nos Passos de Francisco de Assis*, Editora São Miguel).

It is important to observe in the above passage how the anthropological concept of alterity is summed to the Christian virtues of charity, fraternity, humility, in a sincretic dynamics between tradition and modernity. These are the motivations that, according to the friars, are in the origin of their involvement in the "AIDS world". In an interview to *Boletim da Casa* (2000, p.5), one of the founders of Fonte Colombo House reports that its foundation results from "a discussion and maturation process" of the Friars Capuchinhos and IC that started at the end of the 1990's. As in the case of the DST/AIDS Pastoral Care, here it is also mentioned the occurrence of AIDS within the institution itself, which becomes evident in the cases of infected priests. In response to this situation, made tense by the context of the epidemic at a national level, a passage house was created, with a greeting and stay service for the HIV carriers, with the aim of offering some support to the sick carrying HIV/AIDS, who used to come from the inland to Porto Alegre to make exams and receive medical care.

However, this initiative turned out to be dissatisfactory, being that two factors collaborated for this: the first one was the expansion of the State medical care network, making most of the carriers receive care in their regions, decreasing the need for displacements to the capital. The second factor was the greater availability of the anti-retroviral medicaments that promoted a positive and important change in the mortality rate, making people start to really *live with*

AIDS, decreasing, this way, the hospital admissions, or making these ones discontinuous. The friars modified the project and, in 1999, founded Fonte Colombo House, conceived by them as a *Seropositive Person Promotion Center*.

Fonte Colombo House becomes the residence of the friars and the coexistence and work space with the seropositives. A small part of the presentation about the House expresses the continuity that the friars seek to establish between their work and the life of the founder of the religious order.

[...] a small village where Saint Francis underwent the medical treatment because of an eye disease. An occasion on which the Saint taught the friars the way of being among the sick: 'Brothers, bear without bother the discomfort and the fatigue that my disease causes you. The Lord, through me, his poor servant, will reward you in this world and in the other one for the good works you had to abandon to take care of me (Fonte: Colombo, 2008).

The symbolic and sacramental efficacy of the catholic ideology activated here is a logical resource that allows the friars to see in each sick person, especially in those who live under the weight of the AIDS stigma, the presence of Francis and, in him, the one of Christ. This emphasis on the sacrament not only adds a new sense to the treatment of AIDS, but also gives to the experience of the friars, volunteers and HIV carriers, another framing that falls on the very constitution of the disease and its care. Once more we are speaking of metaphors as elements constituting the facts.

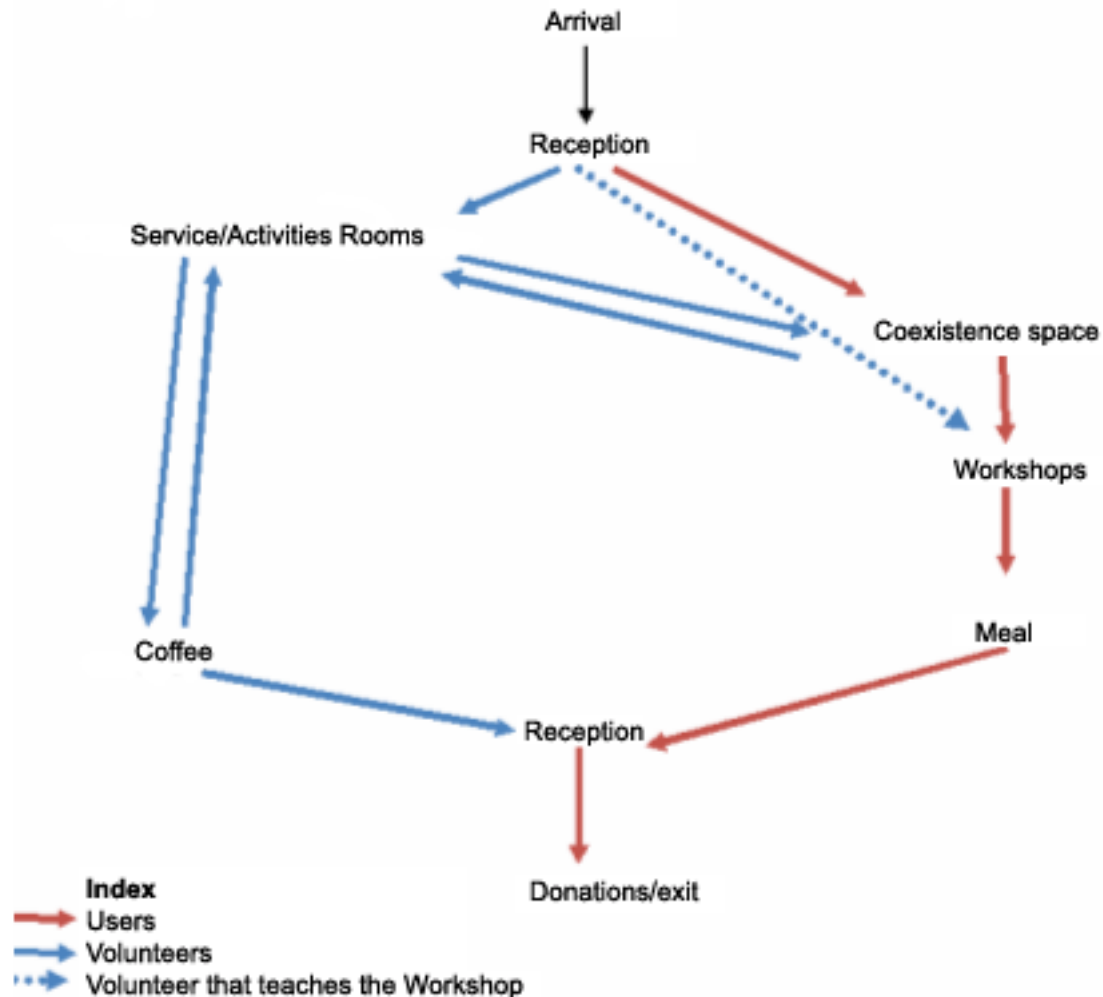
Entering Fonte Colombo House: a welcome ritual

The word *greeting*, recurring since the beginning of the fieldwork, at first went unnoticed in the context of the House, for sounding common to the place, as common as speaking of prevention, assistance and rights in the governmental or NGOs' spaces that treat HIV/AIDS carriers. Little by little, however, we have come to realize that this category was used in the daily discourse of the House as a factor of translation of senses and values belonging to the area of the social struggles for human rights and of the public and social combat against the AIDS epidemic in a Catholic-cut religious language. Thus, greeting becomes, then, what is expected. But, after all, what is this greeting? How does one greet someone? What happens in the space of the House, in the interaction between friars, volunteers and users, which is called greeting?

Eating together, taking part in the workshops, talking about the daily agonies and about the social dramas constitute the daily dynamics that makes the House a shared space/time and a *ritual* where it becomes possible for one to present him or herself as a person with AIDS. In the description that we make next about the *Greeting Ritual*, we hope to give the reader an idea of how the daily life of Fonte Colombo House works in the treatment of AIDS in the empirical context of exercise of the DST/AIDS Pastoral Care.

On Tuesday afternoons, at around 2 p.m., the users start to arrive and wait outside the House until they are invited to come in. While waiting, still outside, they talk between themselves, avoiding, however, constituting a single group, not to be identified as the HIV/AIDS carriers by those who pass by on the street. As to the volunteers, they arrive and come in to organize the users' reception. On entering the building, the paths of users and volunteers become different. The figure below illustrates these paths from the spaces/times walked by users and volunteers.

Diagram 1 - Paths



The users who regularly attend the House are received by one of the friars and by a volunteer. With the greetings come the questions about news, needs, *problems* and medical exams and the verification and registration of attendance and count of those present. This first act starts a welcome ritual that extends in the course of the whole afternoon, at each moment of this *ritual*. The second act has as leading actors the volunteers who wait for the users at the end of a long white hall that links the street with the house. On treading on this hall, the users leave the space of the street, of the daily life, where exposing their condition of HIV/AIDS carriers can be dangerous and a source of stigmatization and they enter the House space, where it is permitted to talk and share something that is common to all the users. This possibility of making explicit what is not said, of being and presenting oneself as a person who lives with HIV/AIDS, and the regularities that guarantee certainties: the certainty of being greeted, of being greeting, of seeing and being seen and the certainty of the "*activities*" makes being at the House a "special event".

The third act is centered on the coexistences, which take place by means of group dynamics that seek to create the conditions for talk among the users. The "*coexistence space*", in the language of the House, is just the space of speech, the moment at which people are willing to tell about their lives, their *problems*. The talks at the *coexistence space* have as main actors the users who report experiences (most of them related to seropositivity), sharing reflections and 'solutions'.

In spite of the intensity, at each week the talk themes in this time/space do not vary very much. Thus, it was possible to separate them in two big groups of thematic possibilities. The first one refers to the talks *related to the other ones*. The second one, to the talks *related to me*. Obviously, the talk *related to the other one* is also *related to me*, but this thematic typology was utilized as an initial methodological resource for thinking the speeches and the relations between them.

The talks *related to the other ones* are marked mainly by the TV soap operas and by the media sensationalism of "big tragedies", generally national. From these events, centered on what the other ones make or made, a discussion is started about what is right and what is wrong. In the trial of cases, as the one of the "girl Isabela", for example, moral values are reinforced that must orient the conduct of a good person: what *"one expects from a good mother and from a good father"*. One looks at the other one's drama, be it fictional or not, from an external place, but bringing to oneself the place of the subject of the action: *"if it were me..."*.

To attend the House the users must fill in a registration card. Taking as reference the data registered on this card, the house attendees are mostly inhabitants of the suburbs of the metropolitan region of Porto Alegre, 'popular-class people', considered by the epidemiological definition as the group of greater 'vulnerability'. However, the coexistence with this group during the fieldwork points to internal particular differences beyond the supposed homogeneity expressed in the House registration. In spite of sharing the privation of material resources, there is diversity in what refers to the degree of poverty, color, creeds and sexuality.

Family: a classification category

Among so many uses of the registration card, it is utilized by the House coordination to select the families with greater support difficulties, that is, the House privileges the family in the formulation of the registration, for it is from this instrument that one will later define the benefits to be distributed, prioritizing the more extense family groups. Family, "a notion dear to Francis" (LE GOFF, 2001), in the institution also designates its own coexistence community: friars, volunteers, workers and users who make up "*Fonte Colombo family*", as expressed by the friar in the 2007 Christmas get-together event.

Children, husbands, mothers, nephews, grandchildren, sons-in-law, lodgers, all are included in the family, provided they live together, reducing (or enlarging) "family" to the "domestic unit", but surpassing the perspective of the nuclear family (a man, a woman and their offspring). However, this notion of "family" is rather flexible, as "living together" is also a flexible condition. The daughter of Regina's former neighbor lives with her, considering the impossibility of accompanying her mother inwards the State. Regina said: *"it's as if it were my daughter, she has a mother, but she also has me, I'm gonna stay with her until her mother can get by"*. Regina's history is very similar to those that Fonseca (2005) reports about her fieldworks. According to the anthropologist, it becomes "difficult to exactly define the limits of the domestic unit itself" (FONSECA, 2005).

The definition of family does not limit itself to the marriage sacrament either, extending itself to all *"those who are with you"*, *"who live with you"*. The union, the *"being together"*, regardless of sexual involvement, consanguinity, between men, between women, is the family. Some families are constituted from the relations established at the House itself. As the Friars say: *"they 'get married' at Fonte Colombo"*, commenting on the affective relationships that start from the coexistence at the institution.

Similar cases of "marriages" constituted from the coexistence in "supportive institutions" have also been observed by Pereira (2000) in his/her ethnography about Fraternidade Assistencial Lucas Evangelista (FALE), in Brasília. According to Pereira, there the confinees get married,

start "living together", mainly because the "uncompromised relations" are prohibited and the "advantages" are greater for the families. All certainly, at both institutions the incentive for the users/confinees' union is expressive, however, the unions are also established from affective relations in their sociability networks. At FALE, all are confinees and coexist almost exclusively among themselves; as to Fonte Colombo House, although people spend together only one afternoon per week, many of their sociability places outside the institution are the same: IAPI Kitchen, the Hospitals Vila Nova and Parque Belém, the GAPA-RS and CEASA-RS, on Fridays.

Religious belongings: the "evangelical acting", the "little help" and the "God cares for all of us"

An issue about the "religious belonging" has been included in the registration recently. With all their limitation, the data collected so far point to the existence of a Catholic majority and a considerable number of evangelical people among the users. However, some symbols can be read in the daily life through the stances mainly in the "*moments of spirituality*", as the instant at which, in a circle on the patio, people pray before the meal. At this moment, there are approaches, but also partings, as for example, of Valéria, a user who does not share, remaining more parted from the circle. Julio, on his turn, takes part in the prayers, but makes his religiosity subtly explicit on using his *guides* who symbolize Xangô. As to Gerusa, she prays thanking the Lord in whispers during the "*Lord's Prayer*" and affirms her evangelical religion by making explicit its conceptions of good and bad, pointing to the sinners who need "*to see the Holy Spirit*". Her comments among friends, during the talks on the patio, become sharper in the presence of transvestites, being these ones seen as "*sick*", having a "*disorder that the pastor cures*".

In these talks it was possible to observe different religious conceptions acting in the construction of people and, even, as each one positions *religion* in different places: as life guiding; as a "*little more help*"; and as guaranteeing "*good morality*". We will focus on the speech of three women while talking on the patio, Gerusa, Regina and Diana. These speeches were not registered in interviews, but registered in field copybook, from some sentences and the description of the moment of discussions in small groups on the patio.

The affirmation that bad conduct brings to the person, still in this life, bad things, such as "[John Doe], *at the soap opera, lost everything because he used to drink too much*", is characteristic of the evangelical speeches, almost exclusively neopentecostal, understanding that bad conduct brings equally harmful consequences. Gerusa, a white woman, 46, attended more than one evangelical Church and today she says that her Church is the Show da Fé (Faith Show), but that nothing prevents her from attending other ones: "*if there is a good pastor and the ceremony is beautiful, I'll go*". She constantly makes reference to her religious belonging during the talks on evaluating the *others'* conduct: "*I, as evangelical, don't drink nor smoke*"; "*I am evangelical, I believe that lie leads nowhere, for, if you lie, you lie to the other one, to yourself and to God*". The affirmation of her religious belonging seems to highlight her condition while a "decent" person, of "correct" attitudes, with "morality". The evaluation of the attitudes of *others* is accompanied by the affirmation of "*my conduct*", this one legitimated by religion as being of "*good morality*".

All these affirmations can be interpreted as a form of parting by Gerusa in relation to the stigmas that, still today, are imputed to her, as for example, the "*people with doubtful morality*", "*dissolute*" e "*impure*". The position of religion between the evangelical can indicate a process of "moralizing purification", which orient the action in the world and, thus, as Gerusa maintains, "*it's no use believing in the Holy Spirit if you don't act like a real evangelical*".

In the talks on the patio, the diversity of beliefs can be observed, also, by the explanations for the distinct causes of misfortune. "*He was possessed*", says Fã, an evangelical belonging to the same church as Gerusa. Regina and her sisters-in-law are "*of religion*", as are

denominated the people with Afro-Brazilian beliefs, having the Batuque (Beat) and Umbanda as the main expressions in Rio Grande do Sul. Always accompanied by her children, they talk more among themselves. More discreet as to their religious belonging, they affirm their vision about things without making explicit their creed: *"some people shouldn't fail to organize their head"*, says Regina, in an affirmation that does not necessarily announce her belief, mainly to non-initiated. As Gerusa, Regina also believes that *"bad action generates evil"*; however, she considers the lack of *"luck"* as responsible for the evil, avoidable, although sometimes necessary: *"this one was not lucky, he was at the wrong time, at the wrong place"*. The possession of *"luck"* is related to the need of some *"to organize the head"*, that is, *"to settle the saint"*, and take on this commitment.

For the users of Afro-Brazilian religiosity with whom I lived at the House, the settlement of the saint guarantees the *"little more help in life"*; *"I help the Saint and he helps me"*, mainly in relation to health problems. In the literature about the belonging to the Afro-Brazilian religions, the *"organizing the head"* is brought as a *"commitment"* (RABELO, 2008). Evidently, *"commitment"* does not deny the *"little help"*, but it is interesting to realize that the *"little help"* is taken on from this position of a person who lives with HIV/AIDS and is a user of the House, where he or she receives greeting and help.

There is still the stance of Diana, who puts everybody as 'victims-sinners'. Diana was raised in a Catholic family, she has her *"little Saint of devotion, who is Saint Anthony"*, but she says she is *"more or less Catholic"* because she does not attend the Church any more. On reflecting about parents who abandon their children, she maintains: *"What I think is, God cares for everyone, but we can't know what despairing situation the person was in to make this kind of thing"*. Taking on the stance of not judging the neighbor, however, she judges the action (separating action and agent) as she attaches value to the action as a wrong attitude. At the same time she victimizes the person for the objective conditions in which he or she is (*"despairing situation"*), being, this way, taken by the mistaken attitude. In this sense, the *action* seems to act more on the *agent*, than the *agent* on the *action*. Diana's stance conjures up a feeling of inclusion, *"God cares for all of us"*, but it also weakens the agent in relation to the action, putting the person in a victimizing position. In relation to this latter stance, of looking at the *others* as 'victims-sinners', one can understand the conceptions of those who greet at the House, volunteers and friars, in relation to the users. Those look at these ones as 'lack-carrying people': they lack health, information, education, material resources and, consequently, they *"lack the understanding of things"*. For example, Jurema, one of the volunteers, questions: *"after all, why do they [users, women who live with HIV/AIDS] become pregnant?"*, being the act of becoming pregnant, in these cases, considered a *"non-recommended"* action. The volunteer maintains: *"we say that they have to use the condom, that they can pass this [AIDS] on to children, but even so they turn up pregnant; it's tough, isn't it? It's difficult for them to have this understanding that this makes things more difficult for them"*.

The users, then, are seen as people in need of understanding, or *agents* who are taken by the *action*. One looks at the *lack of the other*, again thinking the action dissociated from the agent. Thus, this 'understanding' kept by the volunteers departs from the logic in which people who live with HIV/AIDS and with scarce financial resources are not recommended to have children, making the *other* (in this case, the female users) victims and less *agent*, insofar as they are less reflexive about their *action*. These affirmations that reinforce the "lacks" depart mainly from the volunteers, being these mostly middle-class women with university training, who express here a vision of the "Enlightenment subject" (HALL, 2005), that is, based on a conception of the human person as an individual who is totally centered, unified, gifted with reason, aware of his or her action in the world.

"This problem we've got": exchange of experience and information

The second group of possible talks is the one *in relation to me*, which revolve around 'my or our problems'. The expressed notion of *problem* is rather complex. The *problem* is an event related to the family, health, material assets, loves, among other feelings and spheres of sociability. During the talks, the *problems* are approached from performatic actions. Announcing a *problem* requires a specific tone of voice and a script, for, talking about is also building it. "You know, girl, I've got a problem", announces Ícaro, a 50-something-year-old widow. All the users who are around him seem to be attentive to give opinions or share: "I've also suffered from this", agrees Fá. The *problems* announced do not necessarily have a negative sense, as a burden to be carried, but they take on the air of 'problematic', of reflection, of something to be solved. Telling the *problem* is facing it, right there, on the benches, from the narratives: "my son is causing problems, I don't know what to do with that boy", says Gerusa. Others, however, are confronted, taking them to the 'right' people, who can help: "I've got a problem, I'm gonna to talk to the friars, I need some blankets, the rain has wetted everything in my house, the water came from above and from below", maintains Inácia after a long period of rains.

But the most spoken of *problem*, or the one that receives greater attention and reflection, is "this problem we've got". This is how the House users speak about AIDS. This attention is shown through the speeches that broach mainly daily life issues, making exchanges of teachings or experiences possible. For example, what to eat and strategies for obtaining food:

we who have this thing need to take it easy with fat, we can't have high fat, such as fried food, this and that kind of French fries, we have to eat vegetables, and preferably like mine at home, which have no pesticides (Gerusa).

it's good to eat a lot of bergamot, it has vitamin C, then we avoid getting flu, we have to take the vaccine and eat bergamot, any flu can get us down (Milton).

vegetables and fruit, all this you can get at CEASA, you just gotta take the ID card, it's on Fridays, I'm going there, you can come with me, there's everything there, girl, you just gotta get it and come back home full (Diana).

The same way, knowledge related to HIV/AIDS treatment is exchanged in a technical/biomedical language which, not few times, escaped my comprehension:

How much is your CD4? [...] Ah, now I think she's gonna make you have anti-retroviral, when it gets to this level you gotta have a medicine, but ask her to give you [medicament X] which is better (Diana).

[medicament X] is making you feel bad, since when have you been having it? [...] Ask him to change to [medicament Y], and ask for a prescription of one for pain, ok, girl, don't go on suffering (Gerusa).

That injection for the lungs, you need to be forwarded by the Postão, I got it there, they give it there, afterwards you gotta go to BelémHospital (Fá).

The talks happen at the "coexistence space", a place by excellence for interaction between the users and for dialogs about their common *problem* (AIDS). In these exchanges of experiences and information the users help each other to face their *problem*. However, this confrontation does not happen only through the content of the speech, but through the very action of speaking, of affirming oneself with having "this", sharing this condition. The speeches are fundamental in the ritual composition, for it is from them that the subjects 'transform' themselves. In this space/time it is allowed to be a person with HIV/AIDS, to talk about this

place, considering that the epidemic has brought a difference and a difficulty to society in relation to dealing with the 'sick'. AIDS makes evident the stigmas and the prejudices, but it even more deeply focuses on the person, not on the 'disease'.

As opposed to the social notion of 'sick', a moribund who is parted from a more intense sociability (ARIÈS, 1989; HELMAN, 1994; ELIAS, 2001), people who currently live with HIV/AIDS (mainly as a result from the social struggles and the technological advancement of the treatment), are not limited to isolation, to the condition of 'sick', generating what one used to call the "AIDS impact" (PARKER, 2000). *Living with HIV/AIDS* engenders changes and possibilities of (re-)thinking the conditions of being in the world, of living in the world taking on the differentiated condition of human plus HIV (human HIV+), which becomes a factor of social differentiation, besides the biological differential. The House users, as far as I can understand, on affirming the possibility of "*learning to live with this thing we've got*", produce metaphors, displacement of sense about the "condition of being human" (INGOLD, 1995). The naturalization of AIDS unleashes a process of (de-)naturalization of the condition of human, of the idea of life as 'naturally pure', complete, solid. It expresses the possibility of living a life that is penetrated, pierced, composed, a life of *contaminated people*.

The *coexistence space*, this way, while a space/time of the greeting ritual of Fonte Colombo House, is a place/moment in which it is possible, from the exchanges, from affirming oneself and sharing, to face the *problems*, among which the condition imposed by the HIV/AIDS epidemic. At least one afternoon per week, the users meet in a place where, more than permitted, it is safe to present oneself with AIDS, and where one produces this common action of sharing the same condition of a person who has "*this*". After sharing, meeting, collecting together, greeting, the users are called to take part in the *activities where the role of being greeted and informed* is made evident.

Greeting and Being Greeted: what does one do at Fonte Colombo House?

The activities at the House occur in marked times and spaces and are offered from the availability of the volunteers and friars. With the exception of the workshops, which happen at the building at the back of the patio, most of the activities are carried out in the service rooms at the front part of the house. The users, on arriving at the House and going through the reception desk, sign up for the activity they want to take part in that day, while those who signed up for the workshops must take part in the same during a whole semester for obtaining the certificate.

Among the workshops, which can change at each semester, one can quote: "*Women's Beauty Workshop*", "*Humanization Workshop*", "*Theater Workshop*", "*Literacy Workshop*". Besides

these ones, once a week there is the "*Adhesion Group*", which consists of a conference that broaches information on medicaments, exams, prevention, opportunistic diseases, being of mandatory participation for the users. The workshops do not have a vocational nature, in the sense of teaching something aiming at the 'generation of income' or the improvement of the users' situation in the job market. In spite of being differentiated, these ones generally aim at the improvement of "*self-esteem*" and "*humanization*".

"*Maria João!*", this is how the volunteers call the users, according to their registration order, to take part in, or receive, the "*activity*" in question, which can be any of those presented in the table below.

Activities offered at the institution	
Psychological and medical service	- Offered by the volunteers.
Service by the Friars	- The users presented a demand for spiritual service.
Masotherapy	- Offered by the volunteers and volunteer friars with the intention of "relaxing" the users.
<i>Reiki</i>	- Offered by the volunteers and volunteer friars with the intention of positively "energizing" the users.
Food complement	- Every working day lunch is served after the end of the activities.
Clothes donation	- The House receives and seeks donations of clothes to pass on to those in need.
Workshops	- According to their availability, the volunteers and friars offer various workshops (literacy, humanization, women's beauty, theater, etc.).
Baths	- Many people who attend the institution come from afar (the other side of the city or from the metropolitan region) and many also live on the streets and/or live at lodgings; when they arrive at the house they are offered the possibility of having a bath.
Conferences	- Professionals talk about specific issues related to the epidemic, mainly the "opportunistic diseases".
Benefit forwarding	- Helps in the organization of the documents necessary to the forwarding of various benefits (free ticket in urban transport, for example).

As already previously mentioned, the House volunteers are mainly women, being most of them married or widows over 40 years old. They generally act according to their "*specialty*" or profession. There is a volunteer pediatrician who serves especially mothers in pre-birth exams, on Thursday afternoons. There are volunteer nurses who serve by orienting the administration of medicaments, the scheduling of exams as well as the interpretation of the same. There is a volunteer massotherapist and one who "*applies Reiki*". Some friars learned from the volunteers the techniques of relaxing massage and *Reiki*, so, they occupy these functions. Some other functions are learned in the House daily life. Inácia and Jurema, two 60-something-year-old ladies, specialized in giving the "*bath*" and receiving the users when they arrive at the House.

The volunteers' religious belonging is diverse, in spite of the considerable presence of spiritists and Catholics. The involvement of these women with HIV/AIDS or the House came from various motivations, which were reported to me in interviews:

My brother had HIV. Now my nephew lives with me and I tell him to take care [...]. I've worked here at Fonte Colombo since its foundation (Inácia, retired).

Here I can help by looking after people, I feel useful like this, you know? (Neiva, retired).

These people need care, it's good to greet, it makes us better, it comes back to us in a good form, it's an exchange of energies and it's very good to touch, to see that people are getting sensitive to our work (Camila, retired).

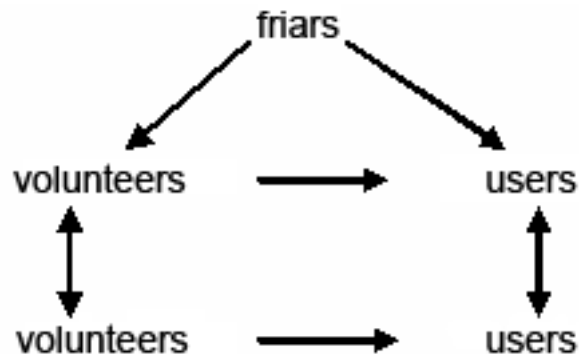
These women, once or more times per week, make their time and knowledge available to *greet* the users at the House. One realizes, then, that the motivation for volunteering has several origins: the memory of the already dead brother, the possibility of continuing practicing the profession and so feel useful and with the finality of feeling good or “*exchanging energies*”.

All dress impeccably white jackets when greeting, looking like ‘angels fallen from heaven’, potentialized, this way, to donate, talk, look after, touch, hug, praise. The receivers of these messages, the users, on hearing their names on the patio, go fast to meet the person who greets them: a smiling “*Hi, how are you today, Maria João?*”, a hug or handshake, and they go on talking as far as the service room, where the greeting extends due to either the talk or the practices of massage, reiki, in which the act of touching the users is considered the apex of this action. Greeting is fundamentally touching, as reports the volunteer Maria: “*touching a person who lives with HIV/AIDS is getting rid of prejudices and ignorance, it’s knowing that you can’t catch AIDS so easily*”.

This dimension of greeting through touching, body and skin is incorporated in the gestures of the volunteers and users at the moment of the meeting. The *greeting ritual* is made exactly from this dynamics of *being greeted and being greeting*, a relation that has as principle the exchange of gestures, sensations and feelings ‘*between brothers and sisters*’, giving a stronger meaning to the House as Franciscan fraternity, not only between friars, but between all who relate with each other from it, reflecting a supposed symmetry in the capacity (possibility) of greeting.

The position of ‘*brother or sister*’, however, from where one establishes the exchanges, departs from a previous context that defines the situations of *who greets and who is greeted*. The users, as already said previously, are seen as lack-carrying people. It is not up to them, then, to greet. The ritual dynamics has rules, positions and only some can occupy the place of greeter (the non-users). These dispositions vary, but from a certain hierarchy that defines who can greet whom. At the arrival, still without the white jackets, the volunteers are greeted by the friars and, next, they greet each other as they talk about themselves, exchange, share, donate themselves.

We can visualize the hierarchical circuit that defines the positions of greeting from the ‘*diagram-house*’ below, where the vectors point to the people who are greeted and depart from those who greet:



Greeting and being greeted are positions assigned and taken on not only between volunteers and users, but also between friars and volunteers and, the same way, between the volunteers themselves, and also between the users themselves, as happens in the *coexistence space*.

Final Reflections

The notion of pastoral charity is constantly mobilized by the friars on making a "re-reading" of the Church principles and dogmas, in the sense of producing interpretations that may comfort and greet the people who live with HIV/AIDS, and not exclude them. Thus, the hierarchical classification of the Catholic principles, to the Franciscans, departs from the charism turned to "*the poor and sick*". This one which has already intensified in other times continues (re-)signifying norms of the high Catholic hierarchy.

The focus of the action undertaken by the friars at the House is the "*humanization of people*", in the production and teaching of new 'forms of being in the world' through the (in)formation of the subjects. Thus, in the meetings (once a week), each new situation which is brought by the users feeds reflections "*without bother*", although not less difficult, on themes like sexual initiation age, pregnancy interruption, prostitution as a profession, man/woman relations or the expression of sexual orientation. At the House, the user helps to produce a new "theology of prevention" due to the situations lived. The observation of/in the activities of Fonte Colombo House permits to think it as a producer of new displacements and metaphors about AIDS, particularly about AIDS prevention. The House action is made from a ritual process, a performatic action, of "giving form to a human person", (in)formation, thinking this process from the Franciscan meanings and notions.

Experiencing the practices of the people at the institution, in spite of its strict system, can by no means be felt as cold, routinized, machine-like actions, each phase being loaded with meanings and feelings. The coexistence every Tuesday afternoon, the *greeting* as a carefully thought out and structured ritual process permits the confrontation with the condition imposed by the epidemic, in the context of a capitalistic society, as a performatic action where the 'lacks' are opposed to the certainties.

The House is between the definition of religious institution and health institution. It is from these meanings that one orders the ritual dynamics. This one is thought out with the finality of guaranteeing and transferring a deep commitment. Two issues justify why the users attend only one afternoon per week: first, the argument that the House cannot hold all of them, everyday; second, the afternoon made available to each user must be always on the same day of the week, so that there is a control of the presences and, at the same time, it may generate reference to the users that "*the Tuesday afternoons are for going to the House*". This way, the going to the House becomes a constant act in the users' routine, something they can rely on every week, constituting a "*certainty in the face of uncertain lives*".

Being at the House, as a "performatic action", "an attribute intrinsic to both action and speech, which permits to communicate, do, modify and transform" (PEIRANO, 2003), constitutes the practice of humanization or (in)formation of human people. It is in the exchange of experiences and information that the users of/in the House help each other face their *problems*. In the confrontation that does not occur only through the content of speech, but through the very action of speaking, of affirming oneself with having "*this*", sharing this condition of people living with HIV/AIDS. The speeches are fundamental in the composition of the ritual, for it is from them that the subjects 'transform' themselves'. In this space/time it is permitted and one permits oneself to be a person with HIV/AIDS, speak about this place.

The performatic action that involves "*this problem I've got*" is related to the possibilities of confrontation of the problem. In the process of learning how to live in a differentiated condition of humanity, from the ritual lived at the House, greeting and being greeted, people (in)form themselves and are (in)formed as 'human persons'.

The practice of greeting, seen from this ritual dimension, permits to think the meeting or the communication between the 'AIDS world' and the 'Catholic world'. This *meeting* with the

phenomenon of AIDS, which leverages metaphors, brings to light the *reproductions and transformations* of the Catholic cosmology engendered in the Franciscan context that establishes the condition of possibility for the production of a new culture about AIDS, particularly about AIDS prevention. The House actions cause the multiplication of meanings about the epidemic, create both new conjunctures of epidemic confrontation and for the renewal of the Catholic theology on reflecting and re-thinking its dogmas, so displacing meanings in the promotion/production of the human person.

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Notes

1 Understanding sexuality as a historic process, from what was proposed by Foucault (1985, p. 101): “[...] Sexuality is the name one can give to a historic device: not to an underground reality that one learns with difficulty, but to great part of the surface on which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of knowledge, the reinforcement of controls and resistances, link to each other, according to some great strategies of knowing and power”.

2 The “deed” is a dimension of the practice that does not exclude, on the contrary, composes the discursive dimension, of said, according to Peirano (2002, p. 11): “said is also done”. In this sense, I separate, in a first moment, the dimension of “said”, while the one of the discourses and broad norms of the Catholic hierarchy, of the dimension of “done”, of the local practices of greeting and exchange of the Franciscans with people and the social fact of AIDS, for just provoking the reflection about this dynamics between saying and doing, in which both said and done modify themselves.

3 In the year 2009, this program started being denominated Departamento de DST/AIDS e Hepatites Virais, though, in this work, I remain using the first nomenclature.

4 Interview given, in 2008, to Ívia Maksud and Jonathan Garcia, researchers from the *Religious Responses to HIV/AIDS Epidemic in Brazil* Project, coordinated by ABIA.

5 It is possible to observe in the prevention campaigns of this and other countries from Latin America, organized on the DVD “VIHdeo America. An anthology of 10 years of HIV spots in the Americas”, published by the Pan American Health Organization, 2006

6 By this we mean that CC keeps its unity just from its internal diversity, that is, differently from the protestant characteristics in which each difference founds a new religion, in Catholicism the internal difference guarantees its external amplitude as it permits distinct forms of insertion

7 The life category has been often used in the Catholic discourse by both the progressists, who seek to justify the political and confrontation actions in social conflicts in favor of vulnerable populations and by the conservatives, who utilize it especially as their main argument against abortion. This category is central in the Catholic Church for its holistic strength, in the hierarchical sense given by Louis Dumont (1985), insofar as it permits to overcome the conflicts between progressists and conservatives.

8 The fieldwork was carried out between 2007-2009 (around one year and a half of accompaniment), the internal and external activities of the house were accompanied in two periods, in a first moment we took part in the external activities: trainings, events promoted by the institutions and the celebrations of Catholic festive dates. In the following period we felt the need of accompanying a group, so, like the users, we chose a day and attended the house during all the Tuesdays for approximately one year. These meetings compose the ethnographic phase of the work that presupposes the ‘participating observation’ and the construction of field diaries, a method which, for many, constitutes anthropology. To know more about the method, see the classical reference of Malinowski (1922), the critical discussions of Favret-Saada (1981) and, in Brazil, Roberto Cardoso de Oliveira (2000).

9 “Acolher” (to greet), in its etymologic origin, “*ad + colligere*” (HOUAISS, 2001), means collect together, reunite together, a notion that is present in the Christian attitude of fraternizing, communing. This same term is taken on by the health professionals as a synonym of care. Especially those who work with collective health understand the attitude of greeting as necessary to those who seek attention, for already being people considered in a condition of vulnerability.

10 A case of great repercussion in the national media about the death of a five-year-old girl, in São Paulo, in March, 2008. For more information, see the Dossier organized by Folha de São Paulo, <http://www1.folha.uol.com.br/folha/especial/2008/casoisabella/>

11 Although we acknowledge that the registration may be questioned under various methodological aspects, mainly concerning the form the questions are applied and for aiming exclusively at the organizational registration, these data are useful to initially present the universe of research and, later, problematize it.

12 The IAPI Kitchen forms part of the Programa FOME ZERO (Zero Hunger Program) of the Federal Government and there is a specific project for people who live with HIV/AIDS. The hospitals quoted above are those which receive the greatest part of the HIV/AIDS cases of the city, and those more frequently mentioned by the House users as well as Friday is characterized by the day of seeking vegetables and fruit at the Rio Grande do Sul

Supply Center (CEASA-RS). On its turn, the GAPA-RS is the support group for people who live with HIV/AIDS in Rio Grande do Sul.

13 Pierucci, in the preface to the Brazilian edition of "A Ética Protestante e o 'Espírito' do Capitalismo" ("Protestant Ethics and the 'Spirit' of Capitalism") (2004), approximates the Brazilian neopentecostalism to the Calvinist ethics, problematized by Weber. Being able to maintain that the Brazilian neopentecostalists practice the intramundane ascese, maybe not maintained by the same notions (predestination and transcendent God) and vocations as the historical protestants, but by the search for an ethic attitude that bring to this world the "just" actions of the "Holy Spirit".

14 "Organizing the head" is the term used for settling a Saint, but to other ears it is just organizing ideas.

15 We utilize "victims-sinners" from a formulation that I heard from another user in this same coexistence space. She speaks like this: "*if Jesus died on the cross to redeem our sins, so we're all sinners, everyone makes sins, after all, he was God's son*". That is, everyone would inevitably make sins, making people victims of sins and, so, at the same time, victim and sinner (agent made subject by the action)

16 "Naturalization", beyond the sense of epidemic "banalization" problematized by Knauth, Victora and Leal (1998), is understood here as 'render' the virus (or its meaning) 'natural', making it a component part of this humanity, composing these bodies.

17 We utilize this term to indicate the changes, re-readings, problems that the practice of HIV/AIDS epidemic prevention incites to the theological precepts of Catholicism, and that, simultaneously with the Catholic practice of greeting, stimulates the practices of prevention. This notion was broached in Emil and Seffner (2008) when we exposed the preliminary issues aroused in the first period of observations at Fonte Colombo House. Up to that moment, it was unknown to us the work by the theologian Trasferetti (2005), who problematizes exactly the revision of the moral theology in the context of AIDS, building "tasks for a theology of prevention".