You resign yourself to it, nothing awaits you but frustration, vice, drugs, mediocrity and hopelessness. Everyday the chasos spit vomit, shit, bleed, sweat, cry with rage; they wear scars or tattoos of insanity on their bodies so as not to forget that sensibility or that consciousness. The Day of the Dead fills them with peace, not fear. They lament the loss of human beings - animals, children, women, chasos, charcos - a monumental and archeological heritage left unprotected in the filthy air and mutilated by the aimless who loot ancient cultures and sell them to the highest bidder. Destruction on all sides. Lost people who cry for the gods and goddesses in Parocho, for the robbery of ancient headliness, jewels in gold and silver, plummages, such monstrosities. And we let it go on, so we condemn ourselves for caring so little for our city. The history of pre-histo- ries diffused in the future. We must escape. In Sembrones, VIPs, Denny’s, Burger Boys and McDonald’s, presumptuous, money-eyed people allow each other in a rash of waste and gluttony, rolling down hot meat, third grade chicken and beef bone. But those are exclusive places, so nobody questions what they eat and they pay good money for their fill. With their scraps of foreign and sophisticated meals, everyone is so contented to be in a multinational place.

Taco stands on the street, single ears of corn - squeeze on a little lemon to kill the amoebae and you still have something left over for a cup of hiticus tea. You don’t have to show off to anyone, and nobody does the same to you because they know where you are coming from. If you’re on the same wavelength, give the fellow a tip.

The city lives, sleeps, dies, revives, reincarnates, survives. The girls, humans, women, punk chasos keep on going. They understand that they are slowly losing the hours of the watch. Punctual with their futures and bleeding their past, they suck on the present like an apple. While they con- tradict themselves in terror, they are stopping to cry and on the streets they sing a second-class schizophrenia. The chasos don’t accept wars or repression because they’ve stopped living the least.

It is not WHAT you do, but HOW you do it: Cultural risks and HIV/AIDS in Chile
by Francisco Ibañez

When five of us from La Corporación Chilena de Prevención del SIDA (Chilean Corporation for AIDS Prevention) CCpS-P unveiled that huge condom made of clear plastic with big red letters that said “Use me” and held it for dear life marching along el Paseo Ahumada, the main boulevard of Santiago, shouting “El ministro cartuchón no se estrue un caudal” (the prudish Minister of Health does not dare to use a condom) with a hundred others, I knew we were making history, the real one. Like small chat and gossip, this was one of those moments in which the stuff of life - the collectively shared codes and cul- tural themes - is transferred, transformed, re-interpreted and re-thematized. This is how we celebrated the World AIDS Day’s motto “Sharing the Challenge” on December 1, 1991.

Moments before starting the march, a Criacho who had been a teacher of mine at the Universidad de Santiago came up to me and told me that this demonstration was colonization at its worst, that the World AIDS Day was nothing but a North American orchestrating. I told him to take off, deep inside I had to recognize the ambiguities in what we were doing. But isn’t that what cultures are all about, hybridization of themes and forms? Later, when I was visiting Antofagasta in the North of Chile, I read in a local newspaper that the archbishop of Santiago was scandalized and had said that “multitudinous demonstra- tions” in downtown Santiago weren’t leading to anything good. I was happy, this was the greatest favour that the Catholic church could do to us. It was better than having a bunch of oppúlidos [large-settled leftists] trying to perk up their discourses to include queers and other specimens that they had been ignoring (or attacking) a year before. Archbishop Carlos Osorio’s sustained storm of attacks and the media-quaking that it provoked was more effective than the disempowered voices of many “pubolodores” [poor urban dwellers who have organized themselves, but have not been heard seriously since 1873.}

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In October 1981, when I arrived in Chile the number of reported seroconversion (people who come in contact with the HIV virus and become HIV positive - HIV+) soared. Prevalence (asymptomatic people living with HIV) and, full blown AIDS cases were on the rise. This does not mean that the AIDS epidemic had suddenly begun, but it means that its affects were becoming more visible. Most women and men living with HIV/AIDS reside in the metropolitan area of Santiago or Valparaíso (Chile's main seaport). They are between 15 and 35 years old, they have acquired HIV via high risk sexual activities (many, but not necessarily all of them, with some sex partners), and they belong to middle and lower socio-economic classes. Many questions arise here. What culturally specific meanings are attached to illness and sexuality in Chile? What are societal responses to epidemics such as this? What are people's understandings of transmissible sexual illness? How does "living with HIV/AIDS" translates into everyday living in Chile? What do they have? How many people have been living with HIV/AIDS and dying without ever having been reported?

For months I looked intently into every magazine and newspaper to see if HIV/AIDS reporting would go beyond the sensationalistic headlines. No luck! Obviously my presence in Chile would not alter the course of its history. Statistics about the booming Chilean economy, unemployment and issues such as "youth permissiveness" and "internal security," drug robbery, street theft and assassins, kidnapping, and terrorism occupy the top positions on the Chilean agenda. This is what concerned average citizens and what appears in news headlines. Many of the voices of "concerned citizens" echo long held themes and metaphors utilized in the dictatorial rhetoric before 1988 in its cremaestemientos ("politics of fear"). AIDS does not have the historical scaffolding necessary to be sustained in people's collective agenda. It is perceived as closely linked to sexuality, marginal groups, and deviant behaviors and is weighed down by negative attitudes that have traditionally been sanctioned by cultural codes that run deep beneath the surface of Chilean society.

Latin America is above all "Europhile"; its countries have multiple and complex social, cultural, and political levels that overlap and coexist creating a distinctive ethos, a way of inhabiting the world. Meztizaje and social classes are among the most salient elements of this ethos that one must recognize in order to do HIV/AIDS prevention education. Meztizaje was the same given at the time of the conquest to the children of native women by Spanish men. Today meztizaje means a hybridization of races and blood. This is not only a biological process which began 500 years ago, it is a cultural process that has shaped Latin American Identities and ethnicities. As Montecino writes, "to think of Latin America as a mestizo, baroque and ritual culture is to think about it as a particular situation where blood and conceptions, both were amalgamated, where a history of complex combinations makes it difficult to define a single face." Meztizaje entails an ongoing political/religious process. The mestizo identity places an individual at the heart of a perennial conflict between what is "mestizo," that is those not white (Natives, Europeans, African, Asians) and what is "pure" (European from the "mother land," Spain). The mestizo identity gives the individual an alter ego: the "pure" individual. Latin American societies have been shaped by this cultural and political tension that runs parallel to a tension between what is romanticized as "narcissism" ("Si es Chileno es bueno" - If it is Chilean it is good) and what is extranjero (foreign), in particular North America. In Chile both of these tensions can be recognized in the circulation of conflicting cultural themes that have a common belief, for example, that in North America the lifestyle is generally comfortable, the society is homogeneous, and all people are white and speak English on their first language, the quintessential "American dream." However, AIDS is recognized immediately as an "American" disease and a product of poor "American" moral standards, sexual revolution, and decadence. The image of the Gringo embodies both what is loathed and what is desired.

The meztizaje is replaced in Chilean (Spanish) by the term "moto" in reference to "torn" clothing that is either used as a derogatory term or in conversational appropriation or as a romantic hero of the national heritage, much like a museum artifact. The implications of these "distinctions" for AIDS work are manifold; for example, CCPs's volunteers, who mostly belong to a lower socio-economic class, when working at the means necessities information booth in uptown gay vandana are met with indifference and condescension by those who perceive themselves as members of a superior socio-economic class. Thus, meztizaje is perceived as a disadvantage, a problem "one has to live with," in brief, as a trait of the lower classes. "naturally" determines their lack of satisfaction, political malleability, dependency, "low culture" lifestyle, and "reduced" moral views. "Naturally," these characteristics make them prone to moral and physical contumacy. This culturally stigmatized position is somewhat similar to that of IV drug users, sex workers, and ethnic minorities in North America. In Chiloem society low and middle socio-economic groups are most affected by the tensions produced between meztizaje and social class. The clientele of CCPs is mainly formed by male individuals who belong to these stigmatized groups.

The collectively held perception is that the lower classes are inherently prone to substance abuse, violence, prostitution, unrestricted sexuality and violence places them at higher risk for HIV/AIDS. Chile, unlike other Latin American countries, has shown a contained population growth, but much like its neighbors, it has seen an erosion of its rural life, a human and bureaucratic collapse in large urban centers, and an uncontrolled expansion of its service sector both in the informal and formal sectors. These processes have stimulated the growth of a large impoverished sector of the population that is predominantly young. Socio-economic factors translate into lack of educational resources, forceful inclusion in the strained job market, as well as symbolic and cultural pressures to fit into a certain class and to behave accordingly. These involved in AIDS work face the difficult task of striking a balance between tensions brought about by cultural and implicitly epidemiologically labelling of popular classes as "high risk" and the HIV/AIDS educational promises that all individuals regardless of their age, gender and social class are at risk. It is a case of a double bind between accepting that certain groups in Chilean society (and by extension in Latin American society) are groups at higher risk (as opposed to "high risk") groups because of their disadvantages position, and public stigmatization and discrimination by forces of defense of the posture that states that (regarding HIV transmission) it does not matter what you do, with whom, where or when, but how one does it. This tension is felt strongly at the heart of CCPs as it tries to dislodge itself from a gay identity that, however paradoxically, needs at the same time to be preserved in order to educate people about life-affirming options for everybody.

The Catholic heritage and its relation to HIV/AIDS prevention education is at the core of consideration of CHIPS and other Non-Government Organizations devoted to AIDS work. Strongly evidenced in the Cuito Mariano (cultural virgin Mary), the Catholic presence and influence is key to understanding Chilens' views on sexuality, same sex sexuality, emotional, and familial relationships. Mariano carries specific Latin American and Chilean cultural themes such as machismo, the absent father, the duality "virgin/whore," the dualism "caring mother/playful son," and many others that are directly associated with gender roles, sexual roles, and cultural "games" of sexuality. The implications for
HIV/AIDS prevention education are multiple, but in general the existing gap in double standards and collectively held religious myths about men and women makes most educational efforts extremely difficult. For example, women are often never exposed to topics on sex and self-defense, or they are told that "men are from Mars, women are from Venus," without any further information provided. The result is a lack of knowledge about one's own sexuality and how to protect oneself from HIV/AIDS. This is particularly true in rural areas, where many women have little access to education and health care.

Many women also suffer from domestic violence and rape, and this can further exacerbate their risk of HIV/AIDS. The lack of access to legal and medical services, as well as social services, can make it even more difficult for women to protect themselves from HIV/AIDS.

In addition, the stigma attached to HIV/AIDS can make it difficult for women to get the care they need. Despite the fact that HIV/AIDS is a disease that affects men and women equally, many people still associate the disease with gay men and intravenous drug users, which can lead to discrimination and stigma.

The gender gap in access to care and education is also a major issue. Women often have less access to education and health care than men, and this can lead to a lack of knowledge about HIV/AIDS and its prevention. This is particularly true in rural areas, where many women have little access to education and health care.

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with respect to political issues around AIDS/HIV education.

Many media, in particular television, have played a cultural role that is similar to that of North American and British media. They collect and re-interpret collective fears and cultural narratives long existing in the Chilean cultural matrix. Similar to the North American experience, AIDS has been construed as a "gay disease," a "gringo disease," or as God's punishment. The cultural connections between same-sex sexuality, non-stream sex (SIM, non-penetrative sex), "public" exposure (bespectacle, lack of decension, decoration) and concerns such as evil, perversion and sickness (read AIDS) are deeply rooted in the collective mind and are constantly reinterpreted by the media. Words such as illness, contamination, degeneration, homosexuality, bisexuality, leavism, and invertism form a cluster, a constellation of concepts excluding most educational possibilities.

The elements described above come together along the axis of sexuality to configure a culturally specific situation whose CCPHS has had to develop its HIV/AIDS prevention education programmes. Class, age, gender, sexual orientation, and ethnicity configure specific forms of sexism that permeate the Latin American ethos. The North American stereotype of the oversexed black male is also held up by this rhetoric in Latin America and it is translated mainly as a moro figure with strong homoerotic connotations. Male sexuality is perceived both as a form of domination over submissive women and as a violence over men without sexual potency or virility. The moro is, however, a troubled identity: he is connected to the absent-present of the father of the moro (the Spaniard who plundered and wrested), he is externally dependent on the mother (which makes him struggle with effeminacy), and he is in constant competition and must "show off" before his peers. In this context, women are obliged to consolidate a secure identity early in life that compensates for the instability of their counterparts. Although machismo does not fully explain the unspoken bisexuality of many Latin American males, it explains an important characteristic: its focus on "sexual aim", as opposed to a focus on "sexual object-choice." That is, a focus on the act of fucking for pleasure rather than a focus on fucking the "right" person of the opposite sex.

The male population becomes a "hard to reach" population because within their troubled identity, men do not see themselves at risk of contracting a virus that attacks women and homosexuals. Conversely, again, are left out of the sexual tension. Male homosexuals who until recently called each other "entendidos" (the one who is in on the secret, who understands) and focus (crazy fellows), on signs of secrecy and weakness, are now calling themselves "guys" which marks a departure from their assigned role as "merging," but also marks a dangerous insinuation of a partially understood North American figure established during the 70s. The risk surrounding HIV mainly resides in the misleading attitude that only possessing (passive sexual partners, men or women) is prone to acquiring HIV from infected active contexts (active sexual partners). Positives take on the formula rules and the activist role regardless of the damage. This "stigmatised" focus makes sexuality a more fluid affair and re-definition homosexual (which in North America is at the centre of HIV/AIDS education). In a North American context homosexuality means fear of same gender sexuality and emotionality: a Latin American context it needs to be re-conceptualised as a fear of being seen as weak and positive.

In practice CCPHS has opened its activities to people with many interests and to all social classes. Its positive message of HIV/AIDS prevention has been particularly heard by those who needed to work in a safe space that did not discriminate because they did not have sufficient social density or social class. However, while CCPHS is a safe and open space for "lower" socio-economic peoples of the gay population of Santiago, gay middle class professionals are reluctant to be seen or associated with it. Heterosexual professionals (women and men) actively participate in the activities of CCPHS, mainly as contributors. This fragmentation may seem odd, but it can be explained by the rigid class distinctions that are imposed (and self-imposed) upon people in Chilean society. Gay men respond to stereotypes that describe them as fashionable and clueless, but these stereotypes break down in such a large group of people. Most of the volunteers, members, monitors and directors of CCPHS are people who come from a political background, who actively participated in political parties and are well educated and sensitive about the surrounding class and politics. This gradual development of political sensibility is observable in the current composition of political parties in Chile that are including previous and suddenly the new population that includes violence against women, abortion, divorce and sexuality.

North American HIV/AIDS prevention education, in its pretense of neutrality, refusal to judge and objectivity, has been successful in the task-oriented step of delivering information, but not in educating for change because it does not offer people viable solutions or strong motivation to modify their behaviour in an environment that is hostile. It is imperative that AIDS educators contest the unidirectional explanations provided by the dependence and instruction theories that were so popular throughout the 70s and 80s. These unilateral, cause-and-effect theories do not satisfactorily explain the cultural and social processes that so called "developed" or "under-developed" countries are experiencing. By understanding such cultural processes allows us to understand the social actors who perform them. To understand why HIV/AIDS prevention education programes for Latinos/as in North America have failed, we must understand the poor fit between educational units and the real world in which the people live. The concepts such as "participation," "consensualization" and "democracy," and the "reality" of the target audiences, we must also acknowledge the ethnocentrism with which these projects have been designed and implemented. Cultural elements specific to a white, middle class, literate, able-bodied culture are embodied in phrases and slogans such as "coming out," "gay community," "homophobic," "safe sex," "just say no," and "high - high risk." And these phrases are then used to "educate" (read instruct) ethnic minorities. To understand lifestyle, sustained and non-discriminatory HIV/AIDS education we must understand that most scenarios will always be saturated by the tensions produced by overlapping and conflicting experiences of reality.

When borders crossing into North American countries these cultural and social-specific tensions are increased, as a new identity is thrust upon Latinos/as the immigrants. Being an immigrant is an experience fraught with danger and many pitfalls. Long standing stereotypes and misconceptions configure the image of the Latino/a that is received with an immense form of indifference in North America. Places Latinos/as at a greater risk for welfare dependence, drug and alcohol dependence, unwanted pregnancies, crime, STDs, HIV acquisition and AIDS development. Just as Latinos/as are not "naturally" a problem, their lives are not fatalistic and naturally determined. What we know about HIV/AIDS prevention education is that it has little or nothing to do with what is spoken/unspoken and practices/unpracticed at the street level. There is a gap between the formal discourses of "what we ought to do" and their street talk packed with jokes, anecdotes, stories, wipers and sarcasm that bluntly spits out "we do what we do." "I am what I am" and "one has to die of something anyway. This is how there is a profound indifference (and sometimes open resistance) to introducing aspects that are traditionally relevant to ethno-cultural communities. The experiences and understandings of both Gringo and Latinos/as who have crossed this borders express a lack of clinical (at the surface of the skin) the conflict between official discourses and street discourses, between ethnocentric representations of culture and the hybrid identities of Latinos.

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