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OPINATIVOS E DE REVISÃO

OXYGEN MASKS WOULD STILL KEEP FALLING AUTOMATICALLY: HIV, AIDS, AND DISSIDENT SEXUALITIES IN THE 1980s

MÁSCARAS DE OXIGÊNIO AINDA CAIRIAM AUTOMATICAMENTE: HIV, AIDS E SEXUALIDADES DISSIDENTES NOS ANOS 1980

LAS MÁSCARAS DE OXÍGENO SEGUIRÍAN CAYENDO AUTOMÁTICAMENTE: EL VIH, EL SIDA Y LAS SEXUALIDADES DISIDENTES EN LA DÉCADA DE 1980

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Abstract: This manuscript, a bibliographic and documentary study, constitutes an opinion article that analyzes the television series 'Oxygen Masks Won't Automatically Fall Off', aired on the *streaming* HBO Max, from the perspective of the real events that inspired its creation, related to dissident sexualities and the HIV-AIDS epidemic in the 1980s. A narrative literature review was chosen as the methodological procedure, which enabled us to address themes such as prejudice, the fight for human rights, and public policies focused on infection by the Human Immunodeficiency Virus. The analysis confirmed the relevance of the audiovisual work to the debate on these themes, highlighting the significant role of art in discussing central issues for society. However, we understand that the miniseries could have contributed more by: emphasizing the creation of the Unified Health System (SUS), a fundamental element of the 1988 Constitution; recalling the strength of social movements, such as the Homosexual Movement, in achieving civil rights for the LGBTQIAPN+ population, especially the right to health, including the transformations that occurred in access to the national health system, which, before the SUS, existed only for workers with formal employment contracts; and the free distribution of antiretroviral medications for people living with HIV.

Keywords: AIDS; Prejudice; Health; Human Rights; Audiovisual material.

Resumo: Este manuscrito, uma pesquisa bibliográfica e documental, constitui um artigo de opinião que se propõe a analisar a série televisiva 'Máscaras de oxigênio não cairão automaticamente', exibida na plataforma de *streaming* HBO Max, sob a perspectiva dos acontecimentos reais que inspiraram sua criação, relacionados às sexualidades dissidentes e à epidemia de HIV-AIDS nos anos 1980. Optou-se pela revisão narrativa da literatura como procedimento metodológico, o que nos possibilitou tratar de temas como preconceito, luta por direitos humanos e as políticas públicas voltadas à infecção causada pelo Vírus da Imunodeficiência Humana. A análise confirmou a relevância da obra audiovisual no debate sobre as temáticas, ressaltando o papel significativo da arte na discussão de questões centrais para a sociedade. Contudo, entendemos que a minissérie poderia ter contribuído mais para: enfatizar a criação do Sistema Único de Saúde (SUS), elemento fundamental da Constituição de 1988; rememorar a força dos movimentos sociais, como o Movimento Homossexual, na conquista dos direitos civis da população LGBTQIAPN+, sobretudo o direito à Saúde, incluindo as transformações ocorridas no acesso ao sistema sanitário nacional, que, antes do SUS, existia apenas para trabalhadores com carteira assinada; e a distribuição gratuita de medicamentos antirretrovirais para pessoas vivendo com HIV.

Palavras-chave: Aids; Preconceito; Saúde; Direitos Humanos; Material Audiovisual.

Resumen: Este manuscrito es una investigación bibliográfica y documental, constituye un artículo de opinión que se propone analizar la serie de televisión "Las máscaras de oxígeno no caerán automáticamente", emitida en la plataforma de streaming HBO Max, desde la perspectiva de los hechos reales que inspiraron su creación y relacionados con las sexualidades disidentes y la epidemia del VIH/SIDA en la década de 1980. Se eligió una revisión narrativa de la literatura como procedimiento metodológico, que nos permitió abordar temas como el prejuicio, la lucha por los derechos

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humanos y las políticas públicas enfocadas en la infección causadas por el Virus de la Inmunodeficiencia Adquirida Humana. El análisis confirmó la importancia de la obra audiovisual mencionada en el debate sobre estos temas, resaltando el papel significativo del arte en la discusión de cuestiones centrales para la sociedad. Sin embargo, creemos que la miniserie podría haber contribuido más a: enfatizar la creación del Sistema Único de Salud (SUS), un elemento fundamental de la Constitución de 1988; recordar la fuerza de los movimientos sociales, como el Movimiento Homosexual, en la conquista de los derechos civiles de la población LGBTQIAPN+, especialmente el derecho a la salud, incluyendo los cambios que se produjeron en el acceso al sistema sanitario nacional, que, antes del SUS, solo existía para los trabajadores con contratos laborales formales; y la distribución gratuita de medicamentos antirretrovirales a las personas que viven con el VIH.

Palabras clave: SIDA; Prejuicio; Salud; Derechos Humanos; Material audiovisual.

Introduction

A narrative literature review was adopted as the methodological procedure, understood, according to Monteiro and Soares (2025, p. 2), as a method that grants authors greater autonomy in selecting the academic sources to be considered. Unlike systematic and integrative reviews — which aim, respectively, to exhaustively map the state of the art on a topic and to integrate consolidated information — the narrative review allows for more flexible treatment, without the requirement of strict inclusion criteria, and with room for interpretation. This characteristic makes the method more suitable for analytical and reflective essays, as highlighted by UNESP (2015), since it favors a broader discussion of the materials found.

It is worth emphasizing that sexual and gender dissidence, and its consequences, are relevant and current topics, even though advances have occurred in the discussion of issues concerning the LGBTQIAPN+ population[2]. Thus, it is worth remembering that, in social life, cis-heteronormativity still prevails, as explained by Monteiro and Soares (2025, p. 3):

> [...] with regard to human sexuality – the so-called "traditional" model, which equates biological sex with gender and understands the existence of man and woman as inherently genetically determined, still prevails in the collective mindset. Likewise, social thought is still dominated by the understanding that gender and birth sex (cisgender) are "natural" and that the only "normal" sexuality would be heterosexuality (within the male/female binary, it is the sexual and affective attraction to the "opposite gender," different, hence the term hetero).

And, considering this set of cultural norms and values as responsible for defining the standards of sexual behavior and gender identity to be followed, one can perceive how these paradigms influence the ways individuals interact. From this understanding, it is possible to move forward by defining prejudice against those who deviate from prevailing norms: Monteiro and Soares (2025) state that the term LGBTphobia designates the hatred directed at the LGBTQIAPN+ population.

Opinions and affects formed without critical examination are timeless. To understand how they are directed at the LGBTQIAPN+ population, which diverges from the cis-heteronormativity that marks Brazilian society, it is worth returning to the 1980s, the era in which HIV, AIDS (or SIDA, Acquired Immunodeficiency Syndrome) and the associated epidemic emerged.

In this sense, the series 'Oxygen Masks Won't Automatically Fall Off' plays the role of leading us, through a kind of 'time tunnel,' back to the end of the 1980s. Set in Rio de Janeiro, the plot shows, across five episodes, a group of flight attendants who launch a solidary, yet risky, operation to transport medications for treating the infection caused by HIV, from the United States.

The story that inspired the miniseries' plot stems from the determination of Varig flight attendants (an airline that ceased operations in 2006), who agreed to smuggle medications from abroad, since these were not available in Brazil (Bernardo, 2025).

An HBO Max production, in partnership with Morena Filmes and directed by Marcelo Gomes, the miniseries premiered on August 31, 2025, on the *streaming*. Conceived by Patricia Corso and Leonardo

[2]This acronym stands for: L – Lesbians; G – Gays; B – Bisexuals; T – Transsexuals and Transvestites; Q – Queers; I – Intersex; A – Asexuals; P – Pansexuals; N – Non binary; += Encompasses all other identity possibilities.

Moreira, the audiovisual production features Johnny Massaro, Ícaro Silva, Bruna Linzmeyer, Carla Ribas, and Hermila Guedes, among others.

The arrival of AIDS changes the life of Nando (Johnny Massaro), a young flight attendant at Fly Brasil, one of the best-known airlines of the era. Homosexual and passionate about his profession, he secretly lives a relationship with Caio (Igor Fernandez), a soccer player who fears coming out as gay. Around Nando, other stories unfold, such as that of Léa (Bruna Linzmeyer), a crewmate involved with pilot Barcelos (Júlio Machado), a man who flaunts the false image of an exemplary husband and father alongside Ziza (Rita Elmôr) and their son Paka (Matheus Costa).

Reality changes radically when Nando discovers he is living with HIV. Amid the turbulence of the diagnosis, he joins Dr. Joana (Hermila Guedes) to smuggle AZT (Zidovudine) from the United States — a medication that, at the time, was the only one available to fight the virus. The initiative, initially illegal, gains new purpose when Nando meets Raul (Ícaro Silva), who embodies a *drag queen* at the *Paradise*, an important gathering point for the GLS scene (a term used at the time to refer to *gays*, lesbians, and sympathizers) in the city. Together, they transform the plan into a network of hope to save lives, involving other characters in the plot. However, when the scheme reaches the press, the situation takes on even more tragic dimensions.

There was urgency in gathering the available options to combat a disease that was, at the time, unknown. The condition, named in 1982 the 'Disease of the 5 H's,' due to cases identified in homosexuals, hemophiliacs, Haitians, heroin users (intravenous heroin users), and prostitutes (*hookers*, in English), is caused by a retrovirus[3], HIV, discovered by the team of French virologist Luc Montagnier in 1984.

Three years later, AZT became the first drug to reduce viral replication in the human body. In that same year, 1987, the World Health Assembly, held by the World Health Organization (WHO) with the support of the United Nations (UN), decided that December 1st would be World AIDS Day (Municipal Health Department of São Paulo, 2017).

It is in this context that the story of 'Oxygen Masks Won't Automatically Fall Off' leads viewers to reflections involving a population group traditionally placed on the margins of social life, in a society whose structure does not tolerate individuals who dare to rise against the norms that control bodies, desires, sexual activity, and the role each person plays in the social hierarchy.

Crew, doors on automatic. The flight is about to begin

The series unabashedly portrays nude bodies in intense and explicit sexual relations between the characters played by Ícaro Silva and Johnny Massaro, which contributes to the normalization of pleasure between men. The work also valorizes *drag* art by showcasing performances by artists at the *Paradise*. If there are, for example, television programs addressing this topic today, it is thanks to the figure of *drag queens* of the past, considered a powerful representation of LGBTQIAPN+ community resistance (Ferla; Kruger, 2024). *drag* art, which, for Ferla and Kruger (2024), symbolizes resistance, political expression, and the courage to claim the space that segregation insists on curtailing.

Furthermore, the production has the merit of showing homosexuality without the veneer that strips *gays* of the singularity manifested in their behaviors, attitudes, and ways of understanding life. Cultural critic Mauro Ferreira (2025) wrote about this, declaring that the miniseries deserves praise for portraying homosexuals without the brush of heteronormativity: *gays* and unapologetic sex scenes bring the fiction closer to reality as it actually is.

Also worthy of recognition is the screenplay by Patrícia Corso and Leonardo Moreira, which addressed a somber topic, surrounded by suffering and death, in a moving yet non-macabre manner. According to Mauro Ferreira (2025), those who lived through the era depicted in the series can attest that it excelled in its loyalty to history by presenting events as they occurred.

Ferreira, a critic for 'O Globo,' praised the series' directors, who, in his view, made a felicitous choice in showing footage captured on VHS and on 8mm and 16mm cameras. In the journalist's words, "You could

[3]Retroviruses are viruses whose genetic material consists of RNA and which, through the enzyme reverse transcriptase, transform RNA into cDNA, as can be read at https://share.google/eTHR0kklP9mo1juo6. Accessed: Apr. 12, 2026.

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feel the *vibe* of the 1980s. Including in the soundtrack punctuated by songs by Marina Lima" (Ferreira, 2025, n.p.).

I consider another success the fact that Márcia Rachid, an infectious disease specialist with a master's degree in infectious and parasitic diseases, who has been providing care to people living with HIV since 1984, was invited to serve as a consultant to the series. This ensured that technical issues related to the HIV epidemic were treated with the rigor they deserve:

> Márcia accompanied the entire production process: from the creation of the scripts to the filming of the episodes," says Pimentel. "We did not want to make mistakes in our approach to the subject." Pejorative terms such as "aidéticos" or outdated terms such as "soropositivos" were suppressed or replaced by "people living with HIV/AIDS" (Bernardo, 2025, n.p.).

Legitimate and contemporary is the concern with the language used in addressing topics related to the LGBTQIAPN+ population, something that has been of interest to Linguistics, more precisely to Queer *Queer* Linguistics, a social science that, according to Melo (2024), is guided by the principle of confronting and questioning discourse as a cis-heteronormative social practice, one that understands the world through compulsory heterosexuality and a binary view, characterized by the existence of only two bodies, two possibilities for life: man and woman; the former formed by the prostate-penis-testicle system, and the latter by the uterus-ovary-vagina triad.

Despite these virtues, and although it is not a documentary, the series does not deepen the debate on the Homosexual Movement and its importance for the Sanitary Reform and for the creation of the SUS, the Unified Health System, one of Brazil's main public policies, guaranteed by the Citizen Constitution of 1988. And such a discussion would be highly relevant in an audiovisual work of this kind, since the history of HIV-AIDS[4] infection in Brazil is closely tied to national political life.

Brazil: Public Health Policies in the 1980s and HIV-AIDS

In the early 1980s, the absence of scientific knowledge about HIV/AIDS led Brazilian authorities — especially at the federal level — to respond slowly and in a fragmented manner. According to Grangeiro, Silva and Teixeira (2009), the Sanitary Reform Movement originated between the 1950s and 1960s, catalyzed by universities and health departments, particularly in the South and Southeast regions. This movement resulted in the strengthening of Preventive Medicine departments, increased scientific output, and a broader debate on the social determinants of health. At the same time, several state health departments initiated reforms aimed at decentralizing services, expanding care coverage, and improving health promotion and prevention activities.

Grangeiro, Silva and Teixeira (2009) also observe that the Sanitary Reform Movement gained national expression during the civil-military regime (1964–1985), a period in which debates about the structural problems of Brazilian public health resonated widely. Among these were: the limitation of care coverage to formal workers; the coexistence of multiple care systems, without integration between federal, state, and municipal levels; the increase in public spending coupled with growing privatization of services; and the lack of coordination between spheres of health management.

According to Grangeiro, Silva and Teixeira (2009), during the 1970s, efforts were made to improve sanitary management and the provision of individual health services through the creation of new bodies. In this context, the National Health System (1975), the National Secretariat of Basic Health Actions (1976), and the National Social Security System (1977) were established, the latter absorbing INAMPS (the National Institute of Medical Assistance of Social Security).

With the weakening of the military regime and the advancement of redemocratization from the mid-1980s onward, important institutional changes in the health field were consolidated. Grangeiro, Silva and Teixeira (2009) state that, in 1980, the Interministerial Planning Commission was created, responsible for coordinating actions between the Ministries of Health and Social Security. Then in 1982, the Integrated

[4]Although UNAIDS (the Joint United Nations Programme on HIV/AIDS) recommends that the use of the term HIV/AIDS be avoided, it was retained in the text because we believe that, from a historical and sociological perspective, the two elements are closely linked. And from a socio-cultural standpoint, references to HIV evoke the epidemic with which it is associated.

Health Actions (AIS) emerged, promoting integration between preventive and curative care, in addition to establishing collegiate tripartite management bodies with social participation.

These measures paved the way for the Unified Health System (SUS), formally established by the 1988 Constitution, which consolidated unified command, comprehensive care, and social control as the central principles of Brazilian health policy.

The 1980s were marked by the spread of HIV, which affected not only members of the LGBTQIAPN+ community, but also heterosexual adolescents and married Catholic women. This is shown in the audiovisual work that inspires this essay, which demonstrates that the emergence of new infection cases allowed for the formulation of the first public policies in response to social mobilization and state governments, progressively pressuring the federal government to take a stance. The state of São Paulo, where the first case was documented, became the epicenter of the first demonstrations by social groups, as well as of pioneering initiatives and official actions related to AIDS. This is shown in a timid manner in the series, which practically omits the existence of a large organized social movement; the scenes suggest it was something smaller than it actually was. Greater emphasis is given to the protests sparked by employees of the previously mentioned fictional airline, Fly.

In 1985, the country's first non-governmental organization (NGO) dedicated to the HIV/AIDS issue emerged: GAPA, the AIDS Prevention Support Group. The socio-cultural context of the 1980s was marked by the achievement of individual freedoms and gains in the recognition of the rights of socially marginalized populations, such as homosexuals.

It is this political activism that appears in the series when we witness the mobilization initiated by Nando and Raul, characters played by Johnny Massaro and Ícaro Silva, but which could have received even more emphasis, since we are talking about an insurgency that enabled an immediate response from social movements against AIDS, both in terms of healthcare and in preventing and combating forms of discrimination against people living with HIV. According to Villarinho (2013), 1985 was marked by the launch, in 10 states, of state programs for the control of sexually transmitted infections (STIs) and AIDS. Only in 1987 did the Ministry of Health begin airing educational campaigns aimed at preventing the disease.

> The first government campaign broadcast in Brazil was titled "Aids você precisa saber evitar" ["AIDS — You Need to Know How to Avoid It"] and aired in 1987. It was followed by the campaign "Aids, pare com isso!" ["AIDS, Stop It!"], which featured a series of informational films broadcast during 1988 and 1989 by the Ministry of Health under the then-government of José Sarney. Both campaigns worked with two types of themes: the first, "informational," outlining the possible forms of transmission, presenting risky practices one by one. The second focused mainly on the destigmatization of seropositive individuals, seeking to disseminate messages encouraging coexistence, acceptance, and intimacy between seropositive people, their friends, and family members. This attempt at destigmatization [sic] was the theme of prevention campaigns worldwide during the second half of the 1980s (Portinari; Wolfgang, 2024, p. 4).

The 1988 Constitution definitively consolidated the notion of health as a right to be guaranteed by the State and the organization of the health system, grounded in the principles of universality, equity, comprehensiveness, and social control. These were the characteristics that influenced the design of health programs and strategies in the 1980s. "The SUS was defined based on universalist and egalitarian principles, which is something other countries envy" (Menicucci, 2014, p. 78). According to Menicucci (2014), the emergence of the SUS dismantled the meritocratic character that had defined healthcare in Brazil until the 1988 Constitution, since it added to health the idea of a right, of citizenship.

For Pereira and Nichiata (2011), in Brazil and, in particular, in the city of São Paulo, favorable political conditions and the effervescence of social mobilization in the late 1970s and early 1980s were decisive for the formation of the Homosexual Movement, which was strongly influenced by North American movements: there was significant interaction among the various social movements, and the homosexual cause maintained a direct relationship with feminist and Black demands.

The Homosexual Movement was thus included among those of an identity- and subjectivity-based character from the late 1970s, which developed a potential for cultural resistance focused on issues of modern social rights: equality and freedom regarding race, gender, and sex. The fight against AIDS began

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during the country's redemocratization, a period of intense debate around Health, in which the Sanitary Reform movement gained greater scope with the advent of the 8th National Health Conference, in 1986, and with the proposal of the Unified Health System (SUS), in 1988 (Pereira; Nichiata, 2011, p. 3251).

In 1978, the Nucleus for Action for Homosexual Rights emerged in São Paulo. According to James Green (2018), at that time, on Saturdays, ten or fifteen people would gather in the apartment of one of the group's members. Students, civil servants, bank employees, unemployed individuals, and a few intellectuals made up the Nucleus.

> In any case, the Nucleus, which would change its name to Somos: Homosexual Affirmation Group at the start of 1979, was different from Ferro's Bar, a space occupied by lesbians, or even the cafés, restaurants, bars, and discotheques catering to a gay audience. Something unique and special was happening at those meetings (Green, 2018, p. 25).

In the second Brazilian phase of the political response to HIV and AIDS, extending from 1986 to the early 1990s, the goals of the National STD/AIDS Program (PN-DST/AIDS) were to reduce the incidence of HIV/AIDS and to improve the quality of life of people infected with the Human Immunodeficiency Virus.

To this end, the Brazilian government established guidelines for improving public services provided to people with AIDS, considering, for example, the expansion of prevention efforts among women and more vulnerable populations and the reduction of stigma and discrimination. According to Villarinho (2013), the following stage of public policies to combat the AIDS epidemic took place from 1990 to 1992, marked by a complete lack of dialogue between civil society and the federal government, which made evident the difficulty of sustaining long-term action. The National Program was dismantled, compromising health surveillance itself and weakening articulations with states, NGOs, and other institutions. At that time, a national advertising campaign was launched with the theme: "Se você não se cuidar, a AIDS vai te pegar" ["If you don't take care, AIDS will get you"]. A threatening slogan that used fear to convince people to protect themselves from the disease.

For Villarinho (2013), the fourth phase, running from 1993 to the present, is characterized by the restructuring of the PNDST/AIDS within the Ministry of Health and by the success of the epidemic control policy, resulting from funds obtained from the World Bank by the Brazilian government. From 1993 onward, international agreements previously signed with the World Bank became the main pillars of programmatic actions. Among these, the most notable were those linked to care programs for people with HIV/AIDS. Taking into account the demands of civil society, which, guided by the principles of universality and comprehensiveness of the SUS, called for broad access to AIDS treatment, in 1992 Brazil began providing AZT and other available medications to combat the infection free of charge. From 1995 onward, didanosine (ddI) and zalcitabine (ddC) were also incorporated. In other words, the central theme of the television series highlighted here takes on real dimensions: one of the drugs smuggled by the flight attendants finally became a medication within reach of those who needed it.

In 1996, as detailed by Villarinho (2013), Brazil enacted Law No. 9,313, of November 13, which provides for the free supply of medications to all citizens living with HIV, even in disagreement with the recommendations of the World Bank. The following is what this law stipulates:

> Art. 1. Persons living with HIV (Human Immunodeficiency Virus) and patients with AIDS (Acquired Immunodeficiency Syndrome) shall receive, free of charge, from the Unified Health System, all medication necessary for their treatment. § 1 The Executive Branch, through the Ministry of Health, shall standardize the medications to be used at each evolutionary stage of the infection and the disease, with a view to guiding their procurement by the managers of the Unified Health System. § 2 The standardization of therapies shall be reviewed and reissued annually, or whenever necessary, in order to keep pace with updated scientific knowledge and the availability of new drugs on the market (Brasil, 1996).

Villarinho (2013) highlights that the aforementioned treatment, known as *Highly Active Antiretroviral Therapy* (HAART or TARV, Antiretroviral Therapy, in Portuguese), resulted in increased survival of infected patients, reducing morbidity, mortality, and hospital admissions.

In 2005, faced with disagreements with pharmaceutical companies over antiretroviral drugs, the Ministry of Health chose to 'break' the patents on these medications. The then-Minister of Health, Humberto Costa, sent a letter to the laboratories *Abbott, Merck Sharp and Dohme e Gilead Science Incorporation*, setting a 21-day deadline for the companies to respond regarding their acceptance of the so-called voluntary

licensing, essential for maintaining the AIDS epidemic control program.

Final Considerations

Brazil has gained international recognition for its pioneering policy of universal and free access to antiretrovirals, implemented through the SUS. According to Grangeiro, Silva and Teixeira (2009), this action was sustained by two main pillars: ensuring the financial sustainability of free distribution throughout the national territory and contributing, globally, to expanding access to medications in low- and middle-income countries. The authors note that, in the early 2000s, about six million people in need of treatment worldwide still lacked access, which reinforced the relevance of the Brazilian experience.

Thus, Brazil played a significant role in formulating and implementing global HIV/AIDS policies, including contributing to the launch, in 2003, of the World Health Organization (WHO) and UNAIDS "3 by 5" strategy. The program sought to ensure access to antiretroviral therapy for three million people by 2005, signaling a significant shift in the international public health agenda by recognizing treatment as an essential right and a priority (World Health Organization, 2003).

For Grangeiro, Silva and Teixeira (2009), Brazil also acted cooperatively on the international stage, establishing partnerships with African and Latin American countries for technology transfer and the donation of medications aimed at HIV control. The same authors point out that, following the United Nations Special Declaration on AIDS in 2003, the country began leading the creation of an international network of technological cooperation, involving nations such as China, Thailand, Ukraine, Nigeria, and Russia, with the goal of developing joint protocols for pharmaceutical innovation, vaccines, and essential supplies.

The implementation of community projects by non-governmental organizations, combined with the stabilization of new infection cases observed from the 2000s onward, reinforced Brazil's international prestige in combating the AIDS epidemic, the country's image as a global reference in public health policies, and the national commitment to the principles of the SUS.

Despite the advances achieved in recent decades, stigma and discrimination still persist against people living with HIV and members of the LGBTQIAPN+ population, evidencing the persistence of exclusionary social structures that extend beyond the biomedical field and are rooted in cultural, moral, and institutional dimensions. In this context, stigma can be understood as a social mechanism that produces hierarchies and defines which bodies and identities are considered legitimate or deviant, amplifying their vulnerability and restricting full access to basic rights, such as health, information, and social recognition. The series 'Oxygen Masks Won't Automatically Fall Off' reflects part of this historical trajectory of overcoming, by portraying the context of the HIV/AIDS epidemic, evidencing both state negligence and the construction of support networks and collective resistance. However, the narrative also indicates that these dynamics of exclusion have not been completely overcome, as discourses and practices that reinforce prejudices and inequalities persist.

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