

# HIV/AIDS and its monsters. Negotiating criminalisation along the monster–human continuum

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## Abstract

We use the concept of the ‘monster’ in this article as an analytical tool to grasp a variety of persons who – understood to be criminals in their countries of residence, and living with or thought to be particularly vulnerable to HIV – are perceived as threats from across the European region. Building on the field of monster studies, we focus here on strategies undertaken to shift the ‘monstrous’ towards the ‘human’ along what we describe as monster–human continuums. Relying on ethnographic fieldwork from Germany, Poland and Greece, four case studies examine processes of (re-)humanisation in the fields of migration, prisons, drug use and sex work that emerge

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at the intersections of humanitarianism, public health, human rights and citizenship. In particular, we propose that these strategies can entail the production of dissimilar forms of political subjectivity, the redistribution of responsibility or vulnerability and a reshuffling of blame within the moral economy of innocence and guilt – strategies that produce particular norms and forms of the human. These strategies, moreover, involve the normalisation or suppression of ‘abnormal’, ‘irrational’ or ‘guilty’ dimensions of criminalised subjects, thereby taming their capacity to confuse or confront societies’ worldviews, and ultimately foreclosing the possibility to imagine a being-in-the-world otherwise. We thus conclude by asking how embracing the monstrous might facilitate the navigation of cultural, social and moral anxieties that leave room for complex and conflicting practices and subjectivities.

### Keywords

criminalisation, drug use, Europe, HIV/AIDS, human, humanitarianism, migration, monster, prisons, sex work

## Introduction

On 7 August 2013, as a result of having been convicted of multiple crimes – several of which concerned the purported knowing transmission of HIV to sexual partners – the Bavarian State Court determined that an unnamed person (henceforth ‘X’) should be deported to Uganda in the name of public order and security. Given that X had been granted asylum, the court recognised that he could refuse to leave and would be *geduldet*, or ‘tolerated’, by the German state. Prosecutors had already initiated a process to revoke his asylum status, but even if they were successful, the court noted, X would be granted the right to remain in the country for humanitarian reasons as a result of a lack of adequate treatment in Uganda (Verwaltungsgericht München, 2014). A perceived threat to the security of the nation but a legitimate recipient of humanitarian compassion, X exists in a hybrid state along what we develop below as a monster-human continuum. In what follows, we locate figures such as X – perceived as threatening for their alleged criminal behaviours, but also, and often interconnected, for their embodied or epidemiological proximity to HIV – within a genealogy of monstrous Others that have helped to bring forth notions of humanity and its constituent humans. We introduce four case studies to investigate how, in the landscape of European HIV/AIDS policies, actors work to humanise monstered individuals; we then expose the logics, losses and potentialities involved in such humanising strategies. In so doing, we delineate the ambiguities of normalisation that come with the inclusion of the formerly Othered into societies’ epistemological and moral universes. As an alternative to taming the monstrous, we explore the potentials of embracing its capacity to complicate societies’ worldview – so as to imagine a being-in-the-world otherwise.

## Monster–human continuums

After his father was murdered, X fled Uganda to his mother in Germany at the age of 6 years, where he successfully sought asylum. The aforementioned court ruling detailed accusations and convictions of theft, of the possession of drugs and stolen goods, and of

grievous bodily harm, including that he had ‘unprotected sexual intercourse’ with at least nine women after suspending his HIV medication; the report notes that he continued to have unprotected sex after learning that at least one of these women was infected through their encounter. After a report of multiple convictions for criminal acts, X was sentenced to 8 years of incarceration and an appeal was made to revoke his asylum status (Verwaltungsgericht München, 2014). To the extent that a notion of humanity is produced through the application of human rights-based legislation, as with asylum law, rescinding one’s status as a refugee once it has been granted – and thus revoking the rights of the human that have been recognised as such – creates what Balibar (2004) describes as ‘diminished’ humans (p. 60), or Butler’s (2004) ‘less than human’ (p. 57).

Monstrous figures, however, are not merely diminished-humans or less-than-human; as ‘portents of danger’ (Musharbash, 2014: 4), they play a central role in the very production of humanity. Analysing the discourse on terrorism, Rai (2004) suggests that, in order to proclaim its humanity, Europe needed to construct its others as monsters, ‘shadow(ing) civilization as its constitutive and abject discontent’ (p. 539). The term monster has been traced to the Latin ‘demonstrate’ (*monstrare*) and ‘warn’ (*monere*) – signalling a foreboding revelation of something about the cultures that they embody (Shildrik, 2002). This is why Hellstrand et al. (2018) write that ‘monsters constitute the very notion of a Western imagination, and indeed help us interrogate what this may mean’ (p. 148). Hence, the monster’s threatening attributes derive from its capacity to confuse society’s worldview, highlighting its fragmentary and unstable foundations. In the case of X, a racialised and sexualised Other who transgresses moral norms and obligations, this threat is more than a threat of crime: it is a threat of overstepping the boundaries of social order, and of recognising the instability of hegemonic categories of morality and knowledge.

Scholars have increasingly come to embrace the figuration of the monster, especially from gender, queer, postcolonial and trans studies, precisely for its capacity to reveal the contours of the possible. Often linked to forbidden practices, so as to normalise and enforce them, the monstrous functions to police ‘the boundaries separating the “normal,” “rational” and the “citizen” from the “abnormal,” “irrational,” and the “criminal”’ (Pickard and Browning, 2012: 1) – thereby highlighting their function as subjects of biopolitical knowledge, control and discipline (Hellstrand et al., 2018). Indeed, the norms and forms of difference that are problematised through monsters tend to be cultural and political – gendered, racialised, economic and sexualised (Halberstam, 1995). As a unifying figuration through which to signal a disidentification with hierarchical and exclusionary norms and orders (MacCormack, 2012), but also normative forms of embodiment (Sharpe, 2010; Stryker, 1994), monsters bear a potential for pointing to an otherwise – what Haraway (1992) terms the ‘promises of monsters’.

Corporally, the boundary work of the monster is manifested through what are often read as hybrid beings or unsettling ‘creatures’. Although the body has been read as always already ‘unruly, disruptive, in need of direction and judgement’ (Grosz, 1994: 3), Musharbash (2014) suggests that ‘the bodies of some monsters are liminal by transgressing the otherwise clear-cut boundary between two states of animation’ (p. 9). Stasch (2014) offers something of a continuum between states in his account of an ‘extreme polarity of normal “human” self and an abnormal “monster”’ (pp. 201–202). Indeed, the dominant modern European notion of the human is rooted in the classical ideal of *Man*

as the measure of all things – problematised by feminist, post-colonial and post-humanist scholars as male, White, able-bodied and European (Braidotti, 2013; Fanon, 1963; Wynter, 2003, 2014). The human of Western humanism is imagined as combining bodily perfection with ‘noble’ mental, discursive and spiritual values, such as the ‘unique, self-regulating and intrinsically moral powers of human reason’ (Braidotti, 2013: 13). ‘The human is a normative convention’, writes Braidotti (2013), which makes it ‘highly regulatory and hence instrumental to practices of exclusion and discrimination’ (p. 26).

However, just as monsters ‘are always bound to specific socio-cultural contexts, and within them, signify the issue that most matters to the people they haunt’ (Musharbash, 2014: 12), so too is the human contingent on its historical and contextual articulations and the norms and desires of its enunciators. While one thus cannot presume the existence of an agreed-upon notion of the human, processes of humanisation and monstering reveal contours of what is naturalised as human in a given moment. It is precisely the shifts along these unstable, culturally produced poles that monster-human continuums bring into view (Sharpe, 2010: 23). Investigating such shifts necessitates engagements with the processes and logics through which these figures are negotiated and brought into being. For example, Spivak (1999) details how the transition from ‘heathen’ into ‘human’ contributed to the production and naturalisation of the imperial project. Cohen (1996) also warns of merely humanising the monster, suggesting that such a lens risks blunting a critique of the systems through which they are excluded.

Humanitarianism is at the focus of most critical engagements with the meanings and manifestations of the human today (Ticktin, 2011). Fassin suggests that humanitarianism relies on a double meaning of the term ‘humanity’: ‘the generality of human beings who share a similar condition (mankind)’, and ‘an affective movement drawing humans toward their fellows (humaneness)’ (Fassin, 2012: 2). Within a humanitarian framework, all humans have a right to the relief of suffering, and yet there is an affective and selective push from and pull to a common notion of ‘humanity’. Under humanitarian logics, inadequate HIV treatment in Uganda meant that X, although monstered due to his transgressive behaviours – violating putative norms of truthfulness and responsibility – was entitled to a residence permit even as he might be deprived of asylum. Moreover, framing X as a sexual predator strengthened rather than questioned the structural conditions that contribute to exclusion from humanity for many black men in the West (Persson and Newman, 2008; Shevory, 2004). Humanitarian investments in biological survival – negligent of the structural factors that contribute to these emergent subjects and lived realities – would secure the conditional (because *geduldet*) pull towards, rather than push from, continued life as a human. Not fully human but also not fully excluded from humanity, the work of humanitarianism constitutes X as a primarily biological subject in the liminal space between human and monster.

To further elaborate the human’s contemporary forms, possibilities and means of production, we are interested here in the strategies adopted in processes of (*re*)humanisation. In the context of HIV/AIDS, activists have worked to mobilise resources to enable care and prevention, and to conquer the discriminating and isolating effects of the securitisation of people living with the virus (Chan, 2015). Although, as with X, these efforts typically work to humanise implicated groups by stressing their vulnerability and precarity through a humanitarian framework, humanitarianism itself has multiple iterations (Surie von Czechowski, 2017), and constitutes only one such humanising logic. Moreover,

far-reaching and universalising conceptualisations of humanitarian governance risk equating and overly generalising distinct strategies and logics. In what follows, we locate a variety of humanising efforts along the intersections of humanitarianism, human rights, public health, and citizenship. Following Feldman and Ticktin (2010), we thus investigate ‘the governing practices that have been crucial to the production of humanity’, and we continue their efforts to ‘disentangle the multiplicity of references’ to it (p. 2).

## Humanising in the field of HIV and criminalisation

This article aims, further, to intervene into discussions in the humanities and social sciences about HIV and criminalisation – a field primarily focused on HIV transmission, exposure and non-disclosure (Bernard and Cameron, 2016; Hoppe, 2018; Weait, 2007). Indeed, some scholars take up the monster figure to describe persons who live with HIV and, like X, are alleged to have knowingly put others at risk of infection (Persson and Newman, 2008), such as with the term ‘HIV monsters’ (Tomso, 2017), or the framing of related bodily fluids as a ‘monstrous weapon’ (Potts, 2011). This article expands this analytical frame to include criminalised individuals, such as people who use drugs (PWUD), prison inmates, and sex workers, whose health and safety are rendered vulnerable in large part due to their criminalisation. Given that the criminal *per se* has been previously theorised as monster (Sharpe, 2010: 50), regularly conflating certain criminalised forms of existence with HIV – such as through vocabularies of ‘most-at-risk’ or ‘key’ populations – imagines them as multiply monstrous (Chan, 2015: 26).

Exploring notions of the human emerging through humanising strategies at the intersections of HIV and criminalisation, these four case studies – based on 3 years of fieldwork as part of the Disentangling European HIV/AIDS Policies: Activism, Citizenship and Health (EUROPACH) research project involving expert and oral history interviews, and analyses of HIV-related policy and media documents from Poland, Germany and Greece – concern, beyond the story of X, drug use, prisons and sex work. Rather than being intended for historical or regional comparison or exhaustive analysis, the selected cases illustrate that processes of (re-)humanisation vary across the European region: by favouring the production of particular forms of political subjectivity, redistributing responsibility or vulnerability, or reconfiguring what constitutes the moral.

### *Mobilising patient rights and entitlements*

Władek, a shipyard worker who has used drugs for many years, has been fighting for accessible opioid substitution treatment (OST) in the Pomeranian region of Poland. He became known in the media in 2008 when he wrote to therapists asking for support in developing a local OST programme. His letter went viral, reaching the President and Parliamentary Committee on Health of Gdańsk, his hometown, which only offered abstinence programmes for opioid-type dependencies. To receive OST, Władek had to travel to Kraków (600 km away), or, more likely, acquire the drug illegally, which *ipso facto* criminalised his therapy (Kołodziejczyk, 2009).

Once Władek learned from a newspaper in 2001 about the possibility of legally using OST, he began ongoing communication with a doctor planning to open a methadone

programme in Gdańsk. Encouraged by activists and policy-makers from other cities, he and other users later sought to establish an association for substitution services in his region – which ultimately failed due to bureaucratic requirements and a continued inability to access OST. In one account, Władek noted,

[B]efore I could fill in all the missing documents again [for establishing an NGO], three of our founding members died. Such a minor side effect of the lack of effective treatment programmes in our region (Drug-free-miasto, 2009: 24).

In his aforementioned letter, Władek made a claim to his rights as a patient and demanded access to harm reduction services by insisting on his vulnerable position, but he also criticised the living conditions of PWUD (Piootrekk, 2009):

Why am I not treated as a sick person in my own city, while I could receive help, for example, in Kraków? Why are people like me forced to acquire medicine illegally, by breaking the law, while in other places you can get it without problems?

He also referenced unequal access to healthcare, and framed substitution as a form of treatment and himself as a patient. His demands, however, were met with strong resistance from decision-makers, officials and local authorities, who perceived abstinence as the only solution to addiction – a view described as ‘abstinence obsession’ by UNAIDS policy officer Malinowska-Sempruch (Drug-free-miasto, 2009: 21).

To understand Władek’s story, it helps to look at events preceding his letter. Starting in the 1980s, the dominant strategies for managing drug use, developed and promoted by the primary drug-policy NGO in Poland, MONAR, concerned the spatial containment of ‘drug addicts’, strict daily regimes, and a drug-free approach (Malinowska-Sempruch, 2013). In a brochure published in 1984, the leader of MONAR explained that their approach was based on the ‘ideals of humanism’ and relied on the construction of PWUD as ‘vulnerable human being[s], full of contradictions and fears, devoid of natural immunity to the stresses of everyday existence, despised by close relatives and society, lost and passive’ (Kotański, 1984: 11). These drug treatment programmes presumed that helping PWUD entailed tackling drug addiction through an imposed abstinence from all psychoactive substances. Drugs were thus the monstereing agent, and abstinence the only promise for a return to humanity.

This was visible, for example, in the ‘absolute rejection by the community of anyone who has violated drug or alcohol abstinence or [. . .] not admitting people to MONAR for a second time’ (Kotański, 1984: 8).<sup>1</sup> These rules were justified by protecting ‘the wellbeing of the defenceless rest of the group, who fight for their lives’ from ‘active users – extremely contagious disease outbreaks’ (Kotański, 1984: 8). The strategy of humanising users, introduced by MONAR and later rejected by Władek, assumed the vision of an individual who can express what Carroll (2019: 27) calls ‘willfulness and sober self-determination’ in a rigid and normative way: by cutting oneself off from addiction, and denying oneself the possibility of weakness or relapse. This approach relied on a rigid distinction between addiction and freedom from it, between sickness and health, between being lost and passive, and responsabilised and autonomous.



Because those who were unable or unwilling to adjust to the rules and adhere to abstinence were perceived as threats, the turn to abstinence likely played a role in the production of the monstrous figure that took shape in the mid-1990s post-Cold War transformation: a person who injects drugs and stabs ‘innocent’ citizens with a ‘contaminated’ needle in public spaces. Unsurprisingly, drug use – the most common route of transmission in Poland at the time (Rosińska, 2006) – became increasingly conflated with HIV and, as such, constructed as a serious threat to the social order, public health and the general security of the Polish state. This led to the gradual introduction of a range of significant policy and legal changes at the turn of the 21st century, and to the emergence of a new type of criminal – the ‘drug user’, who had to be surveilled, disciplined and punished. Thus, this shift reveals forms of both disciplinary power and biopower: emphasising the need to deter young people from using drugs and manage those who do (through incarceration), and to control public health (through promoting sobriety) (Foucault, 1977). The criminalisation of drug use and its conflation with HIV did not undo its monstrosity by MONAR, but contributed to the monstrosity of people injecting drugs themselves – rendering them criminals and public health threats. Nor has it erased vulnerability: instead, innocent children and youth became the imagined prime potential victims of addiction. Measures to address drug use have also changed significantly – prison came to replace, or at least accompany, abstinence treatment centres.

Not surprisingly, representatives from two intersecting drug treatment organisations, Mrowisko and MONAR, expressed reservations about Władek’s proposed introduction of OST, framing it instead as deepening addiction. Only those in the most vulnerable positions – people with a terminal disease and pregnant women – should have access to methadone (Grzebałkowska, 2011); others should wilfully follow the path of abstinence. Diverging from and somewhat contradicting the logics of patients’ rights, citizenship and entitlements that were underlying Władek’s letter, those organisations, in effect, created ‘a new morally defined hierarchy of victims’ (Fox, 2001: 276) based on the severity of one’s illness, gender, and bodily state (pregnancy). Such a vision further re-produced the logics that have shaped drug policies in Poland since the 1980s – an abstinence-only approach, and the criminalisation of drug use, which presented PWUD in a contradictory manner: as a monstrous threat to social norms, youth, and national security, who should be kept in prison to save the rest of society, and, simultaneously, as vulnerable humans and patients who can be rescued only by abstinence. Władek’s efforts were thus responding to this landscape in which drug use was seen as increasingly threatening, with PWUD themselves, and not just drugs, portrayed as embodiments of threat.

Returning to Władek’s letter, his claims regarding access to OST signal a departure from the vision of humanity in MONAR’s programmes, contrasted by the monstrosity of drug use and protected through criminalisation. Władek sought recognition as a patient and subject of rights. His claims to a right to health and treatment allowed him to enact a sense of agency extending beyond the notion of the human – self-disciplined, controlled and abstinent – performed by Mrowisko and MONAR. In referring to patients’ rights, invoking sickness as grounds for claim-making, and contesting criminalisation (a contributor to his vulnerability), Władek demonstrated how the conditions within which he lives shape his capacity to act, and also his political subjectivity (Feldman,

2013). Thus, his activism mobilised and rested upon the notion of the human as citizen: dependent on rights and the state's obligation to care.

In 2011, Władek succeeded in bringing OST to Gdańsk, but the programme only offered methadone as opioid substitution. He then fell ill, and, in 2018, ultimately died, likely because the clinic in Gdańsk refused to provide him with buprenorphine, the therapy he had received in Kraków. Even when recognised as a patient, his life remained contingent on the will of providers to respond to his unique health needs – a will informed by social and political framings of PWUD, which remain largely unchanged with a myopic focus on patient rights. Although Carroll (2019), in analysing 'addiction imaginaries', notes that substitution recipients in Ukraine desire 'the normal life' as promised by OST programmes – expressed as social integration and the recuperation of lost family and employment – the full enjoyment of a 'normal life' is denied to many drug users regardless of their efforts to fit into a normative vision of humanity. These programmes, shaped by drug policies, healthcare systems, and local addiction imaginaries, are also conditional. While reconfiguring persons who use drugs into patient-citizens and subjects of rights, the adopted humanising strategy left unaltered the existing political, economic and social structures that (re-)produce the criminalised positionality of the 'toxic Other' (Carroll, 2019: 135–136). Władek's demands were only granted conditional and medicalised recognition: he was acknowledged and cared for as a patient in need of treatment, but not as a subject constrained by moral norms and social and political structures that limited his possibilities and agency as a person who used drugs.

### *Creating and mobilising facts*

In the 1980s, AIDS prison activists in Germany began to advocate for access to needle syringe programmes (NSP) for imprisoned PWUD. Although the epidemic unfolded rapidly among PWUD and the legislator legalised NSP in 1992, it took until 1995 for some *Bundesländer* (states) to initiate NSP pilot projects in selected prisons (Pant, 2000; Stöver and Knorr, 2014).<sup>2</sup> The change in prison health policy, brought about by these activists, first shows the effectiveness of scientific evidence where the evocation of rights and humanitarian mores fails to counter the framing of PWUD as amoral and security threats. Second, it illuminates how conceptions of the human change with the institutionalisation of activist politics.

A frequently raised argument against NSP by wardens, prison authorities and politicians was (and still is) based on concerns that prisoners could use syringes as weapons against prison staff and inmates. Here, different imaginaries of threat conflate. First, with the emergence of HIV/AIDS, PWUD 'signify contamination, disease and disgust' (Vitellone, 2017: 89), and the construction of the prison as a site of contagion made imprisoned PWUD appear foremost as 'a risk' to public health rather than a vulnerable group 'at risk' (Weston, 2019). Second, such concerns are based on the wardens' experiences with prisoners' frequent aggressions against them as representatives and executors of state power and punishment. Furthermore, prison staff and authorities continue to oppose NSP with reference to a moral dilemma: providing clean syringes would mean indirectly tolerating drug use despite the prison's strict prohibition and its legally-prescribed aim to rehabilitate the sentenced individuals. This moral and politico-legal



context of health and security allows for understanding the anxiety and moral confusion provoked by NSP. What makes NSP users so monstrous is their capacity to overstep boundaries of control and discipline, to attack the symbols of state sovereignty, and to unapologetically violate society's health and legally fixed moral universe of drug-abstinence and correctional rehabilitation.

To help make NSP available in prisons, activists have persistently challenged the threatening construction of imprisoned PWUD. In line with the West German penal reform debate, they framed NSP as a 'humane' measure of prevention in contrast to the then 'inhumane' prison health policies – i.e. prevention based on repression, isolation, coercion and the violation of privacy rights (DAH, 1989). Resonating with the shift towards human rights-based and evidence-informed public health policy-making (Chan, 2015), they instead considered 'humane' those measures that were based on consent, evidence, education, dignity and rights. Similar to Władek, activists thus imagined and enacted the humanity of imprisoned PWUD through the language of human and prisoner rights, and through particular capacities and properties, such as reason, responsibility and self-determination. But, unlike with Władek, the mobilised notion of humanity included the predictability of their behaviours. This articulation of the human corresponded with the subject of the penal reform and liberal prisoner rights movement, but also with the (neo)liberal 'good' citizen of public health (Ramsbrock, 2018; Vitellone, 2017).

Nevertheless, the activists' proclamation of the prisoner's particular humanity did not convince penal authorities. Activists therefore adopted further arguments, each of which adds detail to the notion of the prisoner-as-human. For example, they mobilised humanitarian and citizenship logics by stressing the mental and bodily vulnerability of prisoners, thereby turning them into deserving patient-citizens and calling upon authorities' moral sentiments or the state's duty of care (DAH, 1989; Stöver, 2014). In addition, they argued for the cost-efficiency of prevention in the name of public health and budgeting (DAH, 1989: 165). With this fiscal argument, they sought to constitute imprisoned PWUD as members of the body politic by turning them into numbers of fiscal calculation. They thus challenged the construction of the monstrous Other, whose menace is to be fought with any means, no matter the cost.

Despite these efforts, it was not until the mid-1990s that the evocation of scientific evidence effectively gave credibility to claims of the prisoner's humanity. In a 1995 plenary debate in the Berlin House of Representatives, the presiding Senator rejected a proposal for the introduction of NSP pilot projects, claiming that there was still no substantial evidence of causality between imprisonment and infection, nor of the harm-reducing effects of needle exchange. Later that year, a study was published by Müller et al. (1995) that, for the first time, showed needle sharing to be the main route of HIV transmission in prisons. An additional, and pivotal, further study demonstrated the efficacy of the first NSP pilot project in reducing HIV infections in a European prison; it also reported that not a single employee was attacked with a needle (Nelles and Fuhrer, 1995). These figures changed the Senator's mind: 'The Senate of Justice acknowledges its responsibility as derived from these scientific findings', she wrote in a statement explaining her decision to initiate two NSP pilot projects in Berlin prisons (Senatsverwaltung für Justiz, 1997: 4).

What makes numbers become ‘quantification tools and privileged semiotic resources of modernity’, Ballesterio (2014) writes, are their capacities of ‘presumed mobility, stability, and combinability’ (p. 37). Here, numbers were moved from one locality to another, and combined at their point of arrival with other numbers. Translating past (non-)events (no needle attacks) into numbers, the evaluation report by Nelles and colleagues appeared as a promise for a secure NSP in the future. This transformed the once plausible threat of a needle attack into an unrealistic – or even irrational – fear, and worked to minimise the perceived monstrosity of imprisoned PWUD. The Müller et al. study provided evidence for the particular sensual and physical vulnerability of imprisoned PWUD. It thus helped to shift the perception of prisoners from being foremost a source of risk for public health to being primarily at an elevated health risk themselves. Taken together, the studies created a public health responsibility that entailed the implementation of NSP, and made it possible to end the primacy of security concerns. Whereas evidence worked to transform the monster-prisoner into a human, and thus into a recipient of the state’s technical and medico-moral interventions, the implementation of NSP had particular effects on the constitution of the prisoner-human.

A closer look at the implementation of the new policy reveals the possible conditions and consequences of the institutionalisation of NSP, similar to what a critical reading of harm reduction has analysed as the disciplining effects of governmentality (Miller, 2001; O’Malley, 1999). Although policy makers and prison authorities had adopted the language of human rights and dignity, they prefigured the prisoner-human differently to than the activists. NSP was accompanied by the provision of special medical and social services, and by external HIV and drug counselling. Information, trainings, counselling and social therapy were thought to minimise ‘risky behaviour’, and support the ultimate aim of abstinence. Not imagined as evil *per se*, the PWUD here resembles the human of correctional criminology, which is rooted in the rationalist tradition of Enlightenment proclaiming the human’s ability to reason and perfectibility: although individuals are susceptible to negative social or family influences, they are able to develop and learn, and can thus be rehabilitated (Garland, 2002: 40). Although acceptance-based activists had originally refrained from insisting on behaviour change, and instead based prisoners’ deservingness on their mere human condition, the emphasis on humanity provided common ground for activists and policy makers.

This humanising process justified a change in prison health policy and instantiated a responsabilising and normalising mode of governing prisoners and PWUD. The therapeutic exposure of oneself, and the demonstrated will to remain abstinent, or at least to lead a ‘normal life’, binds the former norm-crossing ‘deviant’ back to society’s moral economy (Bergschmidt, 2004). In addition to the measure described above, policy makers requested a scientific evaluation to accompany the pilot project and to measure its results. Here, evidence comes as a tool of control and discipline: although activists welcomed the accompanying study as a strong advocacy tool to prove the effectiveness of NSP, it imposed a state of uncertainty because the future of the NSP was dependent on its results. In this sense, the study monitors PWUD – punishing deviant behaviour with ‘bad’ numbers and rewarding adherence with ‘good’ numbers – that ultimately determines the possibility of continuing this essential harm prevention measure. In this sense, activist efforts to implement NSP successfully transformed the threatening prisoner-monster into a deserving human, but also

into a rational subject whose moral autonomy is reduced to their will and capacity to care and manage risk for themselves (Vitellone, 2017: 3; Miller, 2001). Those who have previously been feared for their capacity to overstep norms are now tied to those very norms to secure their future health and survival.

### *Strategic re-moralisation*

In 2011, as the financial crisis provoked a political and social crisis in Greece, epidemiological data showed a rise in HIV infections among PWUD in Athens (Kloka, 2014). The conditions of crisis contributed to the fortification of a far-right movement in the country, and the targeting of migrants and other vulnerabilised groups by politicians from across the political spectrum. In 2011, for example, during a High Level UN meeting on AIDS in New York, the Greek Minister of Health erroneously claimed that the unfolding HIV outbreak was driven primarily by women from sub-Saharan Africa ‘brought to the country illegally’ and ‘forced to work as prostitutes’ (Kloka, 2014; Mavroudi, 2013). A year later, he signed a health regulation obligating health examinations, isolation and treatment for diseases of public health importance, including for HIV/AIDS, explicitly aimed at PWUD, sex workers, and people living below the ‘minimum standards’ of hygiene (Loverdos, 2012).

With this legal foundation, the Hellenic Centre for Disease Control and the police collaboratively initiated an operation meant to target migrant women in sex work venues. Over the next months, several hundred women – alleged to be sex workers and many of them using drugs – were forcibly tested for HIV in Athens. Photographs of the first 11 to test positive were posted on the police website, with their names and HIV status included, allegedly to alert possible clients who may have been infected. In their visible states of withdrawal and seen through the lens of a police camera, these images amplified the state’s monsterring of the women – a depiction as dishevelled, amoral and threatening that was further reinforced in the subsequent defamatory responses from national and international media outlets. Thirty-two women tested positive – most of whom were not migrants but rather Greek nationals – and charged with ‘repeated intentional grievous bodily harm’ and ‘illegal prostitution’. Kept in pre-trial detention for extended periods of time, many experienced symptoms of withdrawal and were at first denied medical treatment, including for HIV.

These events triggered an organised response by a range of local activist and service-provision groups that included public protests, letter-writing, prison visits, and legal and psychological support. These interventions, which helped to secure the acquittal of all charges, lasted 5 years. Although the national courts came to dismiss a lawsuit brought against the medical doctors who forcibly tested the women and the police for violating the women’s right to privacy, the case against the Greek state was ultimately brought to the European Court of Human Rights (ECtHR) by a volunteer group of lawyers and 13 of the women. In interviews we conducted in 2018 with the arrested women and representatives of the allied network, it was made clear that a key humanising tactic in both the national and European cases was the active erasure of sex work from the women’s biographies. From the perspective of our interlocutors, who sought to enhance the likelihood of success in the individual cases, this was a logical strategy: although there were

no clients to press charges, sex work was the alleged route of possible transmission, and thus the only justification for the alleged crimes.

However, European community-based organisations also published statements condemning the rights-violations (e.g. TAMPEP, 2012; TGEU, 2012). Importantly, the majority of these statements took for granted and often highlighted that the arrested women were engaging in sex work. This enabled reference to European and other transnational health-governing policies stressing the inclusion of sex workers in the human rights framework, and warning against the impact of criminalisation and policing on their health and safety. To be sure, the strategies adopted by the volunteer group of lawyers were also firmly anchored in human rights and public health logics. However, the moral reshuffling of life narratives through the erasure of sex work was an approach with social and political implications and not just legal ones. In other words, the moral character of the case was reconfigured to enhance the image of the women as innocent victims worthy of compassionate protection in a context where sex work continues to be seen not only as a misdemeanour but also as a social threat and moral aberration.

Embracing the cultural figure of innocence as a strategy for securing a status of innocence in the courtroom implicitly invokes a larger notion of humanity that is based on an ever-shifting, culturally-produced binary of innocence and guilt (Ticktin, 2017; Wang, 2012). In our interviews and the aforementioned court cases, several lawyers and representatives of the allied groups took pains to stress the guiltlessness and defencelessness of the prosecuted women – manifested in their homelessness, economic disempowerment, and withdrawal symptoms. ‘They were so weak. They could not defend themselves’, Daphne, a representative of an allied organisation, told us. Multiple interviewees described the women as ‘easy targets’ – even, at times, as ‘human ruins’ – arguing that their gender, vulnerability and addiction to drugs were used as incriminating evidence. Rather than viewed from the texture of their experiences, these women were thus positioned as ‘targets’ and ‘ruins’, unknowing victims unfit for defence or resistance. Although both sex work and drug use are criminalised in Greece, one of the prosecuted women told us that sex workers are perceived as criminals by Greek society while PWUD are constructed as sick and in need of rescue. Whereas criminalisation implies the existence of blame-full subjects of crime, the pathologisation of drug use here removes the capacity for willed action – and hence the attribution of blame – from those who use drugs. As with NSP in German prisons or OST in Poland, drug use comes to be seen as a factor of vulnerability through the process of medicalisation. Rather than grounded in rights through citizenship or biostatistical analyses, however, the vulnerability of drug use becomes yet another factor that renders someone innocent.

Ticktin (2017: 578) notes how innocence exists in a space of ‘freedom from’ – freedom from guilt, but also, in this instance, freedom from knowledge, intention and fortitude. ‘In marking off a period of epistemic and moral purity’, Ticktin (2017) writes, ‘the concept of innocence has produced worthiness, but only insofar as it is also a space of freedom from desire, will, or agency’ (p. 579). However, the contours of innocence are rarely if ever in terms of extremities. Pure purity is an imagined ideal of humanity that is produced through the turn to innocence even as freedom from guilt does not necessarily mean freedom from desire for pleasure – in this case, a desire for drug use. Within a notion of the human defined through innocence, the arrested women shift along a monster–human continuum:

from criminals to victims, they are located outside of normative humanity, made up of rational, autonomous and agentic beings, but instead come to exist within a humanity dependent on a division between worthy victims and threatening Others (Wang, 2012). Unable to achieve the form of ultimate purity that constitutes the human within a politics of innocence and guilt, the women exist in a liminal space between human and monster.

In their arguments, the lawyers and other supporters also highlighted the monstrous perfidy of the state, and the rights violations it committed against the 'easy targets' among its citizenry. Stuck in a monster-victim dynamic, the re-humanisation of the women was thus also dependent on the re-configuration of the state as monster. As such, the ECtHR case against the state of Greece did not necessarily aim to provoke a shift in the law, but rather in the moral assessment of the state's violations of pre-existing human-rights conventions. Strategic re-moralisation thus relies on the court to ensure that rights violations are not only against the law, but that they are above all regarded as morally wrong and worth condemnation. Trading in the politics of innocence and guilt, these actors reframed the moral economy of monstrosity – the use of emotions, values, norms and obligations in terms of threat and vulnerability (Fassin, 2012: 266) – by re-ascribing the moral attributes of the actors involved with the aim of provoking a shift in the moral perception of those actors by society at large. The notion of worthiness reproduced with strategic re-moralisation – operating within the binaries of guilt and innocence, vulnerability and threat, monster and victim – comes to exclude sex work as a form of livelihood perceived and policed as amoral and threatening to the social order.

## Discussion: the promise of monsters

While threats, similar to humanity itself (Feldman and Ticktin, 2010: 5), are often perceived as universal, this text has shown that embodiments of threat – or what we have analysed as 'monsters' – are situated, contradictory and unstable. In response to the production of these monsters, a variety of humanising strategies have been mobilised by activists locally, each reflecting and (re-)constructing a particular understanding of what it means to be human. In the analysed fields of criminalisation and HIV/AIDS, these strategies include appealing to a moral obligation to respond to biological suffering and potential death, the evocation of rights and political critique, the creation and mobilisation of scientific facts, and the strategic shift of the moral economy of innocence and guilt.

The corresponding (re-)emergent notions of the human sit at the intersections of humanitarianism, human rights, public health, and citizenship logics. In the case of X, the mobilisation of legal obligations explicitly named humanitarian render a biologised human grasped through physical suffering and biological life. A product of entangled human rights, humanitarian and public health guidance for state treatment of non-citizens, this framework produces a global human as assessed and understood through a local context. In Poland, the utilisation of a citizenship framework, entwined with the medicalisation of drug use, produces a notion of the human as a patient-citizen whose vulnerable condition entitles them to state care services. As this idea emerged in contrast not only to the figure of the monster but also to the humanitarian notion of a vulnerable and thus deserving but passive human being, the proclaimed human-as-citizen defines themselves through rights and entitlements. A similar notion of the human was evoked

by German activists, which shifted with its institutionalisation within state policies. The stress on behaviour change and personal development based on the rationalist tradition of the Enlightenment, embodied through public health research based on biostatistical calculations and conclusions, thought of the human as developable and optimisable. In the Greek case, the human comes as a formal subject of human rights and entitlements enacted through the judiciary. But the conflation of pragmatism with morality reveals that the humanity of the human rights subjects relies on their convincingly demonstrated innocence and victimhood.

These strategies have contributed to the de-monstering of implicated subjects, thereby allowing them to, respectively, safeguard access to life-sustaining medications and equipment; reduce exposure to discriminatory treatment; secure the freedom of movement and a certain standard of life; and seek justice and accountability when rights have been violated. Emerging from contexts in which life chances are reduced and the extent of suffering is high, these strategies open possibilities of survival, recognition and inclusion for those who have been pushed to the margins of society. They have helped to provoke public debate, legal shifts and new forms of solidarity and social mobilisation that allowed for reconfiguring the moral and political economies that come to define criminalised individuals and practices. Nonetheless, they also come with limitations, consequences and implications for both the humanised subjects and the social and political realities in which they exist.

In all of the cases, shifts towards humanity entailed the inclusion of the formerly Othered into societies' epistemological and moral universes, which are fundamentally shaped by state and transnational governing institutions. These shifts involve the normalisation or suppression of 'abnormal', 'irrational' or 'guilty' dimensions of criminalised subjects, thereby taming their capacity to confuse or confront societies' worldviews, and ultimately foreclosing possibilities to imagine and prefigure a being-in-the-world otherwise. As we have shown, humanising might entail the erasure of illegitimate desires, pleasures, economies and threats to authorities; first and foremost, (formerly monstered) humanised subjects are left with limited space for will, agency or desire – especially, perhaps, when that agency is read as *responsibility* for their monstrous activities (Sharpe, 2010: 147). Whereas self-determination is thought to be a core principle of humanity, for those who inhabit the hybrid spaces between guilty and innocent, self-determination can be only granted as the will to normalise. Furthermore, the cases have shown that the turn to governing institutions entails re-instantiating a dominant moral economy and only imaging humanity under the protection of powerful governing structures. When negotiated through governing institutions, certain subjects enter the universe of moral obligations that constitute situated ideas of humanity. However, these processes solidify rather than transform the monster-human continuums, and thus 'foreclose alternative political possibilities for addressing the larger state of affairs of the situation that would make a difference that matters for the vast majority of those beings whose lives remain precarious' (Zigon, 2013: 732–733).

Given these limitations, rather than reject figurations of the monster, we might thus ask whether its threatening power can be seen, not just as a force to be tamed and repressed, but also as a potential for engaging with the moral, social and economic anxieties that translate into criminalising norms and practices. The 'promises of monsters' (Haraway, 1992)



suggest that there is reason to embrace the figurations that cast light on such anxieties so that, rather than work to move away from the monster along monster-human continuums, we might recognise, open for discussion, and even work through the social conditions that produce the binarised ends of the spectrum. If the production or rejection of the monstrous (as aggressive, pleasure-seeking, uncontrolled, transgressive) entails a particular rendering of the human (as responsible, rational, norm-abiding, innocent), thereby producing and stabilising the social order, how might embracing the monstrous help to shift the boundaries around humanity to include complex and conflicting relations, practices and subjectivities? What might monster–human continuums reveal about the vulnerabilities of existing social and moral orders? How can activism and advocacy be thought of otherwise when the transgressive potential of the monster is embraced instead of erased?

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### Notes

1. These rules, although liberalised over time, have led to a dominant vision for responding to drug use that favours abstinence over harm reduction.
2. Within the federal system of Germany, the penitentiary system is regulated by the different states’ Ministries of Justice. Therefore, each of the 16 federal states has a different approach towards harm reduction in correctional facilities. We focus on the state of Berlin, but propose that the different positions here resemble discussions in other states, but with different outcomes.

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