1. Introduction

The ACT UP movement emerged in the late 1980s in the U.S. to fight the AIDS epidemic and draw public and state’s attention to it. One of the many things that distinguish this queer movement from others is the variety of visual strategies that were employed. In this paper, I focus on one of those strategies: i.e. how ACT UP criticized the movement’s political enemies in particular and biomedical politics in general in its own posters. By analyzing this visual discourse, I argue that ACT UP used the genre of monstrosity to counter homophobic scientific-popular discourses of AIDS that were demonizing gay men and constructing their image as monsters. I claim that such discursive confrontation of ACT UP were realized by deliberately employing visual strategy to appropriate the genre of monstrosity from those scientific-popular discourses. First, I will delineate these latter discourses before turning to the aspects of monstrosity and monstrous homosexuality. I will finish with a short analysis of ACT UP’s visual strategy of using posters to respond to popular-scientific discourses of AIDS.

2. The image of the gay man in the AIDS crisis

The AIDS crisis in the American society in the 1980s was accompanied by state ignorance, scientific homophobia, and media hostility directed against homosexuals. Media played a significant role here: together with early medical discourses of AIDS that labelled it a “gay cancer”, “gay disease” or “gay plague” interchangeably (Epstein 1996, 45-48; Lupton 1994, 8), the media was thoroughly constructing AIDS as a mysterious retribution to promiscuous homosexual life. The discourse around AIDS was grounded in hierarchical binaries: illness/health, Homosexual/heterosexual, guilty/innocent, perpetrator/victim, contamination/cleanliness, abnormal/normal etc. (Treichler 1987, 63-64). The discursive constructions of binary oppositions served to stigmatize
those living on the “other side” of AIDS. As Deborah Lupton (1994, 49-50) shows in her analysis of the Australian press that reflected the tendencies of the U.S., in the early 80s media reports coupled AIDS with gayness, deviance, plague, mystery, and death, and constructed those binary oppositions to defend the general heterosexual public from any connotations to AIDS.

Treichler (1987) states that biomedical discourse in the U.S. also operated in the same way: “ambiguity, homophobia, stereotyping, confusion, doublethink, them-versus-us, blame-the-victim, wishful thinking: none of these popular forms of semantic legerdemain about AIDS is absent from biomedical communication” (37). Moreover, those popular discourses that tied AIDS with homosexuals were directly buttressed by scientific ones. During the early 1980s, scientific explanations of AIDS were formulated within the interpretative frame of immunology, since the first cases of AIDS were understood to be unknown immunological breakdown in gay men (Patton 1990, 61). Immunological interpretations emphasized the nuanced relationship between environment and body, the disturbance of which caused weakness and illness of the body (Ibid.). This immunological viewpoint introduced the popular “immune overload” hypothesis that was based on the presumption that AIDS is most probably caused by the excess of gay life style: too much sex, too much semen, too many sexually transmitted diseases and too many recreational drugs to fight those diseases (Epstein 1996, 49; Patton 1990, 61). Despite the already known cases of AIDS in IV drug users, biomedical discourse insisted on the causal relation between gays and AIDS. This means that both popular and scientific discourses were ruled by the same biased ideological narratives and explanations that were consolidated by the media. During the early period of the AIDS epidemic, media representations were used to completely separate AIDS from the general public, the “white non-drug-using heterosexual population” (Bersani 1987, 201), not without the help of biomedical discourses.

However, when the increasing number of AIDS cases in IV drug users and hemophiliacs was reported in 1982 and especially when HIV was identified in 1984, immunology ceased to be an adequate explanatory framework. It was replaced by a virologic conceptualization built on the discovery of the virus-like agent that causes AIDS and on the principle of “one disease, one cause, one cure” (Epstein 1996, 59). As a result, later treatments and drug trials were also based on the virologic model: unlike the early treatments where immune boosters were used, later treatments
and drug trials were designed to attack the virus itself and prohibited using any other medication, not even those drugs that could stop deadly opportunistic infections (Patton 1990, 63; Collins and Pinch 2005, 165). Virologic thinking inspired public discourse and popular modes of thinking as well: it was feared that now AIDS might potentially affect everyone (Epstein 1996, 59) while still being an attribute of the homosexual who is “morally culpable (both self-destructive and homicidal) for engaging in activities which might result in HIV infections in the absence of a “cure” or “vaccine”” (Patton 1990, 64). Biomedical discourse was again to support and inspire popular discourses of AIDS.

Alongside the emerging cases of AIDS within the general population¹, public discourse gradually changed and AIDS began to be perceived not as an isolated gay problem, but as a threat to the general public. Homosexuals started to be seen as serial killers, putting everyone around them at the risk of deadly virus and deliberately spreading HIV within the general public (Bersani 1987, 220-211). It was understood not just as a health crisis but a moral crisis as well: homosexual men threatened the sacred unity of “the family”, “the nation” and even “the species” (Watney 1987, 75). The “evil” was not just promiscuity, but the dangerous and heartless monstrousness causing panic, fear and anxiety everywhere around.

Moreover, according to Lupton (1994), both popular and scientific texts started addressing AIDS and its ‘carriers’ by employing the discourse of “invasion”: “AIDS discourse has roused pollution, contagion and contamination anxieties to do with the maintenance of bodily and societal boundaries against invaders” (132). Historian of medicine Mirko G. Grmek (1990, 3) stresses the same aspect – AIDS was not only a “strange” disease, but also “foreign”, coming from “strangers” from “beyond” attacking the healthy society. Nevertheless, paradoxically, these invaders were not outside the safe bodily and societal order: “Like HIV lurking silently within a nucleus of a cell, the ‘other’, the gay man, prostitute or injecting drug user, lurks within the body politic, breaking boundaries by spreading disease into the heterosexual population using bisexual or promiscuous men as the carriers of infection” (Lupton 1994, 133). This general notion illustrates how scientific and popular discourses and perceptions were conflated and reveals how hysteric and paranoid was the public response in the face of its own created monster – the promiscuous gay man (so alien that it must have come from the “outside”) deliberately spreading a deadly virus from inside of society, so that the general public could never feel safe again.
Imagining a deadly threat, the general public burst out with hysteria and homophobia aiming to destroy the monster. The solutions of the AIDS crisis that the general public, together with the media, came up with was, for instance, the sterilization of ‘AIDS carriers’ or the recriminalization of homosexuals (Bersani 1987, 199). Another solution, this time from the American government, was to consider mandatory AIDS testing without guaranteed anonymity, which was understood as an effort to define a new class of people and in this way make them disposable and dependant on the state which at that time was fascinated by the idea of massive quarantine (Bordowitz 1987, 183-184). The state here also played a significant role. During the AIDS epidemic, Reagan’s administration illustrated how biopolitical state actually works and how “the right to make live and to let die” (Foucault 1997, 241) was exerted in the epidemic: Reagan’s ignorance of the AIDS crisis on the state level, the insufficient state funding for AIDS research, AIDS testing and safe-sex campaigns lead to neglected lives of thousands who died from AIDS. The state policy was accompanied by institutional system that carried out its biopolitical tasks: for instance, employers could fire employees with AIDS, doctors refused to operate on people with HIV, schools refused forbidden children with AIDS, etc. (Bersani 1987, 199). All this illustrates how biopolitical state fragments society into classes, creates the separate new class of gay men and other groups of people tied to the risk of AIDS, and leaves them to die.

The picture of AIDS-affected homosexual man was constructed from two fabrics – the narratives of sexually perverse promiscuous homosexual man and of deadly power of HIV/AIDS that both were produced by scientific-popular discourses. It is not surprising then that the “master narrative” of the AIDS epidemic constructed gay men as promiscuous killers, deadly invaders, and polluting deviants that destroy society, population, nation, family, morality, and sexual norms. In the next section I will look how this image was constructed through the genre of monstrosity. It will help to look more in-depth into the social regimes that constructed and maintained this image.

3. The gay man as monster

A monster is the product of the cultural, social and political imagination that has a specific place in a society. Nevertheless, monsters are not merely metaphors: for society, monsters are real – embodying the worst nightmare, causing the ultimate danger for social /cultural/ political/ /bodily orders and their normative standards. Monsters – the object of
public hysteria, fear and anxiety – are constructed by the media, state, politics, public rhetoric, science, public emotions and other ways through the genre of demonization, dehumanization, criminalization and monstering.

How monsters are made? Edward J. Ingebretsen (1998, 30) claims that monster-making is, on one hand, about the repudiation, denial, and dis-nomination of the one who violates the order(s) of society and, on the other hand, the naming, identification, and cursing of that deviance as monstrous. The analysis of scientific-public discourses of AIDS quite accurately illustrates this monster-making process: the marginalization and separation of homosexual men from the healthy general public was accompanied by naming/cursing them as various kinds of monsters: promiscuous killers, deadly invaders, etc. What was understood as especially monstrous in homosexuals is the breaking of bodily boundaries, disrupting corporeal integrity and thus all bodily order by invading, polluting, and contaminating the population of healthy bodies. This was perceived as monstrous because “the notion of the diseased, the unclean or the contaminated is never just an empirical ... descriptor, but carries the weight of all that stands against – and of course paradoxically secures – the normative categories of ontology and epistemology” (Shildrick, 2002, 70). In other words, “the homosexual monster” is seen as threatening not only to society but to the whole of Western culture and its normative values: it threatens the closed, pure, and rational body image as well as the bodily integrity of the unitary subject and the stability of the relationship between the Self and the Other.

Nevertheless, monsters play a very crucial role in a society: they are paradoxically used as a mark that helps to reassert the normative values. As Shildrick (2002) perfectly describes, “the monster... rather than being simply an instance of otherness, reminds us always of what must be abjected from the self’s clean and proper body” (54). Thus a monster is a reminder, calling people to come back to the roots of the normative life. That is why monster-making works as a social ritual of periodic cleansing from the diseased elements in a society: those elements are pushed into the margins of the social body and serve there as an “outside” according to which “the normal” is reasserted and secured (Ingebretsen 1998, 26). In other words, monsters tell us how to be good and normal and what happens when you are not (Ibid.). The AIDS discourse that I depict above is similar: it shows how homosexual men, together with other AIDS-affected groups, served to reinforce the binaries between
homosexual/heterosexual, illness/health and so on, to consolidate the categories of what is normal, to remap the borders of the general public, and to solidify conservative morality and traditional values.

Another role that monsters have to play is to die. Ingebretsen (1998, 29-30) claims that from the very beginning a monster is created for the purpose to be killed, for it cannot be left to live, since it reveals that the society in which monster has emerged is not perfect, that the regimes of normality in that society are not ideal, that monsters are our failed selves, and that monstrousness is a potential in all of us, because our ways of living to some extent are hardly compatible with social norms. Monster-making is not about something foreign or outside of us or our society. Popular imagination portrays monsters as always local, existing nearby in the neighbourhood or even in our own homes (Ingebretsen 1998, 31). Monsters are inherent in society and that is obvious when analyzing discourses of AIDS: homosexuals are invaders, and intruders, but at the same time they are always already inside, lurking silently within the nucleus of a society.

The same paradox of the homosexual monster recurs in the scientific modes of thinking about AIDS as well. While in the virological framework the virus is invading from the outside of the general public in the body of homosexual man, the immunologic explanation suggests that for a society, AIDS and gay man are not “an overwhelming enemy, but a slow degeneration that occurred after the tolerant host had diminished its controls or surveillance” (Patton 1990, 60). What joins these two sides of the paradox is anxiety and fear caused by the uncertainty and unpredictability that the paradox brings. Such a long and deadly history of failure and mistakes that modern science had with HIV/AIDS shows that anxiety and fear coming from biomedical discourses were not the last factors in constructing the paradoxical monstrosity of AIDS and gay men.

Making a gay man a monster is about delineating the boundaries of what is human and what is non-human or in-human. Thus monster-making is also human-making (Ingebretsen 1998, 30): through the denial, rejection, and marginalization of homosexuals and other groups on the margins, society reinstates its values, norms and rules. A monster is itself a paradoxical creature: he is an invader that lives within a society to embody its fears and anxieties.
4. Political enemy as monster

During the AIDS crisis, the ACT UP movement was fighting not only against the actual ineffective state politics but mainstream representations of AIDS as well. In the context of massive disinformation about HIV/AIDS and the hostile discourses demonizing homosexual men, the ACT UP movement used various forms of visual activism to produce counter-representations and counter-information of AIDS (Crimp 1987, 14). The posters that were used by the movement in various protests, I claim, are one of those counter-representations of the AIDS discourse. In this section, I will analyze posters of two kinds (all from the late 1980s and early 1990s): first, those which depict the faces of the movement’s political enemies (various politicians and priests) as different types of monsters and, second, those which criticize monstrous biomedical politics. These two types of posters represent two directions of ACT UP critique: a response to popular and scientific discourses.

My analysis shows that these ACT UP posters were used strategically and deliberately as a response either to prevailed demonizing scientific-popular discourses directed against homosexuals and promoted by the political figures or to the ignorance of political leaders and biomedical politics in the face of the AIDS epidemic that let this crisis and those discourses to thrive. The posters were created to visualise the monstrousness of those political enemies and those biomedical policies for not taking responsibility for the public health crisis. This strategy of ACT UP is about giving back the monstrousness, reconstructing monstrosity in the AIDS discourse and turning back the responsibility of AIDS crisis. The posters convey the messages that it is biomedical politics that are monstrous because of their ineffectiveness, that it is politicians who are monsters because they ignore thousands of deaths, that it is their responsibility to take measures and stop this public health crisis, and that it is they who are serial killers destroying the society and who let the virus spread. Turning to a short visual discourse analysis will show how the monstrosity genre was created by visual means and how this visual discourse turned the monstrosity (previously ascribed to gay men) back. Since this article aims to delineate the logic of inverting monstrosity genre, my short analysis will serve as an illustration of discourse inversion strategy rather than a detailed account of the visuals, including the specific contexts from which the posters emerged.
In the first group of posters, probably the most famous one used in many ACT UP campaigns was the “AIDSGATE” (fig. 1). It portrays then-president Ronald Reagan by using direct visual allusions to monstrousness because of his scandalous ignorance to take any significant measure towards AIDS crisis or even address it publicly as an issue until 1987. The face coloured green, demonic red eyes and face expression reminds the viewer of Frankenstein or at least persuades us that what we see is some kind of monster. In these graphics the responsibility, guilt and monstrosity of the AIDS epidemic is redirected to Reagan as the specific political figure as well as the main icon signifying homophobia at the time. The second poster (fig. 2) that was mainly used in the 1990s continues within the monstrosity genre: the eyes and the facial expression of the conservative homophobic politician Newt Gingrich looks crazily demonic and this depiction works again to readdress the hostile discourse back to where it came from (as in “it is not homosexuals or AIDS, it is you and your homophobia that is a heartless monstrous killer”).
A different visual rhetoric is employed in portraits (fig. 3 and 4) criticizing religious leaders and the homophobia coming from the Catholic Church. The spiral eyes in both faces suggest that they are hypnotized (by religion or homophobia) and thus mad and insane. That is why they are dangerous to society (“Public health menace”) and need to be stopped (“Stop the Pope”). That is the exact inversion of the public discourse of AIDS which normally presented homosexuals as those who endanger public health and society by spreading the virus.
Figure 3. ACT UP New York, Stop the Pope. John Paul is a drag. 1996-7. The New York Public Library.

Figure 4. Vincent Gagliostro, Public Health Menace. 1987. International Center of Photography
Figure 5. ACT UP New York, Buchanan AIDS disaster. Campaign '92. 1992. The New York Public Library

Figure 6. ACT UP New York, SERIAL KILLER
The last four posters (fig. 5, 6, 7 and 8) present politicians as an embodied ultimate evil. In the first poster (fig. 5) Reagan’s Chief of Communication Patrick Buchanan is called an “AIDS disaster” and made to look like Hitler (by drawing Hitler’s moustache and red eyes), hence, the human monster. This poster is a direct reaction to Buchanan’s homophobic discourse and his infamous public statements: for instance, he once claimed that AIDS is “an awful retribution of nature” (Volsky 2014). This poster works similarly to others – it inverts the discourse: “it is not we, it is you who are “AIDS disaster””. The other two posters depict President George Bush and name him as a serial killer and monster (“Stop this monster”, fig. 7) by stressing his failing responsibility to manage the AIDS crisis. It again sends back the discourse of monstrosity and guilt (attached to gay men) to the most important political figure responsible for not taking sufficient measures in the face of thousands of deaths. The last graphic (fig. 8) resembles the others: the Governor of Puerto Rico, Hernandez Colon, becomes another target of ACT UP and is called the “AIDS criminal”, or rather labelled as one.

Labelling is an important visual motif that is common in most of these posters. Labels such as “Serial killer”, “Monster”, “AIDS disaster”,...
and “AIDS criminal” attached to the faces of political enemies signifies the power to label, or to put things into categories. In the context of inversion strategies, this means detaching and redistributing the social labels attributed to homosexual men in the AIDS epidemic. Labelling is also the power of naming and of holding some kind of discourse, which means having at least some control over the categories that are attributed and distributed. Thus this strategy of labelling is an active and powerful response to social stigmatization of gay men: labelling here is another way of expropriating and redistributing power and discourse in a manner of inversion.

The second group of ACT UP posters is about the monstrousness of biomedical politics. In order to address the importance and urgency of national health care system in the face of an epidemic, ACT UP used highly visualized posters. One depicts dead bodies lying on the street and ignored by those passing-by – this quite literally displays that “health care cuts kill” (fig. 9). It directly addresses the specific biomedical policies and exposes their deadly effects. The poster also depicts a shocking ignorance and indifference of those policies to those dying of AIDS, so it raises again the questions of responsibility and guilt.

Figure 8. ACT UP New York, GOB. Hernandez Colon. AIDS criminal. 1996-7. The New York Public Library.

Figure 10. ACT UP New York. AIDS is a primary issue. 1996-7. New York Public Library.
Figure 11. ACT UP New York. AIDS is a primary issue / The Republicans Want Us Dead. The Democrats Don’t Care. 1996-7. New York Public Library.

Another poster (fig. 10) shows a mass of human skulls lying in front of the White House with the text “AIDS is a primary issue / demand a national plan on AIDS”. Similar to this one, the two other posters (fig. 11 and 12) use the same motif of skulls and the same slogan, adding to it “The Republicans Want Us Dead, The Democrats Don’t Care”. All of these posters direct the responsibility for the deaths of AIDS victims to political power and biomedical politics (in particular, health care cuts and a lack of national strategy) that failed to take the proper measures to tackle the crisis. ACT UP was criticizing the American health care system in general: activists used to stress that in the AIDS epidemic the U.S. still remained the only industrialized country other than South Africa without a nationalized health care system. The skulls and dead bodies in these posters function to invert the popular-scientific discourse by appealing to the monstrousness of biomedical politics which neglected and abandoned those who were in the need of medical protection.
Figure 12. ACT UP New York. March on the candidates / AIDS is a primary issue. 1996-7. New York Public Library

Figure 13. ACT UP New York. Mandatory HIV testing is here!. 1996-7. New York Public Library.
Another ACT UP poster is part of the campaign against mandatory HIV testing for immigrants that resulted in exclusions and deportations (fig. 13). In this poster, activists used the black and white American flag with a crazy-looking doctor holding a syringe in his hand and pointing his finger straight to us. These visuals were used to create a portrait of a mad, obsessed and dangerous doctor – the inversed portrait of how usually doctors are perceived. One more poster that uses an image of a doctor as well portrays a greedy-looking male doctor and tells: “healthcare not wealthcare / greed=death / we die they profit” (fig. 14). This was ACT UP’s attack on pharmaceutical companies profiting from selling AIDS drugs when the expensive pricing of AZT raised the controversy. This image again transforms the medical authority and scientific objectivity of a doctor into something totally opposite: a morally corrupted figure.

5. Conclusion

To conclude, in the visual campaigns of ACT UP the monstrosity genre had a different function and purpose than in homophobic discourses. The monstrosity genre for ACT UP was a way to respond to those scientific-popular discourses that portrayed gay men as monsters destroying a healthy society. The movement took this genre to appropriate and invert it and in this way resignified what is monstrous and who are
monsters in the AIDS epidemic. This appropriation and resignification served to redirect responsibility and guilt to the homophobic discourses and homophobic politics that made the AIDS crisis so deadly. This analysis also allows us to better understand the role of monstrosity in the time of the crisis: the figure of a monster is usually employed to reinstate and reassert the norms and values of a society through the rejection and marginalization of the Other. However, the example of ACT UP reveals that a monster has agency to respond with appropriation, resignification, redistribution, and inversion of his own monstrosity as a resource of power.

It is important to note that this visual strategy was not the only one or exclusive to the ACT UP movement. ACT UP and its artists collective, Gran Fury, that produced a big part of ACT UP’s visuals were using many different visual tactics and strategies and this analysis only adds another small detail to a vivid and diverse picture of this political and cultural movement.

Bibliography

Donatas Paulauskas - Inverting Monstrosity


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1 Treichler (1987) claims that “the major turning point in US consciousness came when Rock Hudson [a famous American actor] acknowledged [in 1985] that he was being treated for AIDS” (43).