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PROSTITUTION AND HIV INFECTION

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There is existing a moral pestilence which creeps insidiously into the privacy of the domestic circle, and draws thence the myriads of its victims, and which saps the foundation of that holy confidence, the first, most beautiful attraction of home.

W.W. Sanger, MD, *History of Prostitution*, 1895

Laws prohibiting prostitution and the related "offenses" of solicitation and loitering have been formed from the rhetoric in struggle "to uphold the nation's morality" or to guard "the family against vice and depravity" or to protect the unsuspecting "general population" from disease. Sometimes prostitution laws are justified in liberal terms, for example, to protect prostitute "victims" from the violence bred by a sexist society. Regardless of legal intent or means of justification, laws prohibiting nonviolent sexual behavior between consenting people violate individual freedom. They cut right through us. With these laws, the state assumes enormous power over our sexualities, our identities, and our lives. The state could use this power to persecute all of us, but instead invokes it discriminately to penalize only a select minority.

A prostitute is said to be one who commits common indiscriminate sexual activity for hire, in distinction from sexual activity confined exclusively to one person; therefore a woman who indulges in illicit sexual intercourse with only one man has been said not to be a prostitute. On the other hand, it has been held, whether a woman is a common prostitute does not depend alone upon the number of persons with whom she has illicit intercourse but rather may be judged from all the surrounding circumstances, including her acts, conduct, and utterances, and a determination as to whether she was lacking in discrimination within the commonly accepted meaning of that word in submitting to, or offering her body for, illicit sexual intercourse. Since the usual motive for indiscriminate sexual intercourse is the money paid therefor, prostitution is sometimes defined to be indiscriminate sexual commerce for gain, or for a fee, and gain has been made an element of the crime by statute in some jurisdictions...

Irwin J. Shiffres, J.D. "Prostitution,"
American Jurisprudence, 2nd Ed., 1984

Prostitution is illegal in all the United States except in a few counties in Nevada where it is legal and regulated.¹ Criminal definitions of prostitution are sexist, vague, and arbitrarily enforced and applied, as the above excerpt from a popular legal text suggests. Early state and municipal legislation defined and prohibited specific sexual acts as prostitution, but this approach proved too difficult to enforce. As a result, legislation over the past 30 years or so has supplemented earlier laws prohibiting not only the sex defined as prostitution, but also the solicitation and loitering behavior determined to precede it. This approach, of course, allows the state more power to arrest and prosecute. The U.S. government spends an estimated \$227 million per year on arrests, prosecution, and incarceration of sex workers.²

There are many different ways to work as a prostitute. The most visible and recognizable involves street solicitation, but street work constitutes only 10 to 20 percent of prostitution in the United States.³ Streetwalkers usually make less money and work under more dangerous and stressful conditions than women working as kept mistresses or in brothels, massage parlors, or escort agencies. Racism, ageism, and economic violence dictate that more women of color, poor women, and young women in the sex industry tend to work in disproportionate numbers on the street and, generally, in more unfavorable conditions.

Prostitute arrests and prosecution practices reflect legal discrimination on the basis of gender, race, and class. Of 126,500 people arrested on prostitution charges in 1983, only 10 percent were male heterosexual customers, while 73 percent were female sex workers, and 17 percent were male transvestite or preoperation transsexual workers. Almost 90 percent of prostitutes arrested are women who work the street. Though approximately 50 percent of street prostitutes are women of color, 55 percent of those arrested and 85 percent who actually do jail time are women of color.⁴

More women on the street are substance users or are more likely to have sexual partners who are addicted to drugs. High seroprevalence rates reported among street workers have run parallel with reported practice of IV drug use (which assumes unsafe needle-sharing) and unprotected sex with IV drug-using men.⁵ In addition, some women who may or may not think of themselves as sex workers exchange sex for drugs, especially crack, in desperate situations. Many women believe that only other so-called bad women, whores, and drug users, get AIDS. The madonna/whore dichotomy pervades our culture and psyches, making it difficult for many women to make an objective assessment of risk for HIV infection.

Prostitutes as Scapegoats

A German bullet is cleaner than a whore.

Colonel Care Poster, World War I hygiene propaganda, c. 1918

Along with gay and bisexual men and IVDUs, prostitutes have been blamed for AIDS. Prostitutes have been depicted as "pools of contagion," "reservoirs of infection," and "vectors of transmission" who are "selling death" to the supposedly pure, innocent heterosexual population.

To date, the scientific community's interest in prostitutes has stemmed from the perceived threat of infection posed to straight men. Mandatory HIV testing for prostitutes has gained popularity in response to these fears, not concerns about prostitutes' health. Rarely is it suggested that a sex worker test her HIV status in order to seek treatment or to better govern her own life. There has been no real cry of concern for prostitutes' lives, even though female sex workers are at far greater risk of contracting HIV from clients than clients are of contracting HIV from sex workers.⁶ Heterosexual transmission studies indicate that male-to-female HIV transmission through penis-vagina and penis-oral sex is far more likely than female-to-male transmission in the United States.

Most professional sex workers routinely use condoms for both oral and vaginal sex,⁷ sometimes by sneaking them on unbeknownst to johns. Sex workers are far more likely to practice safe sex than other sexually active women.⁸ But there are barriers to routine condom use. Condoms themselves can be expensive, and not all women can afford them all the time. And like other heterosexual men who prefer not to use condoms, johns will sometimes either refuse to use a condom or will offer more money for skin-to-skin contact. Heterosexual men have a legacy of

bearing no responsibility to prevent pregnancy or STD transmission, so it is unusual for johns who do not perceive themselves at risk for AIDS to readily take responsibility for safe sex with prostitutes. Sex workers may also be at risk for HIV infection from their lovers. Women who use condoms on the job might not -- as a way of expressing love or trust or to separate sex for work from sex for pleasure -- use barrier methods at home with their lovers. And finally, in many cities, police undermine sex workers' efforts to practice safe sex by confiscating or destroying condoms and bleach during prostitute arrests. In San Francisco, COYOTE (Call Off Your Tired Old Ethics), the prostitutes' advocacy organization, fought this practice and obtained a special order from the police department stopping seizure of condoms and bleach.

Prostitute Seroprevalence Studies

Many studies have been done to determine the rates of HIV infection among women sex workers in the United States, with seroprevalence rates ranging from 0 to 65 percent.⁹ In a 1985 study highly publicized upon its release, Hunter Hansfield, Director of Public Health in Seattle, reported that 5.5 percent of prostitutes were seropositive. As a sample for his study, ninety-two women in jail for prostitution were forced to give blood for the ELISA test. Not only was his sample unrepresentative of the prostitute population, his HIV test also generated false positive results. A subsequent, more accurate Western Blot test revealed that none of the women in his sample was seropositive. Hansfield has done nothing to quell the "prostitute panic" his study erroneously fueled. He has yet to publish the updated test results.¹⁰

In a study conducted shortly after Hansfield's, Project AWARE found that nine of 146 San Francisco Bay area nonprostitute women with histories of IV drug use and probable needle-sharing tested HIV positive (6.2 percent). AWARE concluded that seroprevalance in prostitutes and sexually active non-prostitutes is about even, and that infection rates among all women correlate more closely with needle-sharing habits and unprotected sex with needle-sharing men than with prostitution. This study and six others by various groups in this area concluded that the prevalence of seropositivity in prostitutes paralleled the cumulative incidence of AIDS in non-prostitute women. In other words, women who are paid for sex do not contract HIV any more than women who are not.¹¹

Unlike prostitutes, johns have not been studied as agents of HIV transmission to sex workers, even though many johns are as promiscuous as many sex workers. Only one small unpublished study conducted by Joyce Wallace has attempted to assess the rates at which johns in the United States actually contract HIV. In her sample of 500 johns only three tested seropositive, claiming no risk behaviors other than sex with women.¹² Evidence indicates that at this time in the United States, heterosexual men (as a group) engaging in sex with prostitutes (as a group) have not been contracting HIV from them. Female prostitutes, on the other hand, are more likely to contract HIV from unprotected vaginal, anal, or oral sex with men.

All scientific studies must be interpreted in a political context. When reading a study, think about its motives. Think about how the study's recruitment methods affect the results. For example, many early studies recruited subjects from prisons and drug treatment programs, where needle sharing was a likely mode of transmission. Consider the kind of HIV testing done. Was it reliable? Were the results confirmed? Remember that for most men, the least stigmatized mode of HIV transmission is sex with a woman. Men may claim HIV transmission from contact with a prostitute rather than admit to having sex with another man or to IV drug use.

At this point, it is clear that exposure to body fluids via needle-sharing and unprotected sex are the main risk factors for HIV transmission, no matter who you are. Monitoring seroprevalence rates among sex workers for further transmission research is a waste of time and money, especially without substantial improvements in counseling, drug treatment, and health care services to those who need them most.

Discrimination against Prostitutes

I put prostitutes and gays at about the same level...and I'd be hard-put to give somebody life for killing a prostitute.

Judge Hampton, a Texas judge explaining why he gave a light sentence to men convicted of killing a gay man ¹³

There is a thriving tradition of violence and discrimination against prostitutes. This violence can manifest itself on the street in beatings, rapes, and vigilante attacks on working women. Because prostitution is defined as a crime, sex workers are extended minimal protection under the law. Prostitutes are subject to arrest, quarantine, and mandatory testing for sexually transmitted diseases. Because prostitution is illegal, employers are not responsible to sex workers in any way. Sex workers have no job-related health or disability benefits, making health care difficult to obtain. Economic conditions dictate that seropositive women sometimes have to continue to work during illness. Then, even if safe sex is practiced with clients, sex workers are open to further legal prosecution. In its most benign forms, discrimination against prostitutes is merely insulting. But when police turn a blind eye to crimes committed against sex workers, or when medical scientists only research prostitute seropositivity without providing their "subjects" treatment and education, it can be deadly.

During World War I, the government quarantined over 30,000 women in response to soaring numbers of syphilis cases, rather than distribute condoms to America's roving servicemen.¹⁴ Any woman under suspicion was forced to test for VD, with devastating personal consequences. Syphilis rates continued to soar. Though never an effective public health measure, quarantine (imprisonment) is now applied in some states to HIV positive individuals. State quarantine laws not specifically mentioning prostitutes are nonetheless selectively applied to prostitutes. A current South Carolina AIDS law was used to prosecute a Black, mentally disabled prostitute who was placed under house arrest (quarantine) for 90 days because she was HIV positive. Under a similar law in Orlando, Florida, a sex worker was charged with manslaughter even though she used condoms with all her customers and all her customers tested were seronegative. Seropositive prostitutes are treated extremely harshly, as if they deserve to get AIDS and are hellbent on infecting others. Just imagine the impossibility of a prostitute charging a john with infecting her! Even in the Nevada counties where registered prostitution is legal, women, not johns, are required to use condoms during sex. Since men are the ones with the penises, wouldn't it make better sense to require johns to make sure condoms are worn during sex?

In 1986, the Food & Drug Administration issued guidelines to blood banks recommending that anyone who has "had sex for money or drugs since 1977" be barred from giving blood. This recommendation stands along with other heterosexist, racist, and faulty prohibitions excluding "any man who has had sexual contact with another man since 1977, even once," and "anyone who was born in or emigrated from Haiti or Africa," except nine exempted countries.¹⁵ Nonprostitutes who have had sex with prostitutes are prohibited from giving blood for only six months, just long

enough for HIV antibodies to show up in a routine ELISA test. COYOTE has protested these FDA recommendations, saying the guidelines should advise donors according to risk behavior, not reputation.

Imperialism, Tourism and the Sex Trade

Many issues for prostitutes around the world stem from policies and attitudes prevailing in this country. As a major world power, the United States sets policy precedents for other countries to follow. Governments dependent on the U.S. for financial or military support are directly affected by U.S. AIDS policy.

Prostitution is a large component of the Philippine economy. There are over 150,000 Filipinas servicing the tourist industry and the U.S. military. In Manila, over 5 percent of the female population are employed as prostitutes,¹⁶ reflecting the poor economic situation many Filipinas face and the large market there for sex services.

The Subic Naval Base is the largest U.S. Naval Base off American soil. In Olongapo City, a city of 200,000 people which has sprung up around the base, there are over 10,000 registered "hospitality girls" and countless unregistered streetworkers.¹⁷ Although prostitution is officially illegal, Philippine law requires that "bar girls" test regularly for HIV and other STDs. Only a portion routinely comply. The U. S. Navy subsidizes the mandatory HIV testing of these women, but does not finance any of the treatments for those who are sick or infected with HIV. The results of VD tests are publicized at the base on board displaying photographs of the women employed at different nightclubs. U.S. military personnel, of course, are not required to test routinely for STDs for the benefit of Filipina sex workers.

Medical authorities inform women if HIV tests are positive, but neither the ramifications of infection nor the long-term prognosis is discussed. Most women must continue to work. Three months later, seropositive women are taken to the US Naval Hospital in Manila and tested again. There they are given some information about HIV and transmission, but they receive no counseling and no treatment. One Navy doctor involved in AIDS research, Lieutenant Commander Thomas O'Rourke, has indicated that U.S. servicemen are infecting Filipina sex workers with HIV. O'Rourke has since been court-martialed for illegally distributing painkillers to AIDS patients.

The military fails to give adequate education to enlisted troops and the working women servicing them. As a result, many servicemen refuse to use condoms. Filipina bar girls are under great pressure to do what a customer wants, because a dissatisfied customer can get a refund from the bar, usually at her expense. U.S. military men are eager to have sex, but they shirk their responsibility to behave safely with sex partners.

Conclusion

Sex workers are at risk for HIV infection. Clients demanding skin-to-skin contact, lovers expecting the same, arresting officers confiscating condoms, waiting lists for drug treatment programs, and the lack of public health care and drug treatment all jeopardize the health and safety of women sex workers. Legal violence from the state threatens every aspect of a prostitute's existence. Legal, social, and economic obstacles faced by all women become larger when applied to women who sell sex for a living. What's an AIDS activist to do? Support prostitutes' rights organizations. Find out the laws and policies in your area concerning mandatory testing, quarantine, and condom confiscation. And make these demands:

- Decriminalize prostitution
- Stop scapegoating sex workers for HIV transmission
- Stop police confiscation of condoms and bleach
- Educate--let prostitutes teach prostitutes
- Educate--make johns take responsibility for safe sex
- Make drug treatment available on demand
- Make latex barriers free and accessible

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Notes

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