Harlot’s Web

A sex radical bares all about AIDS in the Commercial-sex industry

February 1, 1997 By Patrick Califia

This is not an era of careful thinking about sexuality and public health. AIDS educators’ attempts to prevent the spread of HIV have repeatedly been stymied by squeamishness about drugs and sex. Politicians and health officials who can’t stomach helping gay men eroticize safe anal sex or who balk at needle-exchange programs have been even more reluctant to deal with commercial sex.

In 1986 the Centers for Disease Control (CDC) directed local and state jurisdictions to adopt procedures ensuring that prostitutes be counseled and tested for HIV. Most state legislatures followed this recommendation by passing laws that require blood tests for people convicted of prostitution. As of December 1994, roughly 30 states had made it a criminal offense to be a prostitute and have HIV; in 24 states, it’s a felony.

Such laws do not take into account what sort of act a sex worker performs with a client. The sex industry is complex, employing many different types of workers who have varying levels of contact with clients: Phone-sex operators, dancers and strippers, masseuses and masseurs, escorts, S/M dominants and submissives, out-call and in-call workers, as well as hookers and hustlers who solicit on the street. But hand jobs, which are zero risk, are as illegal as butt-fucking without a condom. Friends of mine who are retired street hookers tell me that the single most commonly requested sex act is a blow job. So it’s illegal for a prostitute to perform an act that many AIDS educators tout as low-risk sex.

It’s not a crime for someone to be HIV positive and work as a cook, a dentist or a barber. Such people routinely handle sharp objects and could, theoretically, expose their clients to infected body fluids. Of course, it’s terrible to advocate that HIV positive people be barred from any sort of employment. If we are able to think calmly and rationally about strategies that allow an HIV positive registered nurse to remain on the job, we should be able to apply similar methods to the dilemma of a sex worker with HIV.

Instead, we have punitive policies based on almost no data. It is virtually impossible to obtain statistics about how many prostitutes are HIV positive or how many people with HIV cite commercial sex as a risk factor. This is partly because it’s difficult to do research on a group of people engaged in criminal behavior. But it’s also because no one bothers to ask. The CDC doesn’t have a category for commercial sex in its AIDS statistics, nor does any state. The U.S. Department

of Health and Human Services consistently reports that only 3 percent to 5 percent of all sexually transmitted diseases in this country are related to prostitution (compared to 30 percent to 35 percent among teenagers). A 1993 study reported that 123 out of 292,665 adult males diagnosed with AIDS between 1981 and 1993 cited sex with a female prostitute as their only risk factor -- that's 0.04 percent.

Experts agree that injecting drugs increases a prostitute's risk of infection, and that street prostitutes are the most likely to be injection-drug users. Estimates of infection among that group range from 5 percent in small cities to about 35 percent in large cities such as New York. It seems obvious that a sex worker who needs money to support a drug habit is more vulnerable to demands for unsafe sex than a prostitute who is not addicted. Drug treatment and vocational counseling would be cheaper than locking these people up -- and more effective. AIDS activists should be lobbying vociferously for these perfectly reasonable changes in policy.

It makes no sense to stigmatize sex workers as primary vectors of infection; prostitutes don't want to forego rubbers. Prostitutes have few of the motives that noncommercial partners have to abandon safer sex. There's no romantic involvement with the client, no reason to buy lame excuses about rubbers cutting down on sensation. And in an act of unsafe sex, a female prostitute is much more likely to be infected by a male client than vice versa. But Victorian notions about sexually rapacious fallen women preying upon and polluting innocent men continue to dominate public discourse about prostitution. No one funds research to find out who hires prostitutes or to create prevention strategies that encourage these men to wrap that rascal when they cruise the red-light district.

Instead, we make it even more difficult for prostitutes to insist on safer sex with clients. It's insane, but true: Prostitutes are actually punished for carrying lubricant or condoms. Most police departments consider possession of safer-sex items as evidence of intent to commit prostitution offenses. San Francisco's prostitution task force dryly noted that most of the condoms confiscated from sex workers by police had been given to them by department of health workers. Most safer-sex education is done through small organizations, usually founded by former sex workers and operated on shoestring budgets, such as the People of Color Against AIDS Network in Seattle, CAL-PEP in San Francisco and PONY in New York City. These programs often receive less-than-wholehearted support from the communities they are assisting. In King County, Washington, conservative councilmembers actually managed to block grant money funding distribution of condoms to prostitutes, on the grounds that such programs encourage prostitution.

While budgets for street outreach and other types of HIV prevention are cut, most cities are funneling more and more money into their police departments. In San Francisco it's estimated that more than $7.6 million of that city's annual budget is devoted to busting, prosecuting and punishing prostitutes. What a waste of the taxpayers' money! Think what could be done to curtail unsafe commercial sex with a fraction of those funds.

We have the experience of one state to prove that legalizing prostitution and mandating condom use for clients works to stop the spread of HIV and other sexually transmitted diseases. Legal

brothels exist in some rural counties of Nevada. According to Ken Adams, AIDS program manager for the state of Nevada, no legal sex worker has tested positive for HIV. But between 1988 and 1996, of the 4,463 people arrested for illegal prostitution and then tested for HIV, 212 were positive. And in March 1996, the San Francisco Task Force on Prostitution recommended decriminalization as the necessary first step toward reducing the harms associated with commercial sex.

Even without such a sweeping change in commercial-sex policy, AIDS service agencies could become much more proactive in this arena -- once they get over their whorephobia. But so many of us hate and fear prostitutes. We have trouble being nonjudgmental about the sex industry when it is part of a culture imbued with shame about pleasure-seeking activities. A gay community bent on assimilation is contemptuous of its sexual minorities, including hustlers and the often-closeted men who hire them. The fact that many male sex workers are minors also prevents gay activists, terrified of accusations of pedophilia, from acting as their advocates. Many women have bought into a pseudofeminist line that prostitutes are victims of male violence, and so support elimination of the sex industry. There's an element of transphobia here, too. It's been estimated that 25 percent of the female sex workers in San Francisco are transgendered. Some of us may be envious of the easy money and glamorous lifestyle we imagine high-class hookers enjoy. And some of us, especially women, may be afraid that someday we might be desperate enough to find ourselves on that street corner, selling the only thing we have left.

The images that most of us have of sex work are grossly distorted. Sex workers don't simply provide relief from erotic tension. Their work can have therapeutic, healing, educational, spiritual and artistic components. If we honored prostitutes and treated them as valuable public resources rather than trying to hound them out of existence, we could hardly ask for a better-qualified group of peer safer-sex educators. Prostitutes can reach at-risk populations that nobody else is talking to (see "Trick Questions").

If we are going to control the AIDS pandemic, we have to base our prevention strategies on realities, not prejudice. Making activity illegal does not stop it; it just drives it underground and makes the conditions under which it exists more violent and degraded. We can't get rid of prostitution any more than we can get rid of addiction by throwing people in jail. Viruses don't care whether the acts that transmit them are done for love or money. It's vitally important that sex workers know how HIV is spread and have ready access to a condom for every trick. But it's even more important to reach the dick who's supposed to wear it. Crackdowns on prostitution are just a smokescreen that protects a criminally negligent and arrogant population that has so far escaped any pressure to become sexually responsible: Heterosexual men.

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