



Not Invisible

In a blog post titled “[Ending HIV Means Ending Sex Workers’ Invisibility](#),” the advocacy group AIDS United questions why U.S. plans to fight HIV omit sex workers. Here is an edited excerpt.

October 4, 2021 By [AIDS United](#)

Since being appointed as the director of the White House Office of National AIDS Policy, Harold Phillips has been inundated with requests for his help. He was appointed to the position on June 5, 2021, by Ambassador Susan Rice, the director of President Biden’s Domestic Policy Council. At the ceremony, Rice recognized the 40th anniversary of the identification of HIV/AIDS and “called upon the nation to recommit ourselves to ending HIV/AIDS once and for all.”

This recommitment will require a sharp turn from the current iteration of the Trump administration’s “Ending the HIV Epidemic” plan. With extraordinary will and work, Phillips has committed to producing an updated National HIV/AIDS Strategy (NHAS) by World AIDS Day 2021. However, there is not yet clarity on one aspect of the impending NHAS that will greatly impact our nation’s ability to end the epidemic: our nation’s acknowledgment and support of and health care provision for sex workers.

In 2016, the Joint United Nations Programme on HIV/AIDS (UNAIDS) named five groups as particularly vulnerable to HIV and frequently lacking adequate access to services:

1. Sex workers
2. Transgender people
3. Incarcerated people
4. People who inject drugs
5. Men who have sex with men.

Our partners around the world agree with this assessment of the highest priorities and greatest needs when responding to the HIV epidemic—but not the United States government, which, at present, excludes sex workers entirely from our national HIV response.

Those of us working to end the HIV epidemic are hoping to see several changes in U.S. policy with the Biden administration. This includes expanding consumer-centered services for people who use drugs, people of transgender experience and people aging with HIV. We are pressing for reasonable policy decisions on molecular surveillance and adequate health care resources, especially in Southern states. We are, rightly, centering folks like young Black men as one of the key populations with whom we must work to end HIV.

Why, then, aren't sex workers included in our current or future federal plans?

To omit sex workers as a key population impacted by HIV in the United States is to deny the human rights and needs of a community as real as any of the other four named by our international partners. Juno Mac, a coauthor with Molly Smith of *Revolting Prostitutes: The Fight for Sex Workers' Rights*, observed during a recent demonstration that “in America, tens of thousands of people are ‘arrested, prosecuted, incarcerated, deported or fined’ for sex work-related offenses in the U.S. every year.”

The Centers for Disease Control and Prevention (CDC), however, has no estimate of the number of “people who exchange sex” for resources in the United States. It merely acknowledges that “many social and structural factors make it difficult to prevent and treat HIV among persons who exchange sex for money or nonmonetary items.”

The U.S. government is, in effect, insisting on public silence about sex work in America. Consequently, this has been used to justify the ongoing federal refusal to provide sex workers with the appropriate HIV-related services that are provided to the other communities most affected by HIV. In this federal silence, the CDC and other federal health agencies have been allowed to gather very minimal data regarding sex workers' health. The government does not allocate funds for programs designed to help sex workers manage health care or to help prevent possible HIV acquisition. In fact, in most cases, the government continues to ignore the existence of sex workers altogether.

We have no indication that the Biden administration—in line with its stated desire to end the HIV epidemic—will finally include sex workers as the fifth of the key populations impacted by HIV, as the rest of the world does. The new NHAS due in December has the opportunity to take that step.