*AIDS and Prostitution: A Brief Summary* outline 1/13/86; C. Wofsy

# AIDS AND PROTITUTION A BRIEF SUMMARY

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## AIDS and Prostitution

- Background evidence suggesting a link to female prostitution

1. Africa - AIDS cases:

   - Male to female ratio 1:1
   - In one study female prostitutes were 80% positive for AIDS antibody. Male customers - 28% were positive. (Is the prostitute the reservoir or repository?).

2. USA:

   - Seattle: 92 jailed female prostitutes studied

     5% positive, IV drug use not mentioned

   - Miami: 25 prostitutes at an AIDS clinic studied

     40% positive
     8 of the 10 positives were IV drug users.

   Virtually no data on male prostitutes.

3. CDC - Amongst "no risk" male AIDS 1/3 had visited prostitutes and were very sexually active (? what percent of very sexually active males nationwide visit prostitutes.)

   - Amongst "no risk" female AIDS, only 1 was a prostitute.

4. Army - 9 "no risk" males with AIDS all visited prostitutes in Germany and were very sexually active (? what percent of all very sexually active males in the Army visit prostitutes.)

5. No documented transmission from prostitute to male.

6. Female to male sexual transmission suggested by epidemiology in Africa and Haiti - and a few cases in the US - none documented.

   - AIDS cases resulting from heterosexual activity alone, USA, to date:

     males: 28 females: 151

AWARE STUDY - San Francisco, results unpublished and not released to the press to date.

1. Aim - To evaluate antibody and sex practices in very sexually active women including prostitutes in San Francisco.

2. Preliminary results:

350 enrolled to date - goal 500

Of First 200:

9 positive for antibody = 4.5 %

prostitutes: 3 out of 64
nonprostitutes: 6 out of 136

| | % Prostitute | % Nonprostitute |
|---|---|---|
| - ever used IV drugs | 30 | 13 |
| - any other recreational drug | 94 | 93 |
| - exposure to bisexual male | 76 | 77 |
| - rectal sex | 23 | 12 |
| - use of condoms | 73 | 59 |
| - partners who use IV drugs | 48 | 28 |
| - mean # of sex partners/3 yrs | 150 | 20 |

3. Positive cases:

All were IV drug users or had a male partner with AIDS or ARC.

Issues:

1. Prostitution will exist while there is a market for it. There is currently a large market.

2. IV drug use appears to be the key factor in having a positive antibody in female prostitutes (published information, AWARE study and unpublished preliminary data by personal communication from other major US cities).

3. There is little evidence to date for any large number of antibody positive non-IV drug using female prostitutes. Further data is being gathered.

4. Prostitution involves a consensual illegal sex act between a male or female prostitute and his or her paying partner. (BUYER BEWARE).

5. Condoms probably effectively prevent transmission of AIDS if properly used (J. Levy).

6. Condoms:

   A. Possession of condoms is used as evidence of prostitution for females.

   B. Condoms are taken from jailed female prostitutes.

   C. The barriers to effective advertising and education about condoms are enormous.

   D. In general, it is the males, not females, who refuse condoms even if told directly of the risk.

7. The number of positive prostitutes is unknown. New men and women enter prostitution constantly. Jailed individuals and street prostitutes are the tip of the iceburg. Street prostitutes are likelier to use condoms than their higher class counterparts.

8. "Straight male" contact with male prostitutes is rarely acknowledged and may be covered up by admitting a visit to a "female" prostitute.

9. Prostitution in many instances supports a drug habit. The drug habit is a major target for intervention. Street prostitutes are more likely to use IV drugs and to be known to police.

10. The targeting of persons who are paid for sex as the risk to society avoids what is probably the real message -- the risk of IV drug use.

11. Prostitution is illegal. Neither the prostitute nor his or her customers have any actual or implied guarantee of protection of their personal safety or health.

12. The persons who are infected and cannot or will not control their sexual behavior pose an enormous public health problem including:

    1. The compulsive sex of gay or IV drug using males
    2. The healthy widow of a hemophiliac or bisexual male who uses denial and wants a child
    3. The female prostitute who has no source of livelihood
    4. The male prostitute who's straight contacts "won't tell"

<u>Constructive Goals:</u>

1. Focus on IV drug use as the risk behavior
2. General education about the risk of anonymous sex including sex with male and female prostitutes.
3. A major reassessment of laws and policies governing condoms, education and availability and the implications of their possession.
4. A major reassessment of the attitudes, laws, and policies toward the male customer.
5. Establish a task force on prostitution bringing together prostitutes, medical professionals, vice squad, social service, etc.

[ Stage a contest directed at the best minds in advertising. ]
[ Assignment: make condoms macho, e.g. "I like my beer lite ]
[ and my condoms tight" endorsed by an influential sports figure.]

# CENTERS FOR DISEASE CONTROL

## HETEROSEXUAL AIDS CASES

## AS OF DECEMBER 30, 1985

| | MALES | | FEMALES | |
|---|---|---|---|---|
| | CASES | % | CASES | % |
| IV Drug user | 2139 | 67 | 545 | 53 |
| Heterosexual contact | 28 | .1 | 151 | 15 |
| Transfusion with Blood, blood products | 154 | 5 | 98 | 10 |
| Other/None of the above | 859 | 27 | 232 | 22 |
| TOTALS | 3180 | 100 | 1026 | 100 |

Note: There are also 229 pediatric AIDS cases, of whom 172, or 75% are due to direct maternal transmission before or shortly after birth.

C.Wofsy, 1/13/86

**City and County of San Francisco**

**Department of Public Health**

**San Francisco General Hospital Medical Center**

November 25, 1985

Dr. John Ziegler, M.D.
Director, AIDS Activities
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Veterans Administration Medical Center
4150 Clement Street (141)
San Francisco, CA 94121

Dear Dr. Ziegler:

The meeting on Friday, November 22 on IV Drug Use and AIDS was extremely valuable and I commend the organizers, Dr. Andrew Moss, yourself and Dr. Werdeger for quickly getting together a group of experts. You had asked for a short paragraph commenting on the issues described in the afternoon workshop. It is as follows.

Prostitutes have increasingly been named as a means whereby AIDS will enter the heterosexual population, though there is very little data amassed to confirm this point at this time. Small numbers which have been identified in published and unpublished series suggest a strong association between IV drug use and those prostitutes who have been identified as antibody positive. Inferential data suggests exposure to prostitutes as a potential source of AIDS in a group of none-risk men evaluated by the CDC, many of whom had multiple, multiple sexual partners and included exposure to prostitutes in their history. In Africa, prostitution and AIDS are closely connected by epidemiologic evaluation. The issues that are raised with IV drug use and prostitution are by and large identical to those raised for IV drug users at large. That is: how to get information to the population at risk expediently without organized agencies and through a network of trusted individuals via a communications network known primarily to the populations themselves; how to protect the individuals and the persons with whom they have contact given that sexual activity is a consensual act whether it occurs with prostitution or without the exchange of monies. It is projected that many prostitutes engage in prostitution to support drug habits, so that for those who choose to overcome their drug habit, treatment programs should be readily accessible and the information and access to the value of drug treatment should be made available.

Issues touched on is some detail that relate specifically to policies which were the topic of the afternoon consensus group include:

1) Condoms are used as evidence of prostitution by police and district attorneys in certain situations and are confiscated. On release from jail a supply of condoms may not be readily available putting the prostitute and the customer at risk.

2) There is great need for an elimination of the "delicate" avoidance of mentioning condoms in polite company, in the news media, in magazine advertising, and probably in school education. The role of condoms in prevention of infection, not just AIDS, but other veneral diseases, must be stressed separate from the issue of contraception. Safe sex must be advertised as potentially enjoyable sex. The policies involved here presumably involve decisions about advertising and education in schools.

3. The third issue involves the issue of disability and job retraining. Prostitutes who are seropositive will be counseled as all others to avoid sex, to inform sex partners of the potential risk, and at the very minimum to observe scrupulously safe sex guidelines. Since this population gains their means of living from sex, the issue of job retraining for those who will comply and for whom it is appropriate and alternatives to prostitution are very important. Since prostitution is illegal, disability and other means of survival are hard to come by. Individuals with AIDS have ready access to medi-cal and to disability programs but no such policies have been institutied for those who are seropositive.

4. And the last policy is the issue of quarantine. It is a philosophical and ethical issue whether there is anything different about a prostitute who is seropositive (i.e., a condition which is nonreportable, and in fact held in utmost confidentiality) who is sexually active, compared to another individual who is known or not known to be seropositive who continues to engage in sexual activities. Do different rules apply? Some feel that they do. The only cases of quasi-quarantine that have come up in the United States are related to female prostitutes even though prostitutes with AIDS are quantitatively extremely small in number. As policies are developed along the lines of existing policies for provision of safety of the public from infectious diseases, issues of reporting and criteria for limitations of personal freedom if any should be applicable to the population at large, and considerable thought need be given about policies that are directed at one subsegment of the population without similar direction to other segments that might be at similar risk or putting individuals at similar risk.

I have enclosed resolutions of California N.O.W. concerning AIDS and a copy of 1985 Policies on AIDS Drugs, Pornography and Prostitution Laws put out by COYOTE in May of 1985. COYOTE is the national task force on prostitution, and their policies make the following particular points:

1. All persons are responsible for preventing AIDS.
2. Research on subgroups of the population is appropriate but blame of any one group is inappropriate.
3. Mandatory testing is opposed. Voluntary testing with absolute confidentiality is the right of the individual.
4. Quarantines are opposed because they foster the illusion that those who are not quarantined have not been exposed and cannot convey disease.
5. Forced sterilization and forced abortion is opposed.
6. Risk reduction should include safe sexual activity with a barrier and/or viracidal substances to protect customer and prostitute.
7. Harrassment and confiscation of condoms by police should be discontinued.
8. Funds should be allocated for massive public education campaigns about safe sex and risk issues.
9. Prostitutes would ideally serve as educators for safe sex as enjoyable sex.
10. Latex condoms should be widely available in vending machines and toilets.
11. Disability payments should be available to sex workers who are known to be positive, have ARC, or AIDS.
12. Retraining programs are needed for those who will avail themselves of them.
13. Issues of IV drug use--including evaluation of availability of clean needles, decrimilization of drug abuse, education of drug abuse, and adequate availability to drug treatment programs.
14. Pornography be better controlled to avoid degradation of women and children.
15. Evaluation of laws in a wide variety of issues related to pornography and the sex industry with evaluation for just whom they protect and how.
16. Prostitution laws should be re-evaluated.

Sincerely,

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cc: Wayne Clark, Ph.D.
Director of Community Substance Abuse Services
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David Werdeger, M.D.

Andrew Moss, Ph.D.

CW:m