

PSSP

Prostitutes' Safe Sex Project

PSSP POLICY ON THE FORCED TESTING AND QUARANTINE OF PROSTITUTES

BACKGROUND:

There is a widespread and long-standing assumption that prostitutes, because they have many sex partners, are a source of disease, and that prostitutes transmit disease to their customers and, through them, to the rest of the population. This perception leads to the blaming of prostitutes for sexually transmitted disease, and to calls for the forced testing, treatment and quarantine of prostitutes as measures to stop disease spread.

PSSP OPPOSES THE FORCED TESTING OF PROSTITUTES FOR STDs OR HIV ANTIBODIES BECAUSE:

1. THERE IS NO STATISTICAL EVIDENCE TO JUSTIFY THESE MEASURES:
There is not a single documented case of a prostitute getting HIV from a client, or of a client getting HIV from a prostitute, in Canada. Those prostitutes who have tested positive, and they are a minority of prostitutes, have generally either shared needles or had unsafe sex with a non-paying partner who shared needles. In other words, they were not infected during the course of their work as prostitutes.

There are no men in Canada, and less than 100 men in the United States, who claim contact with a prostitute as their only risk factor. There is no way of knowing, however, if these men are hiding other risk behaviour such as needle-sharing, unprotected anal intercourse, or unprotected intercourse with a woman they had sex with for free.

We do know that a number of needle-sharing women in New York City and San Francisco have been infected with HIV since as early as 1977, and many of these women have had unsafe sex with hundreds of men in exchange for drugs or money to buy drugs. If these women were effectively transmitting HIV to their sexual contacts, there would be far more heterosexual male AIDS patients.

There are a larger number of men who claim contact with a woman as their only risk factor in some African countries, but there are also a larger number of males in these countries with untreated genital ulcers. Ulcers provide a point of entry for infections. There have also been problems in these countries of inadequate blood screening, re-use of unsterilized needles in clinics, and strong prohibitions against male-to-male sexual contact, which leads to denial of the behaviour.

Certainly HIV and other STDs can be transmitted by people engaging in commercial sex in North America, but prostitution accounts for only a very tiny percentage of this transmission (less than 5% in the U.S. according to the Centers for Disease Control). The vast majority of STDs are transmitted by free sex.

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2. THERE IS AN ABUNDANCE OF EVIDENCE TO SUGGEST THAT MOST CANADIAN PROSTITUTES ARE ALREADY TAKING THE PRECAUTIONS NECESSARY TO PREVENT HIV AND STD INFECTIONS, AND THAT THESE PRECAUTIONS ARE EFFECTIVE. The lack of documented cases of people infected during commercial sex transactions is not least among this evidence. A report of the Federal Government (the 1985 Fraser Report) notes that "most [prostitutes] are well aware of the problems associated with STDs, visit medical clinics regularly, and take precautionary measures...prostitutes of all people in society have a real interest in seeing that they are not infected." A 1985 study of 109 prostitutes in three Western Canadian cities found that 88% said they used condoms; this was before there was even much talk about the possibility of heterosexual transmission, and certainly prior to any attempt to educate prostitutes. Much is made of the higher rates of STD infections among juveniles who work as prostitutes, but it is never mentioned that the rate of infection among young people as a whole is very high, and that it is quite possible that many young prostitutes are being infected by their non-paying peers whom they are less likely to use condoms with. Nor is it mentioned that juveniles are rarely professional prostitutes, they make up a minority of prostitutes and they are certainly not representative of prostitutes as a whole. It is unfair to blame all prostitutes (and all juveniles) for the activities of a reckless minority.

3. FORCED TESTING AND/OR QUARANTINE OF PROSTITUTES COULD LEAD TO AN INCREASE OF HIV AND STD INFECTIONS AMONG PROSTITUTES. If customers believe the government is insuring that infected prostitutes are not working they will be less inclined to feel a need to use condoms. Prostitutes are able to get customers to comply with condom use at present because these men fear getting a disease from the prostitute. This would not be the case if the customers believed prostitutes were disease-free.

Forced testing would also drive prostitution further underground making education more difficult. Prostitutes would be less likely to go voluntarily for health checks if they feared violations of their personal liberty.

4. FORCED TESTING AND/OR QUARANTINE OF PROSTITUTES COULD LEAD TO AN INCREASE OF HIV AND STD INFECTIONS AMONG THE CLIENTS OF PROSTITUTES. It would not be possible to test a prostitute after each client to determine whether she had acquired something that could be passed on to someone else. A person could be infected with HIV several months before a test would detect antibodies.

It would also be impossible to track down and test everyone who sells or may sell sexual services. So if clients assumed the government was screening out infected prostitutes, and refused to take precautions, they could be in for some unpleasant surprises. So could their wives and other sex partners.

5. FORCED TESTING AND/OR QUARANTINE OF PROSTITUTES COULD LEAD TO AN INCREASE OF HIV AND STD INFECTIONS AMONG THE REST OF THE SEXUALLY ACTIVE POPULATION. The continued focus on prostitutes as the vectors for STDs among heterosexuals leads people to believe that

to avoid AIDS they need only limit their number of partners, and avoid people, like prostitutes, who have many partners. Most of the women who have AIDS in North America, however, got it from doing just that. They were infected by their steady, non-paying partners.

People must learn that AIDS is not caused by "promiscuity". Someone who has unsafe sex with only one person could be at far greater risk than someone who has safer sex with many partners. Instead of continuously focusing on the remote possibility that a man might get AIDS from a prostitute in Canada, the media, politicians, and educators would be more responsible to focus on the danger to women in having unsafe sex. Why is it that this greater danger is ignored? And why is it that no concern is ever expressed for a prostitute who might get AIDS from a man? Why would people rather lock up HIV-infected prostitutes, than give them workmen's compensation so they needn't work? Perhaps the answers to these questions can shed some light on why we even have an AIDS epidemic.

6. MEASURES DIRECTED SOLELY AT PROSTITUTES ARE DISCRIMINATORY. There is no justification for the forced testing of prostitutes that cannot be used to justify the testing of all sexually active people. In fact, if anyone was to be tested it would make more sense to test sexually active people who have sex for free since they account for the transmission of far more STDs, and they are far less likely to use condoms.

But, of course, this would not stop AIDS either. If people believed that those who were infected were being isolated, they would not see a need to use condoms. And because it would be impossible to contain a disease like AIDS, anything that discourages people from using condoms would only hasten the spread of AIDS. Rather than expecting the government to save them, people must learn to take care of their own health.