



AIDS 2008 sex work plenary Full text

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Good morning everyone. This is the first time a plenary session at one of the International AIDS Conferences is dedicated to sex work, so we'd like to start by saying that this is a great achievement for us!.

I am going to present some data today, but this is not going to be a scientific presentation. First and foremost, I will speak as a sex worker and activist.

It is through our organizing, that we sex workers have mounted effective responses to the HIV pandemic .

Before I start talking about what I mean by 'effective responses', I'm going to show you some data of HIV prevalence rates among sex workers across the world. Here is a map of the world showing HIV prevalence data among female sex workers

As you can see, the data originates from UNAIDS reports from 2001, 2003 or 2005. It is not the most precise of images – but it is the best information we have on HIV among female sex workers.

What is clear is the important relationship between sex workers' human rights, poverty and HIV prevalence.

Let's look at an example. In Kolkata, India, there is a strong movement of sex workers – together they are known as the 'Sonagachi Project'. Sonagachi is the city's largest red-light district. In 1992, only 1.1% of sex workers used condoms. By 1998 this had gone up to 90%. What did the organisation do to achieve such incredible results? They fought for their health by advocating for sex work to be recognised as legitimate work and by defending sex workers' human rights. HIV prevalence rates among sex workers in Sonagachi have now plateaued at 5.17%, while in other cities across India, such as Mumbai, HIV prevalence rates reach up to 54%.

To reduce our exposure to HIV, we need to ensure the rights of all sex workers: female, male and trans are respected. All too often, not only are our rights and access to health care denied but our very existence is denied as well.

But, we are still here and we've had some great achievements along the way:

- In some countries, we've successfully reduced HIV prevalence rates among sex workers

- In some places, we've successfully overturned legislation that criminalized us.
- We've held an International Consultation Meeting on Sex Work
- We've also held a Latin American and Caribbean Regional Consultation Meeting on Sex Work.
- We are now in the process of organising National Consultation Meetings in Latin America.
- We have been invited to participate in United Nations meetings on various occasions.
- In some countries, we have a seat on the Global Fund's, Country Coordinating Mechanism (CCM)
- We participated in the debate to define the criteria for the UNAIDS's Guidance Note on HIV and Sex Work, originally drafted using stigmatising language and definitions – we proposed alternatives.
- AND, being here today is a big achievement. We've been invited because of the real and concrete changes we have made to the HIV/AIDS response.

How can it be that we've achieved all this, and yet we still haven't convinced you that it's not just about giving out condoms? The HIV/AIDS response needs to include all areas of government.

Sex workers themselves aren't vulnerable to HIV. What makes us vulnerable are the policies that repress us in so many different ways.

A perfect example of this is happening in Cambodia right now. Anti-prostitution policies have been approved under great pressure from the US – and now, as a result, sex workers are being arrested under the pretense that they are victims of sexual slavery and trafficking. In order to 'protect' them, they are imprisoned in rehabilitation centers where they are raped by law enforcement officers and can only escape by paying off large bribes. In Bolivia this year, violent raids and the public "lynching" of sex workers, drove our fellow sex workers to sew their lips together in protest.

The double stigma against HIV and sex work, in many contexts is used to justify police repression. In Zambia, sex workers, are publicly whipped and beaten by the police while being yelled at that they are: 'bitches who are killing the nation' and 'rat poison'.

Violence perpetrated by the police and other law enforcement officers is a direct risk of HIV transmission for female, trans and male sex workers.

Between February and April 2007 in the Democratic Republic of Congo, ALCIS documented 29 cases of sexual violence against female sex workers by police or military, including rape, kidnapping and torture. Following these attacks, a number of women tested positive for HIV.

State violence, is a direct consequence of the lack of recognition of sex work as work.

The lack of legal protection not only allows, but also, fuels violence toward sex workers. There isn't a consolidated international database of the number of sex workers that have been murdered, but the Latin America and Caribbean Sex Worker Network has recorded the murders of 34 sex workers in Latin America in the last ten months alone,. 100% of those crimes remain unpunished.

At times, our rights are violated by health policies - such as when we are forced to take an HIV test and our results are not confidential.

In Ecuador, where sex workers were forced to carry sanitary control cards with their STI results on them, the Network of Sex Workers of Ecuador recently won the right to a new type of card – one that guarantees access to integral healthcare services and that is the same as for any other woman...

It is always sex worker organizations ourselves who are best able to achieve public policies that support our rights.

But there are also other ways of subjecting sex workers to violence: - such as when we are used as research subjects and yet never get access to the results. Such information is crucial to us to be able to propose evidence-based public policies.

And let's not forget the role of many states, often the first to discriminate against us by rejecting the legal registration of sex worker organisations. This is true across the world – and they always use the same argument: 'a sex worker organisation does not contribute to the greater good'.

What do you think? Do the achievements that we've talked about today not contribute to the greater good?

And now, how about asking ourselves this: 'Where is the funding for HIV and sex workers? Are funds being targeted at these issues?'

Unfortunately, the answer is very little.

And yet, the truth is that there are more funds than ever for HIV. The problem is that they are being poorly distributed.

First off, funding is given without an understanding of our real needs.

In many parts of the world, sex workers can't even access basic commodities such as sufficient male and female condoms. In parts of Africa and Latin America, water-based lubricants are not available. Instead, sex workers use vaseline or oil which damage condoms.

In some cases we receive funding, but it comes with conditions attached that totally deny our reality.

I ask you now; do you think that sex workers can use ABC as an effective HIV prevention tool? It's an affront to our work ! The only letter that is of any use to us is C - the use of condoms in all sexual encounters.

If international agencies are really invested in supporting sex workers, then they shouldn't impose their own agenda or their own ideology.

United Nations' agencies should not develop policies or guides without our meaningful participation. Over the last year, sex workers across the world made clear to UNAIDS that their draft guidance note on HIV and Sex Work must be changed .

The anti-prostitution emphasis of the draft was a major CHANGE from UNAIDS policies from 2002 and 2004 and came about due to strong pressure from ultra-conservative governments.

Let me give you two examples: the guide talked about programming to promote sex workers changing to a 'decent job' – as if sex work were less decent than other work. It also suggested that people living with HIV could not engage in sex work. Well, based on that criteria, no person living with HIV should have sex. The problem is not sex – it's NOT USING A CONDOM!

We would like to tell UNAIDS, that if they continue in this direction, many sex workers will die due to a lack of rights-based HIV services because of the prejudices of a powerful few.

In short, for funding resources to be employed effectively in the fights against HIV, they must be adapted to the realities of the population that they aim to support.

When funds are spent on condoms alone without discussing rights – they have little effect in preventing HIV transmission. In many countries, sex workers aren't even able to carry condoms freely: police confiscate them as evidence of "prostitution".

In many parts of the world, when sex workers are imprisoned for up to 3 months at a time, those who are HIV+ suffer treatment interruptions. Often the only way to avoid prison, is to submit to rape by police, almost always without condoms, of course.

Secondly, not enough resources are allocated to the populations most affected by HIV.

What I mean, and this is backed up by UNAIDS's 2006 report on the Global AIDS Epidemic, is that the amount of resources allocated to prevention, treatment and care is not proportional to the rates of HIV prevalence among those populations most effected by HIV.[2].

According to an article published in the journal, Health and Human Rights, only 22.5% of female sex workers in Africa and 35% of female sex workers in Latin America have access to prevention programmes.

Let me give you a concrete example: In 2005, in the Dominican Republic, the HIV prevalence rate was 1.1% among the general adult population. The prevalence rate among female sex workers, however, was 3.6%.[3]. The Global Fund invested US\$48 million in the Dominican Republic – and yet, only US\$20,000 has been allocated to the sex worker organisation MODEMU, a community-based group of female sex workers working throughout the country.

Rarely are funds given directly to sex workers' own organisations.

We will only accomplish real change in the HIV/AIDS response through the changing of public policies – and this can only be achieved through the leadership of effected communities. But to do this, we need to have strong community-based organizations that can participate in decision-making spaces.

Funds that aren't allocated to support community-based organizations are poorly invested and will have little sustainable impact in the long term.

Now for an example of poorly invested money. Many international agencies have supported Honduras, and yet there still isn't a strong community-based group of sex workers. Honduras is a small, very poor country and the HIV prevalence rate among sex workers has now reached 9.7%, one of the highest in Central America.

Honduras proves that it is not enough to seek out a few sex workers to carry out prevention work among our peers. We, sex workers, also need to have the right tools so we can sit down with government representatives and discuss the public policies that we need face-to-face.

Thirdly, a large part of the money available for HIV/AIDS is spent outsourcing management because many agencies refuse to give funds directly to community-based organisations.

Yes, it's true; most of us didn't get the chance to go to school.

But we were able to advocate for changes in laws that criminalize us...

...and we were able to stand up and face those who wish us to stay ignorant. How could we possibly not manage our own organisations?

It is time we began to be trusted.

Outsourcing the management of funds is a policy that contradicts the autonomy of sex worker organisations. Evidence shows that most-effective responses to HIV are sex worker-led. Our programs combine peer outreach with advocacy for sex workers' human rights and we fight strongly for the repeal of laws that repress or criminalize sex work.

We are the experts when it comes to peer outreach. Orquideas del Mar, a sex worker organisation in El Salvador reached 2,000 sex workers in the last year. Ecuador reached more than 8000 sex workers and Argentina reached 9,000.

Another successful example is the Brazilian Network of Prostitutes. They collaborated with the government on a public health and rights campaign called "No shame girl, you're a professional!". They won the inclusion of 'prostitute' among the list of recognized professions of the Brazilian Ministry of Labour. They even took their fight all the way to parliament where they pushed for a law that would abolish discrimination against sex workers.

In other words, the most effective responses have been achieved in places where sex work is actually recognised as 'work' and where, we, sex worker organisations, manage our own funds.

And yet, our successes may turn against us.

In South America, it is probable that our resources will diminish because the Global Fund has decided that they will only allocate funding to those populations most effected by HIV who have prevalence rates of 5% or higher.

That is the big contradiction. What we have gained can be rapidly lost if all the work we have done these past years is cast aside.

So, to wrap up..!

Today, in front of the whole world, we stand and say: we, sex workers, will no longer hang our heads in shame.

Some may say, sex work is not decent. We reply, indecent are the conditions in which we work.

There is no scientific evidence that so-called “rehabilitation for sex workers” works, nor is there any evidence that it reduces HIV transmission. So, how is it possible that HIV funds are being allotted to such projects ?

According to UNAIDS, one in three sex workers does not have access to HIV prevention and treatment services.

Female, male and transgender sex workers are dying because of a lack of health services, a lack of condoms, a lack of treatment, a lack of rights – NOT BECAUSE OF A LACK OF SEWING MACHINES!

We don't want to sew, we don't want to knit, we don't want to cook. We want better work conditions.

So we demand the following:

- Abolish all legislation that criminalises sex work
- Investigate and condemn violence against sex workers.
- Oppose red-light districts that force us into ghettos and promote violence and discrimination.
- Abolish mandatory HIV testing. Abolish the sanitary control card among sex workers.
- Promote voluntary, free and confidential testing including pre and post-test counselling.
- Ensure universal access to prevention, testing, treatment and high-quality care.
- Provide access to healthcare among migrant and mobile sex workers.
- Provide access to friendly integral healthcare services, without stigma and without discrimination.
- Ensure the availability of resources for community-based organisations. No more intermediary organisations.

But above and beyond all this, we want sex work to be recognised as ‘work’.

We want to be free to do, free to make mistakes and free to learn.

Free to decide what we, as sex workers, need.

Free from repression – this is the best way to build an effective response to the HIV/AIDS epidemic.

Sex workers are not the problem; we are part of the solution.

[1] In English “UNAIDS Guidance Note. HIV and Sex Work”.

[2] World-wide epidemic of AIDS published by UNAIDS in 2006

[3] Data taken from the Report on the World-wide Epidemic of AIDS 2006, UNAIDS.

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