Can the sex worker speak?

As Australia moves 'post-AIDS', Alison Murray uses the case of sex workers who are injecting drug users (IDU) to outline a concept of shifting marginality. She argues that the Australian response to HIV/AIDS has constructed an understanding of 'good' and 'bad' sex workers, reinscribing certain sex workers with a marginal status. The remedicalisation of HIV/AIDS and new practices of power should be contested, Murray argues, and functional conflict should be considered an inherent and invaluable feature of sex worker rights' organisations. Murray begins by tracing and critiquing the movement for sex worker rights as human rights.

A global movement for prostitutes' rights grew out of women's liberation and feminist ideas, but dissipated by the mid-1980s when radical abolitionist feminism condemned all prostitution as patriarchal exploitation. In the late 1980s and 1990s, HIV and alliances with other 'sexual minorities' have revived sex worker activism: the language of 'sex work' emphasises industrial rights and the need for law reform.

The 'harms' and exploitation within sex industries stem from moral attitudes and their legal consequences: sex workers are 'protected' by being made into criminals, and have to depend on pimps, managers and corrupt police to continue working. Since male clients are not sanctioned, prostitution control also reflects sexual politics. These moral attitudes and sexual norms began to relax as sex worker rights groups and sex-positive and queer activism made a distinction between the *hassle-free commercial fuck* and rape/sexual abuse as an assertion of (usually male) power.

The Asia-Pacific Council of AIDS Service Organisations (APCASO) *Compact on Human Rights* (1995) links HIV to rights through "the existence of poverty, inequality, exploitation, powerlessness and discrimination, which render people more vulnerable to the disease and its effects". The concentration of the epidemic among marginalised groups then reinforces stigma so they "are subjected to various forms of discrimination and denial of their human rights such as arrest, harassment, and degrading treatment."

According to the Department of Foreign Affairs *Human Rights Manual*: "the term human rights covers the series of often disparate rights and freedoms asserted by many to be universally accepted and essential prerequisites for people's enjoyment of life based on the centrality of human dignity."

In the West, HIV/AIDS has been treated more as a human rights issue than a public health issue. Marginalised groups are redefined as 'risk groups' and understood to be best accessed through community- and peer-based strategies, encouraging individual behaviour change. However, such programs are limited by the individual's ability to take responsibility. Marginalised people do not enjoy full sexual or social citizenship.

THE POLITICS OF STRATEGIC IDENTITY

Contrary to the 'risk group' strategy's labels, we all have multiple and shifting identities. However, a 'sex worker' identity may be adopted for strategic purposes. Firstly, this identity may be used by self-help groups dealing with local issues as part of a broader concern with sex worker rights, and secondly, organisations with a 'community base' have been set up specifically for HIV prevention. Despite the community rhetoric, AIDS funds usually come with conditions to discourage advocacy and lobbying, and preserve the status quo.

Australia's Scarlet Alliance, the national umbrella organisation representing sex worker organisations, contains both AIDS-funded and unfunded groups. The AIDS-funded state organisations, undertaking 'peer education', have been seen as overwhelmingly successful in preventing the spread of HIV among Australian prostitutes (AFAO 1996a), while Scarlet itself has focussed more on rights and is no longer funded. The Federal Government encourages affected communities to speak with one voice while competing for smaller and smaller slices of the same cake, and deals with Scarlet indirectly via the national peak NGO body, AFAO: AFAO policies shy away from law reform (1996b).

To some extent Scarlet's long-term internal disputes were resolved at the AGM of 1995. The decision to specify that Scarlet represents sex worker *rights* organisations recognised that all HIV issues are connected to human rights. Also, an impasse over disclosure and the status of non-sex workers was resolved by accepting a level of difference in the pursuit of shared goals. That is, Scarlet distinguishes *being* (sex workers are currently marginalised and need to adapt solutions to the time and place, using outside help) from *becoming* (gaining equal rights and safe working conditions so we no longer need to struggle).

Scarlet Alliance co-convenor Sue Metzenrath argues that the

KEY STRUGGLES FOR AUSTRALIAN SEX WORKERS (Scarlet Alliance, 1995)

1. Decriminalisation of prostitution across all states, drug law reform and lobbying for international reforms.

2. The right of HIV-positive sex workers to work.

3. Tackling internal self-oppression and marginalisation, especially of IDU workers.

4. Working visas for Asian workers and an end to travel restrictions on sex workers.

5. Developing best practice models for the use of AIDS funds among diverse groups of workers.

6. Involvement of sex workers in research, policy development and culturally appropriate overseas programs.

DEEJ FABYC (Untitled), 1992

Federal Government has neglected its responsibilities to bring the sex industry in line with other occupations under existing national and international laws and covenants (1995, pp. 2–9), and to implement the recommendations of the Inter-Governmental Committee on AIDS (1992). The industry is so diverse that apparent steps towards decriminalisation can work against some workers by setting standards of conformity, and by increasing surveillance through STD and HIV checks. For example, positive workers, such as the infamous Sharleen, are prevented from working in NSW, under section 32a of the obscure *Public Health Act* 1903:

"The 'arbitrariness' of this event is clearly shown because other people who are HIV positive and are practising safe sex have not been subjected to the same treatment. What was unfortunate for Sharleen was that she was easily accessible and a perfect target, because she was a prostitute." (Metzenrath 1995, p. 4)

LIFE'S A BEACH: MARGINALISING IDU WORKERS

HIV and HIV policies have brought changes to social structures of power, which induce a process of shifting marginality. Law reforms may reinforce new margins, but so do 'acceptable' sex workers and AIDS-funded groups which acquiesce to funding criteria for articulate, hard working 'peer educators'. A new margin separates *good prostitutes* (usually white, middle-class, tax-paying brothel workers) from *bad prostitutes* (non-English speaking background, Aboriginal and Torres Srait Islander, IDU, HIV positive). 'Good' workers claim full citizenship as a trade-off for policing the borders.

IDU sex workers find ourselves condemned without a voice, as in Feachem's report on Australia's Second National AIDS Strategy which quotes a brothel manager: "When they are

desperate for a hit they would do anything — even unsafe sex — to make some extra money and this is a real health risk...They are trouble to themselves and to the reputation of the industry." (1995, p. 101).

The shifting margins which separate good and bad sex workers represent a fundamental division between the values of order-discipline, and chaos-pleasure: imposing order on chaos is an elite concept of the whole human project. The capitalist structure depends on the work ethic and disciplinary control, and it would collapse if people prioritised pleasure and risk-taking — precisely the behaviour associated with HIV. HIV has been manipulated to entrench the association of sexuality, pleasure and disorder with disease, deviance and addiction, whereas people can and do thrive among multiple identities, risk-taking and functional conflict.

HIV projects exist in a particular context, which is often a subcultural street milieu comprising overlapping peer groups. Subcultural values of decentred authority, collective ownership, functional conflict and 'deviant' pleasure such as queer sexuality are opposed to the mainstream ideology of order, success measured in material wealth and the morality of the nuclear family. One of the projects acknowledging the small scale and uniqueness of existing peer groups is the NSW Users and AIDS Association's TRIBES (Burrows 1996, p. 12).

The danger is that marginal groups are being used as cheap labour to get the message across without changing an essentially hostile environment, leading to ridiculous situations like police observing needle exchanges and IDU organisations, or employing IDUs and insisting on them not being able to use during working hours.

As AIDS service organisations are increasingly expected to professionalise outreach workers, now even sex worker groups and needle exchanges avoid employing IDUs, as drug users "are traditionally considered to be irresponsible and self-destructive in their behaviour" (Burrows 1996, p. 3). The new marketing discourse creates an us-and-them opposition between clients/consumers (Dowsett in *National AIDS Bulletin* vol. 10 no. 2, March 1996, pp. 18–22), and professionals: "*we* need to know what *they* are doing before *we* can decide what needs to be changed and how best to change it" (in Burrows 1996, p. 7, my emphasis).

FEACHEM AND POST-AIDS

Professor Feachem's evaluation of Australia's Second National HIV/AIDS Strategy came out as the new conservative government prepares a Third Strategy which will probably be the last: we have moved post-AIDS (AFAO 1996a, p. 38).

Australia's internationally-acclaimed partnership between multi-lateral government, medicine and the affected communities takes its direction from the Ottawa Charter for health promotion (AFAO 1996b). This rhetoric never had much effect on non-health sectors, for instance the AIDS Strategy is completely at odds with the National Drugs Strategy. Tim Moore commented that government policy "reflects a 'club' rather than a 'partnership' approach" (in *HIV/AIDS Legal Link* vol. 6 no. 4, December 1995, p. 14).

A *re-medicalising* of HIV incorporates programs as far as

possible into sexual health and communicable disease strategies, with a new jargon of economic rationalism and purchaser-provider systems (AFAO 1996b). Funding community groups allowed them access to power and knowledge, but any potential to subvert mainstream ideology is controlled through professionalisation, laws and funding criteria. Increased mainstream acceptance and protection of a range of sexual behaviours has been exchanged for political acquiescence, to the point where some well-off groups support a right wing government ('gaycons' reported in Sydney's gay press, 1996).

FUNCTIONAL CONFLICT AS BEST PRACTICE

In summary, responses to HIV have political motives which reinforce strategies of power. HIV 'risk groups' that conflate deviance and disease serve to define the mainstream and its need for protection from the 'other'. Labelling marginal groups is also inherently divisive of the 'other', replacing constructive conflict and hybridity with competition. As sections of sexual minorities and sex workers stake a claim to the mainstream, a process of shifting marginality accommodates them while further alienating others and maintaining the power at the centre.

For Australian sex workers this has meant some liberalising of prostitution laws and bureaucratising of AIDS-funded groups as 'peers', and agents of surveillance, for the whole industry. IDU sex workers in Australia can attest to the limits of AIDS-driven social reform: we have been scapegoated and silenced by 'experts' and other sex workers. Sex worker rights organisations can do more to help all workers by adopting functional conflict as best practice. In a given context this means accepting a level of disagreement and inefficiency as long as progress is made in terms of workers' primary ideals.

Sex worker rights organisations need to look beyond the AIDS crisis, to other sources of funding or self-sufficiency through member contributions. In parts of Asia most affected by AIDS, other issues are just as pressing, particularly poverty and health issues such as TB (where there is a parallel with the shameful state of health of Aboriginal people in Australia). We need a more context-specific approach to human rights in which sex workers are not the only ones affected by HIV, and HIV is not the only issue affecting sex workers.

We should strengthen our voices with a theoretical understanding of the politicisation of HIV in order to counter those ideas used to silence us, such as 'conflict resolution' and the feminist notion of 'forced' prostitution. We can expose the strategy of shifting marginality and create reverse strategies of resistance. Removing crude labels, arcane drug laws and the use of 'difference' to divide and rule, suggests possibilities for celebrating sexual diversity and promoting pleasure. When it is understood that anyone can be a prostitute, client, straight or queer at different places and times, we can start to use conflict productively and make a genuine assault on situations of injustice and exploitation. ★

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DEEJ FABYC (Untitled), 1992. A series of computer-generated thermal photographs

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