

# Sex Worker Health, San Francisco Style: The St. James Infirmary

Deborah Cohan, MD<sup>1</sup>, Charles Cloniger, FNP<sup>2</sup>,  
Johanna Breyer, MSW<sup>3</sup>, Cynthia Cobaugh<sup>3</sup>,  
Jeff Klausner, MD, MPH<sup>2</sup>

<sup>1</sup>UCSF Department of Obstetrics & Gynecology

<sup>2</sup> San Francisco Department of Public Health

<sup>3</sup>St. James Infirmary

# What Is Sex Work?

- “Provision of sexual services or performances by one person (prostitute or sex worker) for which a second person (client or observer) provides money or other markers of economic value”

Priscilla Alexander, *Sex Work and Health: A Question of Safety in the Workplace* in JAMWA vol 53, no. 2.

# St. James Infirmary History

- Call Off Your Old Tired Ethics "COYOTE"
- Exotic Dancers Alliance
- San Francisco DPH STD Unit
- University of California, San Francisco

# Clinic goals

- Non-judgmental, peer-based health care
- Comprehensive health care
  - HIV, STI, Hepatitis counseling and testing
  - Primary Care
- Integration of medical and social services
- Health education to sex workers
- Community education about sex workers
- Community building
- Job training
- Research

# Services

- Primary and urgent care
- HIV/Hepatitis/STI/TB counseling and screening
- STI treatment
- Immunizations
- Acupuncture
- Massage, Reiki therapy
- Peer Counseling
- Support Groups
- Art Therapy and Creative Writing workshop

# Other Services and Activities

- Clothing
- Food Bank
- Career counseling and training
  - Lifepoint Career Services
  - HIV counseling & testing training for sex workers
- Outreach to strip clubs, massage parlors, stroll districts, hotels
- Community speakers bureau
- Medical student elective

# Funding

- San Francisco Department of Public Health, STD Prevention and Control Unit
- UCSF Dept of Obstetrics/Gynecology
- The California Endowment
- The San Francisco Foundation
- The Ford Foundation
- UCSF AIDS Research Institute
- American College of Traditional Chinese Medicine

# Patient Recruitment

- Word of mouth 37%
- Outreach 29%
- Referrals 16%
- Pre-trial diversion 8%
- Media/advertising 8%

# Psychosocial Intake

- 1059 total encounters June 1999-June 2001
- Intake started Sept 1999
- 231 current or former sex workers
- Peer Intake Counselors
- Demographics
- Work history
- Prior health-care access
- Drug Use History
- Domestic and Occupational Violence

# Demographics

- Gender
  - 62% female, 25% male, 11% MTF TG, 2% FTM TG
- Age
  - Median 31 years (range 17-76)
- Ethnicity
  - 63% Caucasian, 13% Asian/Pacific Islander,
  - 11% Latino, 7% African-American, 6% Mixed/Other
- Education
  - 62% some college or more
  - 28% some high school or degree
  - 10% grade school

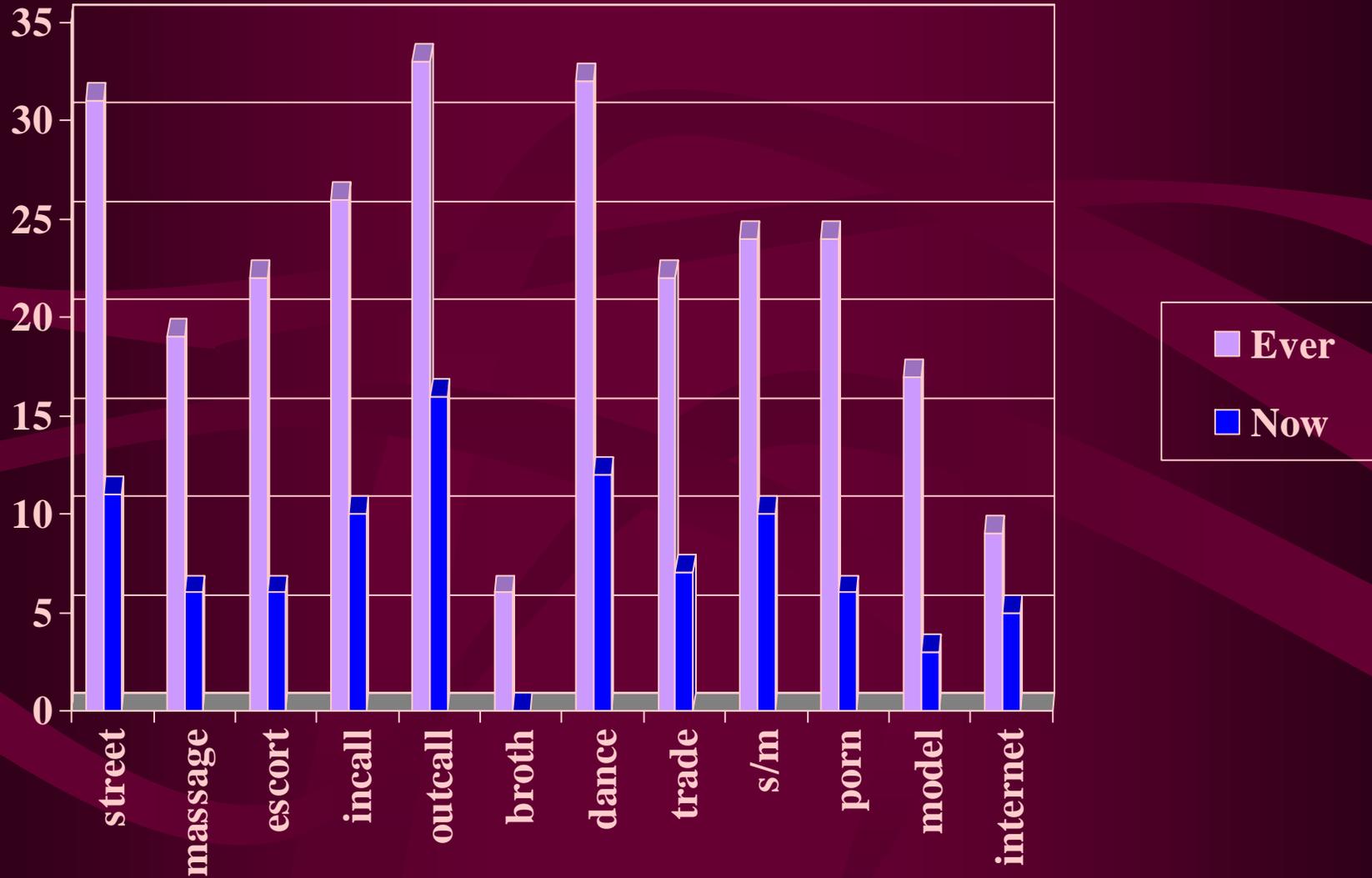
# Other Characteristics

- Housing
  - 70% stable housing
  - 30% unstable housing/homeless
- Social Network
  - 53% with family contact; 47% without
  - 36% with children
    - 60% not living with children
  - 33% with no social network
- Legal History
  - 24% arrested
    - 63% solicitation

# Sexual Identification

	"Gay" or "Lesbian"	"Bisexual"	"Straight"	"Other"
Female n=125	8% (10)	38% (48)	48% (60)	6% (7)
Male n=50	44% (22)	24% (12)	30% (15)	2% (1)
MTF TG n=19	10% (2)	37% (7)	53% (10)	0
FTM TG n=4	25% (1)	25% (1)	0	50% (2)

# Work History



# Health Care Access

- Last visit to provider
  - 79% within 1 year
  - 9% 3+ years ago
- Disclosure to provider
  - 60% never, 25% sometimes, 15% always
- Reasons for not disclosing
  - 36% afraid of disapproval, 54% didn't think relevant, 10% both reasons
- Provider's reaction
  - 57% "fine"
  - 43% "mixed" or "negative"
- 29% requesting mental health care

# Drug Use

- Overall illegal drug use 59%
  - 20% amphetamines
  - 19% cocaine/crack
  - 15% hallucinogens
  - 10% heroin
- 16% IDU
  - 27% of IDU share needles/works
- 10% current IDU partner
- 36% past IDU partner
- 40% tobacco use

# Violence

- 35% past/current Domestic Violence
- 53% past/current Occupational Violence
  - Customer 32%
  - Employer 20%
  - Police 15%
  - 3% reported cases to police

# Medical Intake

- June 1999-June 2001
- 699 clinical encounters
  - Mean visits per client = 2.5 (range 1-34)
- Sexual history
- HIV and STI results

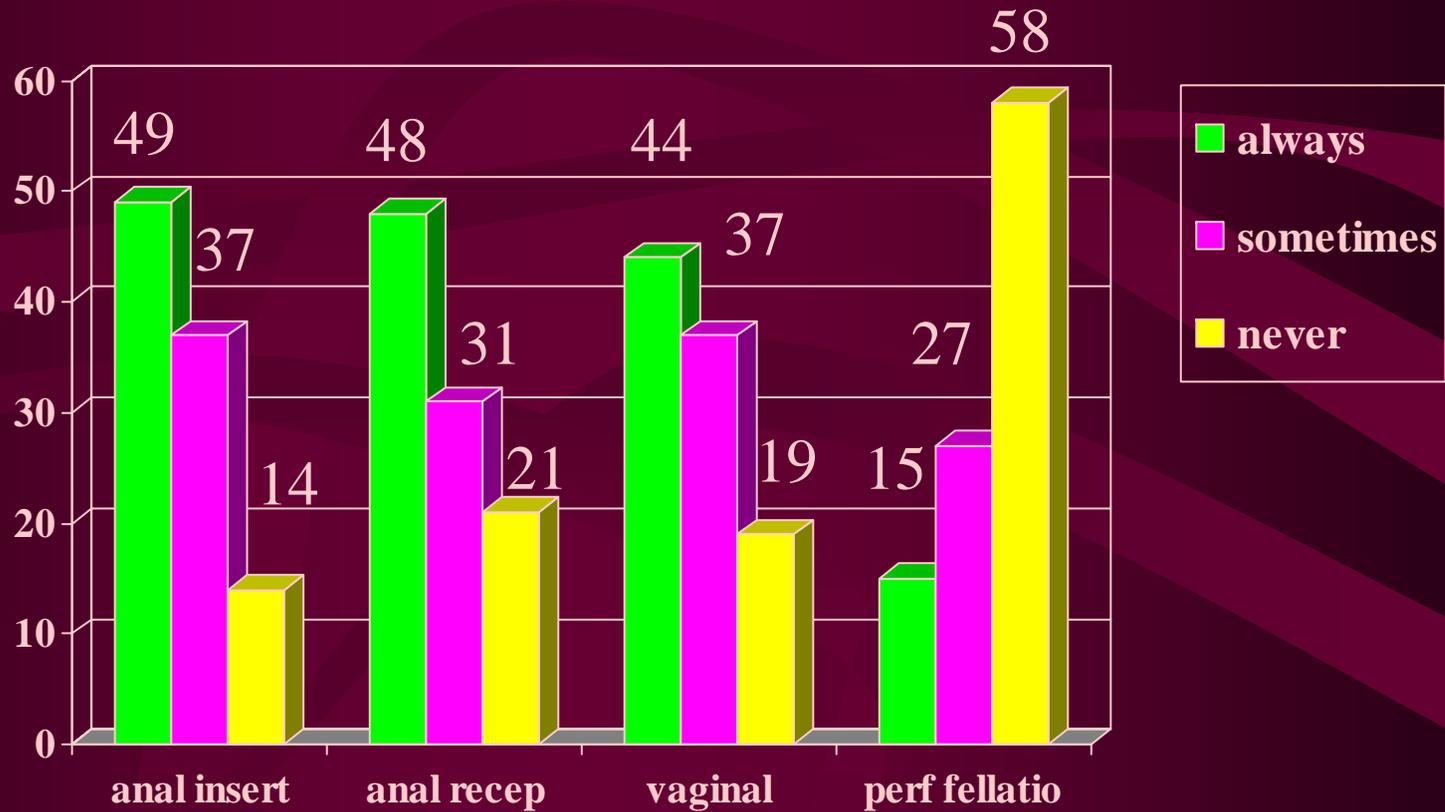
# Sexual History

## Mean # Partners in Past Year

	Intimate Partners		Non-Intimate Partners	
	Male	Female	Male	Female
<b>Male</b> <b>n=108</b>	<b>2.1</b> (0-30)	<b>0.6</b> (0-2)	<b>104</b> (0-500)	<b>4.9</b> (0-50)
<b>Female</b> <b>n=508</b>	<b>1.0</b> (0-5)	<b>0.5</b> (0-8)	<b>78</b> (0-999)	<b>2.5</b> (0-100)
<b>Transgender</b> <b>n=84</b>	<b>0.9</b> (0-3)	<b>0.4</b> (0-1)	<b>55</b> (0-360)	<b>5.9</b> (0-30)

# Condom Use

% Patients Reporting Pattern of use



# Condom Use during Last Sex

- Main partner (n=84)
  - 68% no condom
  - 30% condom
- Non-intimate partner (n=24)
  - 29% no condom
  - 67% condom

# Sexually Transmitted Infections

- HIV 0.2% (1/90)
- Chlamydia 0.8% (2/259)
  - Jail Chlamydia Study, n=604 women
  - 11% sex workers vs. 9% non-sex workers (p>0.05)
- Gonorrhea 1.6% (5/320)
- NGU 10% (11/108)
- Abnormal pap smear
  - ASCUS 2% (2/98)
  - LGSIL 1% (1/98)
- LCR/culture negative PID 0.4% (2/507)
- Syphilis 0% (0/199)

# Challenges and Limitations

- Municipal STI clinic
- Limited staff/volunteer ethnic diversity
- Near Hall of Justice
- Medical intake not sex worker-specific
- Not generalizable
- Attrition of sex worker volunteers
- Stigma of sex work and funding options

# Conclusions

- Diversity in sex worker community
- High prevalence of workplace violence
- High prevalence of drug and tobacco use
- Risky behavior with intimate partners
- Health problems broader than just STI/HIV
- Importance of community involvement
- [www.stjamesinfirmary.org](http://www.stjamesinfirmary.org)

# Future Goals

- HIV testing service run by sex workers
- Mobile, van-based health care
- Massage parlor licensing run by DPH
- STI/HIV testing in strip clubs, porn sets, massage parlors, street corners and hotels
- Independent location
- Increase service hours
- Conduct ethical, collaborative research on sex workers

# Remaining Questions

- Political ramifications of scientific research?
- Does criminalization discourage safe sex practices or facilitate violence?
- Role of public health community in addressing these issues?

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