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**At The Intersection of Stigma and Public
Health: COYOTE, AIDS, and the Construction
of the Female Sex Worker.**



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A note on Terminology:

Throughout this dissertation women employed in the sex industry will be referred to as ‘sex workers’, according with the Sex Worker Rights Movement’s criticism of other derogatory language. Apart from primary sources, ‘prostitute’ will be used only in reference to the ‘prostitute discourse’ which will distinguish the social constructions of this stigmatising narrative, from reality.

Introduction

Call. Off. Your. Old. Tired. Ethics, was C.O.Y.O.T.E.'s challenge to American society at the end of the twentieth century. Founded in 1973 because 'no one was speaking about the issue from the perspective of prostitutes themselves', it adopted a radical feminist perspective which repealed the 'victim lens' and returned agency to sex workers.¹ As an early proponent of the International Sex Workers Rights Movement, it tackled the 'prostitute discourse' in society.

For the purposes of this dissertation, the 'prostitute discourse' will be conceptualised as the dominant construction of 'the female prostitute', which has simultaneously pathologized her character, and cast her as a 'victim' of male vice. Through a breakdown of the 'prostitute discourse', and its performance in twentieth century American society, this dissertation will evidence how it critically informed the administrative response to AIDS.

Acquired Immune Deficiency Syndrome, or AIDS, was identified in America in 1981 and perplexed medical efforts to mitigate its spread. While causing widespread paranoia its social construction became bound to preconceptions of its earliest victims. As a result, it offers a rich insight into the application of social stigma in American public health and medicine. This project will provide a new source base, female sex workers, to an ongoing critical analysis of America's 'blame mentality'. A string of state legislation, federal policy and public health initiatives will be utilised to demonstrate how existing assumptions about sex work interacted with social paranoia and the constructed threat of 'heterosexual AIDS'.

In contrast to this 'administrative response', COYOTE's strategy to tackle AIDS, which adopted harm reduction principles and community-level education initiatives, will be evidenced as radical. Running parallel to federal policy, which scapegoated 'high-risk' individuals, COYOTE's provision of explicit advice to its community can be labelled as

¹ Schlesinger Library, 'COYOTE Records 1962-1989', [hereafter COYOTE], 81-M32--90-M1/1/28: 'About the NTFP', Jan 1987, <https://hollisarchives.lib.harvard.edu/repositories/8/resources/5083> [Date accessed: 10 July 2024].

‘innovative’ in the late 1980s. Critical analysis of the subsequent ‘alliance’ bridged between COYOTE and the Public Health Service will determine whether it constituted a recognition of their ‘expertise’ or remained fundamentally restricted.

Therefore, this dissertation aims to answer whether the distinct ‘crisis’ of AIDS, and COYOTE’s innovative outreach work, was enough to break with the historic precedent of viewing sex workers as only ‘sources’ of infection in American public health. Ultimately concluding that, given the multiple limitations of COYOTE’s reach and recognition, AIDS must be understood as a brief weakening in the boundaries of public health and not a profound change in the treatment of sex workers. Although the epidemic did shift public health strategy, to greater include grassroots education, dominant stigma against sex workers prevented their inclusion in this expanded definition of ‘expert’.

This project provides a novel case study to scholarship on the boundaries of American medicine. Through a comparative public health assessment this dissertation will evidence how established social divisions, between ‘instructor’ and ‘subject’, in health education were challenged, but also reinforced, by COYOTE’s outreach work. A dissection of internal social divisions will contrast the position of COYOTE’s workers with the social circumstances that many faced in the industry. By illuminating barriers of substance abuse, education, and social background, the limitations of COYOTE’s health education will be exhibited.

This dissertation therefore offers new evidence for the operation of societal stigma in American Public Health. Critically revealing how historic constructions of ‘the female prostitute’, not just informed the administrative public health response, but organised internal community divisions and subsequently mitigated COYOTE’s impact. AIDS therefore operates as a lens to deconstruct the ‘prostitute discourse’ and measure its application to American society at the turn of the century.

Literature Review

Sex work has only been broached as a valid arena for historical inquiry within the last few decades and is therefore underdeveloped. With its birth out of 1960s social history – which emphasised the study of the ‘private sphere’ – it cannot be removed from feminist theory. A unique characteristic of this historiography is the role of contemporary political actors in its theoretical development. Leaders of the Sex Worker Rights Movement contributed to, and were simultaneously influenced by, foundational texts by Judith Walkowitz and Valerie Jenness which employed the industry as a lens to dissect the gendered double standard of sexual behaviour in western society.² Subsequent development of this feminist theory, in particular Laura Agustin’s definition of a dominant ‘prostitute discourse’, critically informs the theoretical basis of this dissertation.³

This project will develop and push back on Jenness and Melinda Chateaufort’s assessment of COYOTE.⁴ Both authors have positioned COYOTE within the wider International Sex Worker Rights Movement, and their over-optimistic lens must be criticised for not sufficiently addressing ongoing barriers to ‘recognition’ in society. This dissertation will move away from this scholarship, which is primarily rooted in an assessment of twentieth century social change, to place COYOTE’s work in the context of American public health.

As a result, this case study is informed by a broad range of historiography which dissects American medicine, its social application, and its definition of ‘expert’. This class of literature has sought to dissect the connection between knowledge, expertise, and the power which can be exercised through the possession of both. Michel Foucault’s novel conceptualisation of ‘biopower’ has critically informed this dissertation’s assessment of ‘disciplinary power’, and its role in the social construction of ‘the female prostitute’.⁵

² Judith Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State*, (Cambridge: Cambridge University Press, 1980); Valerie Jenness, *Making it Work :The Prostitutes' Rights Movement in Perspective*, (New York: Aldine De Gruyter, 1993).

³ Laura Agustin, *Sex at the Margins*, (London: Bloomsbury Academic, 2007).

⁴ Jenness; Melinda Chateaufort, *Sex Workers Unite: A History of the Movement from Stonewall to Slutwalk* (Boston: Beacon Press, 2013), pp.47-117.

⁵ Michel Foucault, *The History of Sexuality: The Will to Knowledge*, trans. Robert Hurley, (New York: Pantheon Books, 1978), p.140.

Developers of Social Constructionist theory, such as Jeffrey Weeks, have been informative in understanding how ‘normative’ and ‘deviant’ sexualities have been defined in western society – a critical component in dissecting ongoing sex work stigma.⁶

With a more concentrated focus, Allan Brandt’s comprehensive assessment of twentieth century measures against ‘venereal disease’, contextualised the historical relationship between sex workers and public health.⁷ This dissertation aims to develop this story by evidencing how the historic association between sex work and disease transmission, critically informed the administrative AIDS response.

Despite AIDS being a crowded, multi-disciplinary field, there is a distinguishable historiographical gap around preventative measures. AIDS historiography has been predominately concerned with treatment development and national action plans. As a result, it has neglected grassroot education initiatives which constituted a critical part of tackling AIDS.

One study which shifted the narrative, and privileged the role of community leaders, was Steven Epstein’s assessment of ACT UP.⁸ By scrutinising ACT UP’s advocacy in the biomedical sphere of drug trials, Epstein argued that the distinct ‘crisis’ of AIDS allowed the ‘lay expert’ into the fringes of American medicine.⁹ This dissertation will therefore develop this conceptualisation of AIDS as a catalyst which weakened barriers of ‘expertise’ and apply it to the work of COYOTE in outreach health education.

⁶ Jeffrey Weeks, *Sexuality: Fourth Edition*, (Oxford: Taylor and Francis Group, 2016).

⁷ Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*, (Oxford: Oxford University Press, 1987).

⁸ Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*, (Los Angeles: University of California Press, 1996).

⁹ Epstein, p.9.

Methodology

This dissertation rests primarily upon COYOTE's administrative records. As a largely under-utilised resource it offers a partial solution to a key methodological challenge in the study of sex work: hearing the voices of the women themselves. Due to the nature of the industry, and its prohibition, sources on sex workers have typically constituted entirely of their interactions with the law. While judicial sources will be employed, particularly to evidence the contemporary enactment of the 'prostitute discourse', this project will root itself in a source base produced by sex workers. This is not to label COYOTE as a perfect representative of the industry, or to ignore its privileged position within a socially divided community, but to acknowledge the novelty of its work, and the source base this provides.

A significant limitation of the archive is its administrative focus. It provides a thorough insight into the organisation's ideology, through its theoretical publications, but not into its work's reception in the wider community. As a result, publications such as *Sex Work: Writings By Women in the Industry* and *Whores and Other Feminists*, have been utilised to access personal testimonies.¹⁰ Although the interviews contained in these texts are still witnessed through an edited medium, both volumes' objective to amplify the voices of sex workers necessitates that they provide a useful insight into the attitudes and experiences of these women.

¹⁰ Frédérique Delacoste and Priscilla Alexander, *Sex Work: Writings by Women in the Sex Industry: Second Edition*, (San Francisco: Cleis Press, 2001); Jill Nagle (ed.), *Whores and Other Feminists*, (New York: Routledge, 2010).

Chapter structure

Chapter One outlines the ‘prostitute discourse’ and dissects its application within American law and society at the end of the Twentieth century. It subsequently employs an assessment of the administrative response to AIDS to exhibit the dominance of this ‘prostitute discourse’ in public health policy.

Chapter Two undertakes an in-depth analysis of COYOTE’s AIDS strategy to evidence its ‘radical’ nature in contrast to federal public health measures.

Chapter Three handles the question of how ‘successful’ COYOTE’s work can be labelled as, in regard to its effective community reach and its recognition in wider public health.

Chapter 1 -The ‘Prostitute Discourse’ and the administrative response to AIDS.

In this chapter, after an initial conceptualisation of the ‘prostitute discourse’, its contemporary application to twentieth century America will be illuminated through COYOTE’s records. COYOTE’s assertions₂ about police arrests, ongoing stigma, and experiences of violence, will be corroborated by personal accounts retrieved from *Sex Work: Writings from Women in the Industry*.¹¹ Subsequent analysis of ‘the administrative response’ – composing of federal initiatives, state legislation and public health policy – will evidence how longer assumptions about the female sex worker defined the American response to ‘heterosexual AIDS’.

The ‘Prostitute Discourse’

Laura Agustin has defined ‘discourse’ as ‘a language or way of talking’ that ‘becomes institutionalized through use’, and in doing so defines ‘the version that seems obvious or natural’.¹² The ‘prostitute discourse’ analysed in this chapter - and which informs the premise of this dissertation - can be understood as a social construction and therefore an object of historical inquiry. The theory follows that ‘the female prostitute’ became a habitable identity, a distinct ‘type’ of person with definable characteristics. It was medical legitimisation in the twentieth century which enrooted this existing moralised perception of ‘the female prostitute’ into American society. Therefore, to best dissect the parameters of contemporary stigma, the historic roots of this discourse must be assessed.

This social discourse – which defined how society viewed and treated the female sex worker – can be placed within the rise of ‘disciplinary power’. This primarily Foucauldian thesis follows that as ‘sovereign power’ waned through the seventeenth century, new systems of knowledge became entrenched.¹³ While religion maintained some instructive authority, the Enlightenment ordained a novel belief system which privileged rationality and the pursuit of knowledge.¹⁴ Resultingly, a proliferation of new disciplines emerged in society and

¹¹ Delacoste and Alexander.

¹² Agustin, p.8.

¹³ Foucault, p.139.

¹⁴ Ibid.

entrenched the marriage of authority to the possession of knowledge. It was this novel understanding of ‘expertise’ which provided an emerging professional class with unprecedented authority to instruct behaviour. While this shift was partially fuelled by increased state interest in regulating populations, Paul Starr also identifies a distinct ‘cultural revolution’ which made American society receptive to professional authority.¹⁵ Therefore, by the end of the nineteenth century Foucault conceptualised western society as defined by ‘biopower’: the exercise of social control, not through the force of law, but through a multiplication of discourses which defined and reaffirmed ‘norms’ of behaviour.¹⁶

Adopting this ‘Social constructionist’ lens, a distinct ‘prostitute discourse’ can be identified, alongside its clarification in the nineteenth century. Walkowitz’s foundational study on the British Contagious Diseases Acts illuminated the distinct political forces and social developments which turned the female sex worker into a target of public health.¹⁷ This scapegoating can be positioned within an invigorated examination of ill health, immorality, and ‘dirt’ in society. Amidst this social fervour – largely a reaction to industrialisation and urbanisation – ‘the female prostitute’ was identified as a physical and metaphorical representation of society’s ‘decay’.¹⁸ This pathologisation of sex work was not just enacted top-down through state legislation but was advanced by a class of social reformers. Agustin argued it was these welfarist reformers - predominantly middle-class women – who positioned themselves as saviours and thus reaffirmed the social distinction between the genteel lady and the ‘fallen woman’.¹⁹

This social construction – rooted in a moralised definition of ‘appropriate’ female sexuality – was gifted legitimacy by the field of medicine. The advent of bacteriology at the turn of the century inaugurated a shift in public health which allied it to scientific medicine.²⁰ As infectious diseases - once debilitating to society - were ticked off, public health authorities earned a hegemonic position. Over the twentieth century the physician therefore emerged

¹⁵ Paul Starr, *The Social Transformation of American Medicine (Revised edition)*, (New York City: Basic Books, 2017), p.17.

¹⁶ Foucault, pp.140,144.

¹⁷ Walkowitz, p.1.

¹⁸ Brandt, p.21.

¹⁹ Agustin, p.8.

²⁰ Starr, p.181.

with an unprecedented jurisdiction to instruct matters of the body, which bled into matters of sex. Sexually transmitted diseases, an enduring focus of reformers, were re-examined through the new authoritative lens of germ theory.

However, as Brandt has illuminated, while authority on ‘venereal disease’, or VD, changed hands, the assumed role of sex work in its proliferation was not shaken.²¹ Brandt’s examination of twentieth century VD policy illuminated a historical precedent to ‘crack down’ on sex work at times of heightened moral panic.²² This conceptualisation of sex work as a ‘source’ reveals the established transmission pathway from the prostitute to the adulterous husband, and onto the unassuming wife and children. This ‘uni-directional mode of transmission’, as coined by Brandt, thus provided medical legitimisation to the social distinction between the chaste wife and the ‘diseased’ sex worker.²³

Therefore, the ‘prostitute discourse’ must be understood as a product of a range of disciplinary powers which became hegemonic by the end of the nineteenth century. It was critically informed by the construction of ‘normative’ female versus male sexuality. These moralised expectations were entrenched by early sexological definitions of ‘inherent’ female ‘passivity’.²⁴ As a result, in contemporary society, the female sex worker – by having sex with multiple people and asserting her worth via payment – embodied characteristics bound to definitions of masculinity. It is this pathologisation of her ‘nature’ which has fuelled ongoing stigma in society.

The Contemporary Application of the ‘Prostitute Discourse’

COYOTE’s political records throughout the end of the twentieth century provide a lens, and ample evidence, to examine the contemporary performance of the ‘prostitute discourse’. COYOTE employed a feminist understanding of society’s sexual double standard to dissect how the prohibition of sex work was socially mitigated. Theoretical leader, Priscilla

²¹ Brandt, pp.31, 138.

²² Ibid.

²³ Brandt, p.31.

²⁴ Weeks, p.204.

Alexander, argued that only the ‘female prostitute’ is punished, and not the male customer, because only she breaks society’s expectations of sexual behaviour.²⁵ While male sexuality is not condemned - and has been established as a ‘norm’ - the female sex worker challenges the ‘proper’ exercise of female sexuality.

COYOTE utilised a pattern of unbalanced arrest statistics to illuminate this social distinction. Reporting that over seventy percent of prostitution arrests nationwide were female sex workers and only ten percent were male customers.²⁶ Barbara, a thirty-nine year old sex worker interviewed for *Sex Work*, stated ‘they never arrest Johns’, and on one arrest, ‘There were five guys there and instead of arresting them, they made them testify in the trial against us.’²⁷ These arrest statistics, and the personal accounts utilised in this chapter, evidence the discriminatory application of American law in regard to prohibiting prostitution.

The influence of this pervading stigma cannot be clearer than police treatment of sex workers. Having spoken to just a small sample of New York street workers, Alexander recorded that ten out of thirty-two ‘had been sexually or physically abused during an arrest’, with nearly half experiencing multiple offences.²⁸ Gloria Lockett, after working the streets for seventeen years and being arrested ‘thirty or forty times’, recorded how police treatment ranged from petty power plays - ‘they would take our purses, dump them on the ground, and make us pick things out of the gutter.’ - to physical abuse - ‘the police would take the hands of the women who were not going to jail, and they would burn them on the hood of the engine’.²⁹ Lockett’s account that ‘Both of my arms were almost broken when he picked me up by the handcuffs and threw me in the back of a pickup truck’ reinforces how wider societal constructions of sex workers facilitated police abuse.³⁰ Critically, the ‘nature’ of their work was used to warrant a range of sexual violence, with Lockett recording that ‘one officer pulled into a very dark alley and demanded a blow job.’³¹ COYOTE affirmed that ‘offering a woman the option of avoiding arrest in return for a sexual favour is widespread, according to

²⁵ COYOTE: 81-M32--90-M1/1/26, ‘Decriminalization of Prostitution’.

²⁶ Ibid.

²⁷ Delacoste and Alexander, p.166.

²⁸ Ibid, p.214.

²⁹ Ibid, p.39.

³⁰ Ibid.

³¹ Ibid.

those who work the streets, and Coyote seethes at this example of ‘legal rape’.³² Further evidencing how the social construction of the female sex worker informed her treatment in wider society and at the hands of the law.

Yet, perhaps more dangerous than police abuse, was an institutionalized ignorance of crime against sex workers. Carole, interviewed in *Sex Work*, retells her rape at just seventeen years old. When the police were subsequently called it was ‘with four shotguns’ to put her, and her friends, under arrest ‘for assault on the man who had just raped me repeatedly’.³³ One police officer said their story ‘was impossible because I was a prostitute and could not be raped’.³⁴ Even once the officers had seen the man’s weapon and dropped their accusations against the women, ‘when I told them I wanted to press charges for rape, the officer would not take a police report.’³⁵ Another interviewee stated, ‘I can’t tell you the countless times I’ve heard police say that a prostitute can’t be raped’.³⁶ Additionally, Barbara recorded that a friend who called the police was told “That’s the price you pay, it comes with the trade... so why bitch and scream, you’re a prostitute.”³⁷ This social construction of blame did not just operate top-down but pervaded how sex workers constructed their own identity. Barbara noted that after she was raped ‘I didn’t even think about going to the police at all’, ‘I thought because I was a prostitute, how dare I go to the police’.³⁸ These stories are only snapshots of a discourse which rendered sex workers devoid of their constitutional right to justice by the very nature of their job.

This socially discriminative judicial response must be understood as further mitigated by class and race. Societal discrimination was regulated by a hierarchal construction of different ‘types’ of sex work, and the ‘type’ of woman in each. Nell, interviewed for *Sex Work*, argued that people ‘don’t mind the women who are on call, you know, the women who have clientele, it’s the women on the streets they nab on’.³⁹ This social distinction is evidenced within arrest records. COYOTE estimated that ‘although 85-90% of prostitution arrests are

³² COYOTE, 81-M32--90-M1/1/1: ‘One Long Howl’.

³³ Delacoste and Alexander, p.145.

³⁴ Ibid.

³⁵ Ibid, p.146.

³⁶ Ibid, p.95.

³⁷ Ibid, p.169.

³⁸ Ibid, p.168.

³⁹ Ibid, p.53.

made on the street, only 10-20% of prostitutes are street workers'.⁴⁰ Illuminating how police efforts were driven by a moral crusade against 'visible vice', rather than any principled concern for female sex workers. Furthermore, Priscilla Alexander reported in 1983 that 'while approximately 40 percent of street prostitutes are women of colour, 55 percent of those arrested are'.⁴¹ Even more startling was that '85 percent of prostitutes who are sentenced to do jail time are women of colour'.⁴² Madeleine Lawson, in *Whores and Other Feminists*, argued that the industry 'is all the more racist and sexist' than wider society.⁴³ Therefore, when examining the application of stigma in law enforcement, the intersection of race and class in mitigating sex worker experiences must be taken into account.

The Administrative Response to AIDS

While COYOTE's archive, and supplementary testimonies, have evidenced the contemporary application of the 'prostitute discourse', it is AIDS policy pursued by federal and state administrations which best exhibits the continued domination of these social constructions. A wealth of literature has analysed the initial response as 'slow' so this point will not be laboured.⁴⁴ Nonetheless, a level of context – on how the disease's first victims instructed understandings and subsequent policy on the disease – is necessary. By adding to this existing historiography with an assessment of restrictive policy against sex work, the 'blame mentality' of the American government will be further illuminated and subsequently used to evidence the 'radical' nature of COYOTE's AIDS strategy in chapter two.

The distinct lack of federal action in the preliminary years of AIDS was directly related to existing stigma against the disease's victims. While it took two years for specific federal funds to be allocated, the mainstream press was busy constructing the disease as a 'gay

⁴⁰ COYOTE, 81-M32--90-M1/1/37: 'Organisation of the industry', 1974.

⁴¹ COYOYE, 81-M32--90-M1/ 1/32: 'Working on Prostitution', July 1983.

⁴² Ibid.

⁴³ Blake Arenas et al., 'Women of Color Discuss Sex Work', in Jill Nagle (ed.) *Whores and Other Feminists*, New York: Routledge, 2010) p.206.

⁴⁴ See: Elizabeth Fee and Daniel M. Fox, 'The Contemporary Historiography of AIDS', *Journal of Social History*, 23, (1989) 303-14; Philip R Lee and Peter S Arno, 'The Federal Response to the AIDS Epidemic', *Health Policy*, 6, (1986), 259-267; Brett C Stockdill., *Activism Against AIDS: At the Intersections of Sexuality, Race, Gender and Class* (Boulder, Lynne Rienner Publishers, 2003).

plague' and employing it to revive conservative criticisms of 'promiscuity'.⁴⁵ The medical institution did not rise above this conservative fervour. A 1985 article in the *Journal of American Medicine* (JAMA) written by Chief Editor, George Lundberg, argued that AIDS was a 'great time for defensive living' and associated the disease with 'easy, irresponsible oversex, abortion on demand, chlamydia, and genital herpes'.⁴⁶ By attributing the emergence of AIDS to a liberal attitude of 'tolerance for anything in anybody', JAMA legitimised the popular 'blame mentality'.⁴⁷ Lundberg warned that 'People who are infectious must stop copulating indiscriminately. The chances of this change occurring, however, given our free society and sexual drives seems almost nil'.⁴⁸ Thus contributing to the construction of AIDS patients as fundamentally 'irresponsible' and justifying restrictive public health policy.

This construction of blame offers a point of overlap between the homosexual man and the female sex worker. When cases in 1983 suggested a move into the 'heterosexual population', widespread paranoia ensued, and a new scapegoat was added to the dominant 'blame mentality': the female sex worker. She was identified as a potential link between the urban 'underbelly', of promiscuous sex and drug use, to the 'general population'. COYOTE recorded in 1988 that '13 states have already adopted legislation mandating the testing of prostitutes, followed by increased penalties or quarantine for anyone who continues to work after testing positive'.⁴⁹ This is corroborated by a *San Francisco Chronicle* report in 1985 that a female sex worker had been driven 'handcuffed', 'to Mission Emergency Hospital and ordered to undergo testing'.⁵⁰ Therefore we can witness how the historical association drawn between sex work and sexually-transmitted disease informed efforts to tackle AIDS.

A class of proposed legislation across California and New Jersey provides a base to analyse how conservative forces and society's perception of sex work dictated AIDS policy. SB 1545, a mandatory testing bill for convicted sex workers, passed the Californian senate but not the assembly in 1986.⁵¹ Matt Newman, the senator's legislative assistant, argued they had

⁴⁵ Fee and Fox, p.304.

⁴⁶ COYOTE, 81-M32--90-M1/ 1/35: 'JAMA: The Age of AIDS: A great time for Defensive Living', June 1985.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ COYOTE, 81-M32--90-M1/1/34: 'Women and AIDS', 1988.

⁵⁰ COYOTE, 81-M32--90-M1/18/979: 'Threats to suspected AIDS hooker: Prostitute is off the streets', Jan 1985.

⁵¹ COYOTE, 81-M32--90-M1/5/ 273: 'San Francisco Examiner: Life on the streets', July 1986.

been looking for ‘An opportunity to legitimately intervene in the spread of this disease. Well, it’s spread by sex. Prostitutes sell sex. That was our nexus.’⁵² Therefore clearly illuminating the primacy of social assumption and not scientific fact in policy production. The following year, Senator Doolittle passed a bill through the state senate, but not the assembly, which mandated an AIDS antibody test for a list of sex offences. Sex work was placed alongside ‘Rape of a spouse’ and ‘Unlawful intercourse with a female under age 18’, thus evidencing the categorisation of sex work within a box of violent crime.⁵³ Once again a scientific basis seems to be amiss with little justification that a husband that has raped his wife would be at any greater AIDS risk than the rest of the population. Therefore, this bill can be understood as part of the conservative impulse, which dominated AIDS policy, to penalise and regulate ‘deviant’ individuals. Newark’s proposed testing for prostitution arrests, which passed the city council, was justified to ‘stop prostitution in Newark, discourage men from seeking the services of the city’s prostitutes, and check the spread of the AIDS virus.’⁵⁴ It is revealing that on a bill trying to institutionalize AIDS testing, stopping the disease’s spread is only listed as the third motivation. Illuminating, once again, how AIDS was employed as an emotive tool for a conservative agenda – this time the restriction of sex work.

The primacy of social assumptions rather than scientific knowledge extended beyond state legislation, and into the federal sphere. The 1988 ‘Watkins Report’, commissioned by President Reagan, was an independent review of America’s AIDS response with over five hundred suggestions for improvement.⁵⁵ Female sex workers were given very little space within the report, partially due to the weight of scientific evidence by 1988 which had exonerated them as significant ‘vectors’ of transmission, but perhaps more to do with the report’s focus on protecting the ‘general population’. This latter thesis is backed up by the problematic portrayal of sex work, and its risks, within the report. One obstacle, to effective State control of AIDS, identified was that ‘Penalties for prostitution are too lenient and the enforcement of prostitution laws is erratic’, adding in its recommendations that ‘Prostitution laws should be strictly enforced.’⁵⁶ In this way, without elaborating on or providing any

⁵² Ibid.

⁵³ COYOTE, 81-M32--90-M1/1/ 34: ‘Proposed Bill’, March 1987.

⁵⁴ COYOTE, 81-M32--90-M1/5/275: ‘Off Our Backs: AIDS Updates’, Feb 1988.

⁵⁵ ‘Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic’, *U.S Department of Justice*, (24 June 1988) , <https://www.ojp.gov/ncjrs/virtual-library/abstracts/report-presidential-commission-human-immunodeficiency-virus-hiv>, [date accessed: 15 Jan. 2025].

⁵⁶ ‘Presidential commission’, p.131.

evidence, the study labels sex work as inherently dangerous and a risk for AIDS spread. We can therefore categorise the Presidential Commission into AIDS - completed by a panel of medical and judicial authorities in 1988 - as critically informed by, and subsequently providing legitimacy to, the assumed correlation between sex work and the spread of AIDS.

State and federal AIDS policy involving sex work can be labelled as inherently restrictive. They were informed by longer constructions of the sex worker as a 'source' of infection' and fuelled by a conservative impulse to justify greater restrictions on the industry. In the next chapter this 'administrative response' will be used to illuminate why COYOTE acted to protect their community, and how their strategy can be characterised as 'radical'.

Chapter 2 – COYOTE's AIDS Strategy

While the federal government and its Public Health Service remained concerned with identifying 'risk groups', COYOTE was developing a comprehensive strategy to mitigate AIDS spread in its own community. Through a deeper analysis of their ideology, and a comparative examination of national public health policy, this chapter will evidence that COYOTE was ahead of its time in the adoption of the harm reduction strategy which would later define official efforts against HIV.

COYOTE's ideology for mitigating the spread of AIDS can be broken down into four key strands. Firstly, with the weight of historic evidence on sex work regulation, COYOTE insisted that restrictive measures were counter-productive against sexually transmitted diseases.⁵⁷ Secondly, they contended that moralised judgements and unrealistic expectations on behaviour were not effective public health messages. Instead, they called for education that lowered personal risk when engaging in behaviour potentially conducive with transmission.⁵⁸ Thirdly, COYOTE insisted that the 'conspiracy of silence' in society - propagated by mainstream media - around issues of sex needed to be broken in this time of need.⁵⁹ Finally, COYOTE argued that outreach education work to underserved communities was critical in the fight against AIDS. Radically, they positioned sex workers, past and present, as the best suited educators for this mission.⁶⁰ As a result, COYOTE by 1987 had developed a comprehensive strategy for AIDS which privileged the expertise of grassroots educators and harm reduction policies.

COYOTE's primary message - and their call to action - was that scapegoating individuals and populations for the spread of AIDS was ineffective and highly dangerous. Informed by a history of quarantine measures against VD, COYOTE argued that any 'punitive measures' would be 'more likely to result in an increase in the rate of transmission than a reduction' as

⁵⁷ COYOTE, 81-M32--90-M1/1/34: 'The A(IDS) Word', 1988.

⁵⁸ COYOTE, 81-M32--90-M1/1/35: 'AIDS Information, Aug 1985.

⁵⁹ COYOTE, 81-M32--90-M1/1/33: 'COYOTE Testimony', Oct 1985.

⁶⁰ COYOTE, 81-M32--90-M1/1/28: 'COYOTE Policies', 1984.

it would ‘drive prostitutes further underground’ and ‘lead clients to believe that the prostitutes who are still free are infection free’.⁶¹ This argument is corroborated by Brandt’s substantial assessment of twentieth century VD measures which revealed in times of crisis, such as World War One, sex work was restricted and rates of venereal disease only flourished as a result.⁶² This historical precedence - to strip the rights of, exclusively female, sex workers - is critical to understanding why COYOTE felt the need to act in 1984.

One key branch of COYOTE’s strategy involved lobbying state and federal legislatures against repressive measures. COYOTE utilised scientific evidence, and up to date AIDS studies, to support their argument that female sex workers were not effective transmitters to their clients. The proposed testing and quarantine bills outlined in the previous chapter evidence that science was sidelined in favour of long-held assumptions about sex work as inherently disease-producing. To deconstruct this narrative, COYOTE advocates reiterated that sex workers ‘accounted for no more than five percent of VD in this country prior to the AIDS epidemic’.⁶³ Repeating this to the Senate Select Committee on AIDS in 1987, COYOTE argued that by comparison, ‘30-35 percent of the VD in this country is found among high school age individuals.’⁶⁴ Additionally, it was epidemiological studies into the AIDS pathway which COYOTE used to exonerate sex workers. The 1987 CDC study which concluded that the incidence of AIDS in sex workers was ‘generally in direct proportion to the incidence of infection among the IV drug using population in the city in question’ was called upon to reason that restricting sex work would have little impact, instead a comprehensive harm reduction and education strategy was needed to address communities using intravenous drugs.⁶⁵

For this to happen, COYOTE reasoned the unspoken societal taboo on issues of safe-sex and drug use must be broken. This ‘conspiracy of silence’, a term developed by Brandt, critically

⁶¹ COYOTE, 81-M32--90-M1/10/508: ‘CAL-PEP Handbook’, 1988.

⁶² Brandt, pp.52-95, 96-122.

⁶³ COYOTE, 81-M32--90-M1/1/34: ‘Testimony for the Senate Select Committee on Substance Abuse’, Oct 1987.

⁶⁴ Ibid.

⁶⁵ Centers for Disease Control and Prevention, ‘Epidemiologic Notes and Reports Antibody to Human Immunodeficiency Virus in Female Prostitutes’, *Morbidity and Mortality Weekly Report*, 36, (1987) 157-61 (p.160).

informed COYOTE policy.⁶⁶ In a 1985 ‘AIDS Information Sheet’, Alexander notes that the best way to ‘get an historical perspective’ was to read Brandt’s *‘No Magic Bullet’*.⁶⁷ Alexander reiterated that a major barrier to mitigating AIDS was ‘the fact it is sexually transmitted, an issue none can deal with in this sex-negative society’.⁶⁸ Nowhere was this more evident than the de-facto ban on mainstream media providing safe-sex advice. In 1985, COYOTE reported that ‘most, if not all television stations have an informal policy barring commercials for condoms’.⁶⁹ A CBS spokesman George Schweitzer commented that ‘This is a highly charged emotional issue on moral and religious grounds’ and ‘We are a mass medium, and a 30-second condom commercial coming up in a program without context would raise a lot of eyebrows.’⁷⁰ Therefore, despite paranoia over the growing epidemic, the American press remained shackled by social prohibition around sex.

This press ideology can be aligned with Reagan’s Conservatism, which gripped America in the 1980s, and subsequently defined the ‘Public Health Response’. A study of the federal government’s AIDS education program in this first decade reveals how social and political barriers prevented an effective response. The first public informational from the CDC was the ‘Surgeon General Report’ on AIDS in 1986.⁷¹ It’s key takeaway that, ‘AIDS affects certain groups of the population’, evidenced the domination of the ‘blame mentality’ in federal policy and public health strategy.⁷² Furthermore, its ideological rooting in Reagan’s ‘War on Drugs’ effectively obstructed any public health initiatives for harm reduction. Surgeon General, C. Everett Koop stated, ‘I applaud the President’s initiative to rid this nation of the curse of illicit drug use and addiction’, adding that it will ‘help reduce the number of persons exposed to the AIDS virus.’⁷³ Therefore positioned in stark opposition to COYOTE’s insistence that aggressive policy only drove drug use underground and imbedded dangerous habits, such as needle sharing, which rapidly increased the spread of AIDS.

⁶⁶ Brandt, p.31.

⁶⁷ COYOTE, 81-M32--90-M1/1/35: ‘AIDS Information’, Aug 1985.

⁶⁸ COYOTE, 81-M32--90-M1/1/34: ‘The A(IDS) Word’, 1988.

⁶⁹ COYOTE, 81-M32--90-M1/1/35: ‘AIDS Information’, Aug 1985.

⁷⁰ COYOTE, 81-M32--90-M1/10/539: ‘San Francisco Examiner: Controversial Times For the Condom’, Dec 1986.

⁷¹ Global Health Chronicles, ‘CDC’s Early Response to AIDS’, [hereafter ‘CDC’]: ‘Surgeon General’s Report on Acquired Immune Deficiency Syndrome’, Oct 1986, <https://www.globalhealthchronicles.org/items/show/8618n> [date accessed: 20 Feb 2024].

⁷² Ibid.

⁷³ Ibid.

This 1986 message ‘to the people of the United States on AIDS’ reveals, yet again, the underlying moral construction of the virus and its victims. Koop speculated that ‘From a social point of view, it may bring to an end the free-wheeling sexual lifestyle which has been called the sexual revolution’.⁷⁴ The implied association between ‘promiscuity’ and catching AIDS is not-so subtle and further reinforced by the suggestion that ‘The threat of AIDS can provide an opportunity for parents to instil in their children their own moral and ethical standards.’⁷⁵ Koop developed upon an existing precedent of fearmongering in sex education, noting that ‘teen-age girls have been warned that pregnancy and contracting sexually transmitted diseases can be the result of only one act of sexual intercourse. [...] By saying *NO* to sex and drugs, they can avoid AIDS which can *kill* them!’.⁷⁶ Koop’s suggestions evidence how administrative authorities utilised AIDS as an emotive tool for a moralised agenda against drugs and ‘promiscuous’ sex.

A close analysis of *Understanding AIDS*, a subsequent 1988 public informational, reveals a shifting, but still inherently conservative, public health strategy.⁷⁷ Although the stigmatised identification of high-risk individuals had been removed - ‘Who you are has nothing to do with whether you are in danger of being infected with the AIDS virus’ - this was replaced by an attack on ‘deviant’ behaviour.⁷⁸ This pamphlet, with over one hundred million postal copies, labelled ‘Safe behaviour’ as ‘Not having sex’ and ‘Not shooting drugs.’⁷⁹ Despite providing a short section on the correct use of condoms as a ‘preventative measure’, it preached abstinence and monogamy as the only way to avoid infection. In contrast to COYOTE’s educational ideology, this federally funded pamphlet missed an opportunity to provide scientifically backed, practical advice on ‘safe’ sexual practices and drug use. By labelling all drug use as pathological, the federal government prevented the transmission of critical health information.

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ CDC: ‘Understanding AIDS’, June 1988, <https://www.globalhealthchronicles.org/items/show/8156> [date accessed: 20 Feb 2025].

⁷⁸ Ibid.

⁷⁹ Ibid

Even more important than the brochure's conservative education - which would have faced barriers in reaching communities using IV drugs - was the lack of federal funding for needle exchange initiatives. Even as CDC officials started to recognise the large contribution of IV drug-users to novel AIDS cases, federal resistance blocked any effective action. Definitively, in 1988, a ban on federal funding for needle exchange programs was inaugurated.⁸⁰ This legislative barrier, to a national harm reduction strategy, acted as a significant obstacle to AIDS efforts. A 1993 study into the effectiveness of needle exchange (in reducing rates of HIV transmission) by the CDC and the Association of Schools of Public Health, recognised that 'the time has arrived for federal, state, and local governments to remove the legal and administrative barriers to increased needle availability'.⁸¹ Subsequent lack of political action, even after a judicial review in 1995, exhibits how socially conservative legislators dominated AIDS policy and severely restricted the development of a public health strategy which adapted to the disease's epidemiology.⁸²

In direct contrast, COYOTE's leading ideology was that 'In order to prevent AIDS or any type of sexual disease, you have to talk about it...Teaching people about it so much that they don't feel panic is what's necessary. You can't preach abstinence'.⁸³ COYOTE strategized that explicit and practical advice was required in the time of AIDS, and this was best transmitted on a community level. They testified in 1987, that 'Community-based organisations with experience working with the target populations should be the primary providers of legal needles'.⁸⁴ COYOTE's novel contribution was the expansion of harm reduction strategy beyond drug use and into their own community. In 1987 COYOTE founded The California Prostitutes Education Project (CAL-PEP) and initiated a substantial AIDS outreach program. It instructed its outreach workers, to enter 'the stroll districts where street prostitutes work, distribute condoms, bleach bottles and educational materials, and talk to the prostitutes about how they can work safely'.⁸⁵ A critical examination of its effective

⁸⁰ Tasleem Padamsee, 'Fighting an Epidemic in Political Context: Thirty-Five Years of HIV/AIDS Policy Making in the United States', *Social History of Medicine*, 33 (2018) 1001-1028 (p.1008).

⁸¹ CDC: 'The Public Health Impact of Needle Exchange Programs in the United States and Abroad', Aug 1984, <https://www.globalhealthchronicles.org/items/show/8301> [date accessed: 20 Feb 2025].

⁸² Padamsee, p.1015.

⁸³ COYOTE, 81-M32--90-M1/1/34: 'Stanford Class on Sex Disease Called a First: LA Times', June 1986.

⁸⁴ COYOTE, 81-M32--90-M1/1/34: 'Testimony in Support of A Legal Needle Exchange Program, San Francisco Health Commission', May 1989.

⁸⁵ COYOTE, 81-M32--90-M1/1/34: 'About CAL-PEP', 1987.

‘reach’ will be undertaken in the next chapter, but it nonetheless employed a novel strategy which utilised the unique position of sex workers in a time of crisis.

It was the identity of CAL-PEP’s outreach workers, as sex workers themselves, which facilitated the transmission of knowledge with less barriers of understanding. As early as 1974 Margo St. James, COYOTE’s founder and ex-sex worker, acknowledged her unique ability to reach those working on the street, arguing that ‘They look at me, and I look at them, and we both know who we are [...] And then we can talk’.⁸⁶ A closer analysis of COYOTE’s 1985 ‘Guidelines for AIDS Prevention for Women in the Sex Industry’ evidences the application of their ‘grassroots’ ideology.⁸⁷ Intended to provide simple, digestible information, which did not incite fear, the brochure had titles such as ‘Who is at risk?’, ‘What is AIDS?’.⁸⁸ Furthermore, the brochure was created implicitly with its target audience in mind, noting that one symptom of AIDS in women is ‘Candidiasis, a disease of the entire body that is similar to the vaginal yeast infections with which you are probably familiar’.⁸⁹ Furthermore, its language choice was intentional to mitigate any barriers in understanding. When laying out safe and unsafe behaviour ‘slang’ terms were employed: ‘Avoid exchanging bodily fluids - semen, saliva, urine, faeces, or blood (Come, spit, piss, shit, or blood)’.⁹⁰ COYOTE’s outreach efforts therefore evidence its novel public health strategy, one which privileged the expertise of grassroots educators and recognised how social barriers, between federal public health and target populations, hampered education efforts.

This chapter has provided an overview of COYOTE’s AIDS strategy and argued that it constituted a radical break from federal public health. As the AIDS epidemic developed into the 1990s and new administrations took over office, the reactionary policy of Reagan’s cabinet was whittled down.⁹¹ When the percentage of IV drug users in novel AIDS cases grew, and the ‘War on Drugs’ weakened, public health initiatives slowly became less restricted. The CDC did not acknowledge harm reduction strategies as part of its policy until

⁸⁶ COYOTE, 81-M32--90-M1/6/253: ‘Battling the Sex Laws: Ex-Hooker to Speak: The Stanford Daily’, Feb 1974.

⁸⁷ COYOTE, 81-M32--90-M1/1/35: ‘Guidelines for AIDS Prevention for Women in the Sex Industry’, Feb 1985.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ Padamsee, p.1009.

1993 and even then, it wasn't until the Obama administration in 2009 that the ban on federal funding for needle exchange programs was lifted.⁹² Political easing and public health necessity facilitated a slow strategy shift which appreciated the work of grassroots community organisations in AIDS education. The 2012 CDC suggestions for HIV prevention finally established the principles that COYOTE adopted twenty-eight years previous, that outreach by 'peer educators or other persons that have established trust and rapport', 'have been demonstrated to increase the use of condoms, substance abuse treatment, and other prevention services' and fundamentally they 'can help establish safer peer norms of behavior'.⁹³

Slow concessions were won before this. COYOTE was provided with a \$40,000 grant by the California State Department of Health in 1987 for CAL-PEP.⁹⁴ This funding marked an acknowledgment of their expertise in health education but was not without its limitations. These limitations will be addressed in chapter three within a critical analysis of COYOTE's 'reach'. It will problematise the position of COYOTE as a 'bridge' between state public health and its community of sex workers, arguing that societal stigma against the female sex worker prevented her from becoming a long-term public health ally.

⁹² Padamsee, p.1023.

⁹³ Hrishikesh Belani et al., 'Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Service', *Morbidity and Mortality Weekly Report*, 61 (2012) 1-40 (p.7).

⁹⁴ Carol Leigh, 'Further Violations of our Rights', in Douglas Crimp (ed.), *AIDS: Cultural Analysis, Cultural Activism*, (Cambridge, Massachusetts: MIT Press, 1988), 177-183 (p.179)

Chapter 3 – COYOTE as a ‘Bridge’ to Public Health

This chapter will undertake a critical analysis of the ‘reach’ of COYOTE’s AIDS work, arguing that by the end of the 1980s it had established itself as a ‘bridge’ between the public health service and its own community. While appreciating this repositioning of the sex worker as an ‘expert’ in AIDS education, it must be concluded that this ‘alliance’ was fundamentally limited. Employing a short-term lens, their ‘reach’ was geographically and demographically restricted. While panning out reveals that the ‘prostitute discourse’ retained a dominant influence and thus prevented any substantial inclusion of the sex worker in public health policy.

COYOTE’s alliance with the Public Health Service was initiated by a collaboration on the 1987 CDC study into seroprevalence frequency in female sex workers.⁹⁵ It was further entrenched by state funding of CAL-PEP from 1987 onwards. Both Public Health Service collaborations will be assessed in regard to geographic limitations and then demographic. Ultimately concluding that COYOTE’s impact remained confined to their jurisdiction in San Francisco, and their outreach work faced barriers of internal social division. This argument is underpinned by a perception of the sex worker community as divided along lines of class, race, education and social circumstance. Critical analysis of CAL-PEP reveals the same relationship between ‘instructor’ and ‘subject’ identified in wider American public health, therefore fundamentally limiting its effective ‘reach’.

COYOTE’s collaboration with the CDC ensured that a ‘representative’ subject base was acquired for the federal study, but its authoritative jurisdiction was limited to the San Franciscan branch of the seven-city collaborative study. The Centers for Disease Control instituted the inquiry precisely over fears that sex workers would act as a transmission link to the ‘general population’. This much is evident from William Darrow’s, CDC representative, announcement that ‘we are studying prostitutes because the general public is concerned about

⁹⁵ ‘Epidemiologic Notes and Reports Antibody to Human Immunodeficiency Virus in Female Prostitutes’.

transmission from prostitutes to heterosexual men'.⁹⁶ Therefore reaffirming how a longer construction of a 'uni-directional mode of transmission' informed AIDS research and subsequent policy.⁹⁷ Given COYOTE's understanding that, historically, 'researchers are [only] concerned with how prostitutes can give AIDS to heterosexual men', there was initial scepticism towards the investigation.⁹⁸ However, COYOTE decided on collaboration to ensure 'the study was accurate and fair' amongst fears it 'could become a witch hunt to make prostitutes scapegoats for the spread of AIDS.'⁹⁹ Taking this initial statement by the CDC alongside a comparison of COYOTE's policies on research with the end report, it's clear that, in the San Franciscan branch, COYOTE exercised significant control over the study's methods.

A closer analysis of Project AWARE, the San Franciscan collaborator, reveals COYOTE's influence on the investigation's construction. In 1986, COYOTE laid out its recommendations for research, stating that 'To avoid reinforcing the stigmatization of prostitutes, AIDS research should never target prostitutes alone', instead both women constructed as at risk and those not as obviously should be included, and all studies 'Should hire prostitutes and ex-prostitutes as paid advisors and consultants'.¹⁰⁰ Before their collaboration, Alexander told Gay Community News that she would 'rather see a study done on women and AIDS rather than prostitutes and AIDS'.¹⁰¹ By 1987 this is what AWARE had done. By undertaking a 'related study of non-prostitute women who had five or more sex partners in the previous three years, or one or more partners with known risk factors' they found that 'a similar percent tested positive' to the sex worker cohort.¹⁰² Furthermore, the CDC reported AWARE had recruited through 'outreach efforts, such as newspaper advertising, the circulation of pamphlets, and direct contacts on the street', evidencing COYOTE's role in providing a 'representative' subject base.¹⁰³

⁹⁶ COYOTE, 81-M32--90-M1/5/273: 'Prostitutes Taking the Heat for Het AIDS: Gay Community News', March 1986.

⁹⁷ Brandt, p.31.

⁹⁸ COYOTE, 81-M32--90-M1/5/273: 'Prostitutes Taking the Heat for Het AIDS: Gay Community News'.

⁹⁹ Ibid.

¹⁰⁰ COYOTE, 81-M32--90-M1/1/34: 'COYOTE Policies', March 1986.

¹⁰¹ COYOTE, 81-M32--90-M1/5/273: 'Prostitutes Taking the Heat for Het AIDS: Gay Community News'.

¹⁰² COYOTE, 81-M32--90-M1/10/508: 'Prostitutes Prevent AIDS: A Manual for Health Education', Jan 1988.

¹⁰³ 'Epidemiologic Notes and Reports Antibody to Human Immunodeficiency Virus in Female Prostitutes', p.158.

Panning out to an assessment of the collective CDC study reveals the limitations of COYOTE's jurisdiction. In fact, direct comparison to their 'recommendations' for research, shows how most were broken by the study itself. In 1986, COYOTE stated that they condemned 'studies that focus on skewed populations of women in jail, in drug treatment programmes, and in VD clinics'.¹⁰⁴ Out of the seven cities, Los Angeles and Miami recruited 'primarily incarcerated women', Colorado Springs and Las Vegas recruited through STD clinics and in New Jersey recruitment was through 'methadone maintenance clinics', leaving only San Francisco and Atlanta (in collaboration with HIRE: Hooking Is Real Employment) to use outreach efforts.¹⁰⁵ In this way, the CDC investigation cannot be viewed as in line with COYOTE's ideology, but we must acknowledge its impact in constructing the San Franciscan research according to its objectives. In doing so, COYOTE acquired scientific evidence, with CDC verification, against the scapegoating of sex workers for AIDS. The CDC's conclusion, that 'The prevalence of HIV antibodies in prostitutes so far tends to parallel the cumulative incidence of AIDS in women in the seven research sites' directly legitimised COYOTE's arguments against restrictive policies.¹⁰⁶ COYOTE's utilisation of this evidence to exonerate the female sex worker positions it as a 'representative' of its community, working to ensure federal research served its subject base.

However, as public health history has shown, this position as a 'representative' can be problematic and must precipitate an analysis of which side COYOTE drew greater allegiance to. This more critical analysis of COYOTE's position as a 'bridge' will be conducted through an assessment of CAL-PEP and illuminate the demographic limitation of its reach. The relationship between 'instructor' and 'subject' identified in American public health more widely, must be applied as an analytical lens to the work of CAL-PEP. To make this argument, first the social divisions within the sex work industry will be analysed, and then personal testimonies will be used to theorise how these social barriers would have mitigated the success of COYOTE's outreach program.

¹⁰⁴ COYOTE, 81-M32--90-M1/1/34: 'COYOTE Policies', March 1986.

¹⁰⁵ Epidemiologic Notes and Reports Antibody to Human Immunodeficiency Virus in Female Prostitutes', p.158.

¹⁰⁶ Ibid, p.160.

A social division, between those leading COYOTE and those who were working on the streets, can be identified. Sandra Katzman, a freelance journalist, criticized that COYOTE's mailing lists shows that 'it's still true, "a woman has to be relatively privileged economically to become concerned with her oppression as a woman" as Ms Sally Kempton once wrote'.¹⁰⁷ While Katzman's assertion that 'most Coyote members are white, middle-class, educated women' does hold some truth, the appointment of Gloria Lockett, a Black Californian, who had worked on the streets for over seventeen years, as co-director in 1986, signalled a shift in COYOTE leadership, and it was Lockett who led the charge with CAL-PEP.¹⁰⁸ Nonetheless, the sex worker population must still be viewed as fundamentally divided, but this was a line principally drawn along the use of IV drugs.

Personal testimonies from within the community evidence how class, race, and substance abuse dictated the social organisation of the industry. Nell, in *Sex work*, argued that 'there are class divisions in prostitution. It breaks down over race, but also class background'.¹⁰⁹ Exemplifying how external stigmatisation influenced internal divisions, she records that 'Some women make a point of saying, "Well, there's a difference between me and hookers on the street, there's a difference between hookers"'.¹¹⁰ The intersection of race cannot be removed from these divisions. Barbara, a thirty-nine-year-old street worker, recorded that 'I can barely remember any white girls who were in jail with me in Oakland. The black girl has a much harder time on everything', adding that 'A white girl, if she's got any kind of class about her, can work anywhere' but 'If you're black, they kick you out faster'.¹¹¹ Therefore, we can understand the intersection of race operating on both a judicial and employment level. Alexander argued that street-based workers were 'disproportionately Black and Hispanic' because of 'racial discrimination by the owners and managers of escort services, strip clubs, brothels, and other off-street establishments'.¹¹² Therefore, given Black sex workers were over-represented in the street arena of sex work, they were disproportionately subject to the violence, arrests, and substance abuse which dominated this style of work compared to 'off-street' establishments.

¹⁰⁷ COYOTE, 81-M32--90-M1/1/1: 'The Long Howl', 1974.

¹⁰⁸ Ibid.

¹⁰⁹ Delacoste and Alexander, p.53.

¹¹⁰ Ibid.

¹¹¹ Delacoste and Alexander, p.171.

¹¹² COYOTE, 81-M32--90-M1/1/37: 'Organisation of the industry', 1974.

An understanding of these divisions within the sex worker community precipitates the assumption that COYOTE's outreach efforts were mitigated by social barriers. Martin plant, in a 1993 investigation into the link between 'AIDS, Drugs and Prostitution', argued that 'Women who engaged in prostitution to support their drug habits were found to have different socio-demographic characteristics and behavioural patterns' than those who didn't use drugs.¹¹³ This assertion is backed up by Barbara's categorisation of IV drug-using sex workers. Barbara noted that 'Most of the prostitutes I know are not thieves. They're not people who would do anything to you. Now, I grant you I don't know a lot of junkies cause I stay away from them. They'd steal from their own parents'.¹¹⁴ In another instance, she stated that 'junkies work totally differently from prostitutes who are not junkies. And they get hurt more'.¹¹⁵ This testimony exhibits how, within the industry, women using IV drugs faced stigma and isolation enacted by other sex workers. These internal social divisions are critically important when determining the effective reach of CAL-PEP.

To dissect the social barriers which mitigated CAL-PEP's transmission of education, personal accounts from within the community will be utilised. Anne Phibbs for the editorial 'Life on the Streets', in the *San Francisco Examiner*, spoke to four sex workers, and the two women's, Brenda and Minnie, testimonies will be analysed.¹¹⁶ Brenda pronounced that she didn't use condoms as 'I don't believe they stop VD' and chooses to 'leave it up to the customer'.¹¹⁷ Phibbs records that Brenda 'has heard about AIDS. Last September she took the antibody test offered by Project AWARE. The results were negative', therefore evidencing that interaction with COYOTE's outreach workers was not necessarily sufficient to alter ingrained behaviours.¹¹⁸ Comparatively, Minnie, who also participated in AWARE, stated that 'AIDS has made me definite on using condoms and nonoxynol-9 spermicides. I don't take no for an answer'.¹¹⁹ These oppositional perspectives must be contextualised by their personal circumstances. While Minnie worked as a 'call girl' with clients, Brenda worked on

¹¹³ Plant, Martin, 'Sex work, alcohol, drugs, and AIDS' in Martin Plant (ed.) *AIDS, Drugs and Prostitution* (Oxford: Routledge, 1993) 1-18, (p.15).

¹¹⁴ Delacoste and Alexander, p.173.

¹¹⁵ Ibid, p.171.

¹¹⁶ COYOTE, 81-M32--90-M1/5/273: 'Life on the Streets: San Francisco Examiner', July 1986.

¹¹⁷ Ibid.

¹¹⁸ Ibid.

¹¹⁹ Ibid.

the streets and was described (with distinct discrimination from Phibbs) as having ‘eyes that are slits, the pupils elegantly pinned by opiates’.¹²⁰ In stark comparison, Phibbs records Minnie sporting ‘a COYOTE T-shirt as she sits on the sun-drenched deck of COYOTE founder Margo St. James’ house’, commenting that ‘As St. James and other COYOTE activists carry out trays laden with pastries, strawberries and orange juice, it seems like just another Sunday brunch in Marin’.¹²¹ These two accounts suggest that AIDS education, was more effectively transmitted within COYOTE’s own ‘demographic’ circle, and not in the more isolated community of drug users. Minnie notes that ‘there are a lot of hookers on the streets using needles and I’m afraid they’re not using much caution’ and ‘I’ve tried to limit my contact with them because it’s hard to help them’.¹²² Further evidencing how internal stigmatisation ingrained barriers of communication and further hampered education efforts.

Recognising these social divisions, CAL-PEP can be understood as, to some extent, reinforcing the relationship between ‘instructor’ and ‘subject’ criticised in federal public health. CAL-PEP’s statement in 1988 that sex workers ‘seriously addicted to heroin’ were the ones ‘in most need of education and ongoing support to change their practices’ reinforces the assumption in public health that ‘experts’ are best positioned to instruct behaviour upon individuals that have been labelled as incapable of choosing for themselves.¹²³ Although COYOTE’s outreach strategy did adopt a radical emphasis on community-level knowledge transmission, the boundaries of status, education, and affluence still at play within this community must be acknowledged. The limitations of COYOTE’s archive prevent a thorough assessment of CAL-PEP’s ‘impact’, nonetheless the strong evidence of internal division within the sex worker community suggests that its education efforts were mitigated by barriers of addiction and social division.

Additionally, panning out to adopt a longer-term perspective reveals that although the ‘crisis’ of AIDS facilitated a limited alliance of sex workers with the Public Health Service, the ‘prostitute discourse’ and conservative forces in society have prevented a significant legitimisation of the sex worker as a public health ally. In 2005, the Bush administration

¹²⁰ Ibid.

¹²¹ Ibid.

¹²² Ibid.

¹²³ COYOTE, 81-M32--90-M1/10/508: ‘Prostitutes Prevent AIDS: A Manual for Health Education’, Jan 1988.

inaugurated a requirement for all national organisations, receiving federal funding for HIV/AIDS prevention programs, to take an ‘anti-prostitution pledge’.¹²⁴ This has not been repealed by congress, still applicable to foreign NGOs, but was deemed unconstitutional by the supreme court in 2013 on the grounds of the first amendment.¹²⁵ This federal bill effectively outlawed any alliance with sex workers in American public health efforts against HIV and thus displays the continued supremacy of conservative arguments against sex work.

Therefore, the ‘alliance’ of sex workers with the Public Health Service during AIDS reveals the inherent challenges in public health education. As dominant social constructions of sex workers prevented a redefinition of their treatment in public health, they also mitigated the success of COYOTE within its own community. This assessment of CAL-PEP and AWARE’s ‘reach’ has evidenced how wider societal stigma permeated internal divisions and thus restricted the transmission of AIDS education on both a federal and a community level.

¹²⁴ Padamsee, p.1020.

¹²⁵ Ibid.

Conclusion

This project has undertaken an assessment of COYOTE's work during the 1980s AIDS epidemic to determine whether, through its development of an innovative harm reduction strategy, it challenged the guarded definition of 'expert' in public health. Ultimately concluding that CAL-PEP upheld the social distinction between 'expert' and 'subject' in its outreach efforts and simultaneously failed to overcome historic constructions of sex work to establish itself as an ally of American public health.

This dissertation has therefore evidenced the social barriers to effective health education on both a federal and a community level. Federal policy exemplified how political motivations and moral boundaries defined and restricted the American response to AIDS. While COYOTE's outreach program, when critically analysed through the lens of the established relationship between 'instructor' and 'subject' in public health, speaks to how barriers – of class, race, language, and substance use – mitigate the effective transmission of knowledge through populations.

It must be concluded that the enrooted social construction of sex work as immoral, and its resulting pathologisation of the female sex worker, could not be overcome. COYOTE, and its interactions with AIDS, has served as a lens to evidence the contemporary application of the 'prostitute discourse' and its grip on American public health.

This critical appraisal of American Public Health is a growing field of historical inquiry and sex work offers an insightful, and underappreciated, arena to dissect how social constructions of different 'types' of individuals define disease response. Moving forward, a deeper analysis of racial divisions within the sex worker community, and how this mitigates experiences of work and health, should be tackled. While this is not possible within the limited COYOTE archive, it will better facilitate an understanding of how external stigma dictates internal divisions in the industry.

Although this dissertation has evidenced the victory of the ‘prostitute discourse’ over COYOTE’s ideology in American public health, this has not defined COYOTE. Its novel conception of sex work as simply employment facilitated a deconstruction of ‘the female prostitute’ as a ‘type’ of individual. By shedding the social constructions associated with this categorisation, it offered women in the industry a chance to reclaim the narrative. It therefore embodied a radical – and widely applicable- ideology on disassembling societal stigma and will remain as the historic roots of an ongoing movement.

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