



A Pilot Health Assessment of Exotic Dancers in San Francisco

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TABLE OF CONTENTS

ABSTRACT.....	PAGE 3
INTRODUCTION.....	PAGE 3
ASSESSMENT SUPERVISION.....	PAGE 4
PURPOSE.....	PAGE 5
LITERATURE REVIEW.....	PAGE 5
GOALS & OBJECTIVES.....	PAGE 14
METHODS.....	PAGE 15
FINDINGS.....	PAGE 16
DISCUSSION.....	PAGE 26
CONCLUSION.....	PAGE 28
RECOMMENDATIONS.....	PAGE 29
REFERENCES.....	PAGE 31
APPENDIX A-RECRUITMENT FLYER.....	PAGE 33
APPENDIX B-DANCER HEALTH ASSESSMENT SURVEY.....	PAGE 34
APPENDIX C-DANCER CONSENT TO PARTICIPATE.....	PAGE 39
APPENDIX D-AUTHOR BIO & PERSONAL STATEMENT.....	PAGE 40

ABSTRACT

For the last two years, the San Francisco Commission on the Status of Women (COSW) has been hearing testimony from former and current dancers about the current working conditions of strip clubs. There has been a tremendous amount of disagreement between former and current dancers about the working conditions of strip clubs. While the majority of current dancers state conditions in the strip clubs are fine, some former dancers say that risk for sexual assault, HIV/STI transmission, illegal stage fees imposed by strip clubs and coerced prostitution are primary health concerns for dancers. In an attempt to discover if the claims of former dancers are applicable to current dancers, a health assessment was conducted with current exotic dancers. Thirteen women (13) were interviewed using a structured survey with key qualitative questions. Results revealed that the majority of dancers did not think risk of HIV/STI transmission, fear of sexual assault or the existence of private booths are a work related health risk. Nearly half of the sample thought that stage fees were or might be a work related health risks. The lack of healthcare, the shoes that dancers wear, standing on their feet all day, the number of shifts dancers work a week, not making enough money, cleanliness and location of the club, customer harassment, and being treated badly by other people because of what they do were reported as work related health risk by the majority of exotic dancers in this sample.

INTRODUCTION

The debates over working conditions and the health and safety of exotic dancers have been a heated issue in San Francisco for over a decade (Exotic Dancers Alliance, 1997, 1998a, 1998b; Kay, 1999; Romney, 2004; Steinberg, 2004; Query & Funari, 2000). The struggle for dancers to improve working conditions in the strip clubs has waxed and waned in the public, legal and political arenas over that time. For the last two years, the San Francisco Commission on the Status of Women (COSW) has been hearing testimony from current and former exotic dancers about the safety of working conditions in San Francisco strip clubs (COSW, 2004a-c, 2006a,b).

More than a dozen activists and dancers, most of whom are not currently working in San Francisco strip clubs, have testified before COSW that private rooms and booths¹ inside the strip clubs are unsafe, and that mandatory stage fees or commissions that dancers must pay the strip clubs as well as quotas set by strip clubs on the number of lap dances² a dancer must perform in a shift coerce women into prostitution and are intolerable. These dancers have testified that the working conditions in the clubs violate current labor laws and compromise the health, safety and well-being of dancers working in those clubs.

According to the mostly former dancers and activists who testified against the working

¹ An enclosed area within the strip club that is separated from the main stage or the rest of the club. Customers must pay a fee to access these rooms for a private dance or show. They can have many unique layouts, and may go by different names, such as Champagne Room, VIP Room, Bangkok Room, Ultra Room, Sin City etc.

² When a dancer performs a very intimate dance usually sitting or just hovering over a customers lap.

conditions in the strip clubs, the primary health concerns for dancers are: 1) sexual assault on the job because of the private booths; 2) being coerced to engage in unwanted prostitution because of financial pressure to make the required stage fees imposed by the clubs in combination with the increased demand from customers to provide “extra” sexual services; and 3) the increased risk of HIV/STD infection for dancers as a result of the concerns around sexual assault and coerced prostitution (COSW, 2004a-c, 2006a,b).

Other dancers disagree. Over three dozen dancers, who identified as currently working in the strip clubs, have testified before the commission that they have never felt threatened at the workplace from either coerced prostitution or sexual assault from customers, that private rooms/booths generate their primary income from dancing and that stage fees paid to the club vary greatly and are likened to the fees an independent hairdresser would pay to rent a station from a beauty salon. Dancers and activists who are opposed to private booths in the clubs claimed that the dancers who testified in favor of the working conditions in the clubs were manipulated by club owners and rewarded with financial incentives and additional work privileges not extended to other dancers and should be dismissed (COSW, 2004a, 2006a). Despite the fact that the majority of dancers who have testified before COSW say that working conditions are fine, COSW has drafted and passed legislation to address the concerns of the dancers who say conditions are unsafe and need to be changed.

The above claims make assumptions that the primary health concerns of dancers are indeed represented before COSW and that any dancers testimony that contradicts these statements are financially motivated and unreliable. In the summer of 2006, a pilot health assessment of exotic dancers in San Francisco strip clubs was conducted to determine if sexual assault and HIV/STD risks are the primary health concerns of dancers and to give dancers a confidential opportunity to share their experiences about working in the strip clubs, without retaliation from strip club owners or managers, and without being undermined as conspirators of club owners for financial motives.

ASSESSMENT SUPERVISION

This assessment was supervised by Alix Lutnick, outside of her role with the Sex Worker Environment Assessment Team (SWEAT) project. The SWEAT project is a multi-level study conducted by the Department of Obstetrics, Gynecology and Reproductive Sciences (OBGYN) at the University of California, San Francisco (UCSF) in collaboration with the St. James Infirmary. The study aims are to identify individual-level psychological factors and community-level network

characteristics associated with risk of prevalent HIV-1, sexually transmitted infections (STIs) and hepatitis B (HBV) and C (HCV) among female sex workers in San Francisco, and to explore whether diminished social capital results in an increased prevalence of HIV, STIs, and Hepatitis (Cohan & Lutnick, 2004). The SWEAT Study combines qualitative and quantitative methods, including ethnography and a cross-sectional study using respondent-driven sampling (RDS), to describe the sociopolitical, environmental, and psychological forces that underlie sexual and drug-using behavior among sex workers.

The health assessment of San Francisco exotic dancers was a pilot project independent of the SWEAT project and is not included in the SWEAT study design, implementation or analysis. The first phase of SWEAT did not recruit many exotic dancers. Researchers of the SWEAT project have speculated that two main reasons exist that explain the low enrollment of dancers into the study. First, the few dancers that did call to see if they were eligible did not meet the eligibility requirements: the exchange of oral, vaginal, anal or manual sex for compensation. Secondly, other dancers expressed it was not worth the \$20 reimbursement for participation to travel to the study site and spend approximately 2 hours of their time doing the interview. The impetus for this assessment was in part driven by the lack of representation of dancers in phase 1 of the SWEAT project.

PURPOSE

The purpose of this project was to assess what aspects of the dancers working conditions they perceived to be health risks and health benefits. This particular assessment project is motivated by four factors: 1) Testimony before COSW from a small group of dancers who assert that HIV/STI risk and sexual assault are the primary health concerns of dancers; 2) Disagreement among dancers in San Francisco over the safety of dancers who work in clubs with private booths; 3) Recent accusations that illegal stage fees mandated by club owners from the dancers coerce dancers to engage in acts of prostitution; and 4) The recognition that current dancers' voices were being negated in the COSW hearing process (COSW, 2004a, 2006b).

SAN FRANCISCO STRIP CLUB HISTORY 101

Even though the art of striptease has a much earlier beginning, Carol Doda and the Condor Club are renowned for bringing the trend of topless entertainment to San Francisco in 1964 (Hanna, 2005; Romney, 2004). While the first lap dance happened in New York in the 1970s, it is the Mitchell Brothers who have the distinction of bringing nude lap dancing to the

mainstream in 1980 at San Francisco's O'Farrell Theatre in their show, *New York Live*, still running today (Mitchell Brothers, 2006; Steinberg, 2004).³ As the practice of lap dancing began to take off in other strip clubs, there was a political backlash when then Mayor Diane Feinstein tried to shut down the lap dance--the vice squad raided the Market Street Cinema to arrest the dancers and a court order was issued to stipulate that dancers could not leave the stage to have contact with customers (Kay, 1999; Mitchell Brothers). However, the lap dance lives on today, "bigger and nastier than ever" in most San Francisco strip clubs (Mitchell Brothers).

In 1988, the trend setting O'Farrell Theatre reclassified their dancers from employees to independent contractors and began charging the dancers a "booking fee" of \$7.50 per shift (Kay, 1999). In the early 1990s other strip clubs began to charge the dancers a "stage fee" of \$10 for every shift they worked (Steinberg, 2004). At that time, most strip clubs classified their performers as independent contractors and did not pay the dancers for their time or work. Thus, the dancers paid these stage fees out of their tips received from customers (Kay, 1999). The clubs began hiking the stage fees and a resistance among the dancers was mounting.

By classifying dancers as independent contractors, strip clubs were no longer paying workers compensation, unemployment insurance, providing dancers with health insurance or hourly wages, and were requiring dancers to pay a fee for every shift they worked. Protections that were granted to employees were denied to dancers who were independent contractors. For example, dancers were not protected from wrongful termination or discrimination on the basis of race or age, and they were denied the right to unionize. The health impacts for dancers were broad. Dancers would frequently show up to work sick or injured, as they could not afford to miss work. If a dancer was fired or injured on the job, she had no recourse and could not file for unemployment benefits or disability insurance (EDA, 1998a, 2006; Kay, 1999; Steinberg, 2004). Moreover, dancers who resisted management could be fired without just cause.

ORGANIZING EFFORTS, LAW SUITS & THE LUSTY LADY

In 1993 the Exotic Dancers Alliance (EDA) was formed and dancers began a public and legal battle against the strip clubs. Lawsuits were filed on behalf of dancers asserting that clubs illegally classified dancers as independent contractors and that dancers were entitled to back wages and the money they had paid in stage fees (EDA, 1997, 1998a, 1998b, 2006; Steinberg,

³ Some accounts say that lap dancing was introduced at the O'Farrell as early as 1976 and that dancers considered unionizing (Kay, 1999).

2004). In most cases, the dancers prevailed. However, sweet victory soon turned sour. Some clubs filled bankruptcy claims or refused to pay the back wages and fees. More importantly, after the lawsuits, the clubs changed the stage fee status and claimed that the dances sold by dancers were the property of the club and began charging commissions that were much higher than previous stage fees (Kay, 1999; Romney, 2004; Steinberg). In 1996, the Market Street Cinema built private rooms for more intimate dances between dancers and customer thus changing the landscape of dancing in San Francisco (Steinberg). Other clubs followed their lead and private rooms were installed in most strip clubs.

In the mid 1990s the dancers at the Lusty Lady, fed up with unfair and unsafe working conditions, began to unionize. In spite of the fact that owners of the Lusty Lady hired Littler Mendelson, Fastiff, Tichy and Mathiason, a powerful anti-union law firm to fight the dancers attempts to unionize, the dancers prevailed (EDA, 1998b). The Lusty Lady became the second strip club in the United States to unionize and the only strip club that has maintained a union status. As of 2003, the Lusty became a worker owned co-op (Former Lusty Lady dancer/organizer, personal communications, July 10, 2006). The Lusty Lady is unique to other strip clubs in that it is a peep show, with all the dancers performing in a mirrored cubicle, with private rooms attached. Customers enter a private room and insert money to watch the dancers, thus dancers are not competing for customers. The only private rooms at the Lusty Lady are the private pleasures booth and dancers are behind glass. Because the Lusty was run by women management, the dancers attracted to work there were considered “pro women” (Query & Funari 2000; Tudash, 1997). This environment coupled with the classification of those dancers as employees are likely the reasons the dancers at the Lusty were successful at unionizing (Minshew, 2005).

To date, the California Labor Commission has held 100 hearings involving dancers who filed claims against the clubs and in all cases has determined that exotic dancers are employees and must be paid wages and that it is illegal for an employer to compel employees to render their “tips” in the form of stage fees to the management or club (EDA, 2006a; Exotic Service Providers Union, 2006; Exotic Dancers Alliance, 1997, 1998a; Harrison, 2003; Romney, 2004; Steinberg, 2004). In 2000, AB 2509 was passed to ensure that all money handed directly to a dancer would be classified as a tip or gratuity (AB 2509, 2000; J. Breyer, personal communications, July 31, 2006). Some clubs have countered the

bill by having customers pay for private dances directly to the club thus avoiding the tip classification.⁴ However, the Labor commission will not proactively audit a club unless a dancer currently working at that club files a complaint (Harrison, 2003; Kay, 1999). Many clubs are still classifying their dancers as independent contractors and charging commissions. All these factors have lead to a situation where strip club owners are not required to take action unless a suit is filed. Additionally, the clubs have responded with strategies that leave the issues unresolved with the perception by current dancers that they are left to pay off the clubs lawsuit costs (J. Breyer).

BACKLASH

Organizing efforts for improved working conditions have been a difficult endeavor, typically met with inconsistent support from government agencies, differing opinions among dancers about working conditions in the clubs, a lack of consensus from dancers about organizing strategies and strident resistance from club owners and management (Kay, 1999; Query & Funari 2000). Many dancers were not pleased with the actions of the EDA and the lawsuits against the clubs. For many dancers, the situation in the clubs has worsened in the last decade. Stage fees and commissions increased as the clubs attempted to recoup their losses. Other dancers were not interested in attacking the club and management with a full frontal assault, particularly since many dancers are making more money than before (Kay, 1999). Furthermore, some dancers and activists would not adopt EDA's strategy of fighting prostitution in the clubs as it was an invitation to police raids resulting in arrests for dancers (Harrison, 2003; Kay, 1999; Steinberg, 2004). In some cases, disputes among dancers have been hostile. In one issue of the EDA newsletter, dancers who did not agree with the position that all dancers should join the resistance were publicly scorned. According to EDA, those dancers "might be in denial and continue being a drone, a scab, or a Stepford Stripper" (EDA, 1998a, p.3). According to Johanna Breyer, co-founder of the EDA, that newsletter was considered so offensive by some members that it was removed from their website (personal communications, July 31, 2006). Sentiments from dancers that past and current actions against the clubs have only made situations in the clubs worse has created severe divisions between former dancers and current dancers. Moreover, the contempt of

⁴ Additional strategies to control dancers tips or commissions have also been employed, for example some clubs use "funny money" or "beaver bucks" a system where customers use credit cards to pay for a cash substitute to tip dancers. The dancer must turn in her "funny money" to the club at the end of the night so she is then paid out real cash by the club. This system increases the clubs ability to monitor dancers tips and have a greater level of control over commission fees, thus increasing the potential for abuse (Larry Flynt's Hustler Club, 2006; M. Gira, personal communications, July 20, 2006).

dancers who refuse to fight strip club owners, is counterproductive, curtails critical dialogue between dancers and continuously impedes crucial steps towards a unified dancer movement.

RE-ISSUES ON THE TABLE

This issue of the legality of the private booths is unclear. The majority of the articles reviewed in this assessment stated that private rooms are illegal. Yet, according to Mr. Hutchinson of the Department of Building Inspections (DBI), floor to ceiling private booths can be built without a building permit as long as they have a doorway that is clear and open and they do not exceed 5'9" (COSW, 2004b). What is problematic, is that many clubs contain booths that are either totally private or employ a curtain that restricts visibility of activities occurring inside these areas. Some dancers have filed claims that the booths are unsafe, that dancers have been assaulted in the booths and that they promote prostitution (Harrison, 2003). Other dances contend that since the booths have been introduced they make more money and that they are perfectly safe (Kay, 1999). What is clear, is that dancers are in disagreement.

Despite the fact that the majority of dancers who have testified before COSW in the last two years stated that are they were happy with their current working conditions, COSW has drafted and passed legislation requiring that all Adult Entertainment Clubs obtain permits from the Entertainment Commission, that all private areas where dancers entertain customers must have unrestricted visibility at all times, that all clubs must maintain a minimum lighting requirement⁵ in all areas of the club, a mandate that all areas of the club be free of bodily fluids, and that the club or management must post work rules and pay rates in areas that are visible to dancers (Garcia, 2006; Regulation, 2006).

The legislation was drafted with the expectation that the Entertainment Commission be involved with both issuing permits and the enforcement of noncompliance (T. Allen, personal communication, July 5, 2006). Some COSW members have questioned the ability to enforce the legislation and others have speculated that it may be nothing more than a "political exercise" (COSW, 2006b; Garcia, 2006). As well, some sex worker activists have spoken out against the legislation as it is too broad in its definitions in that it might include any club where there is nude performances and that the legislation includes language that is anti-sex workers (C. Leigh, personal communications, June 29, 2006; R. Few, personal communications, August 2, 2006; Regulation, 2006).

⁵ Lighting in clubs can vary, for example in the Kopenhagen Room at the O'Farrell Theatre, there is no light at all but rather the customer has a flashlight (Mitchell Brothers, 2006). Dim lighting restricts dancers visibility of customers actions and thus may prevent dancers from protecting themselves from assaults and unwanted touching (Lewis & Maticka-Tyndale, 1998).

Some former dancers and COSW members have held issue with the fact that a strip club owner, Terrance Allen of the Club Paree, holds a position on The Entertainment Commission and that it is a “conflict of interest” to have him in a position to influence strip club policy (COSW, 2006b). In an unexpected turn of events, Daisy Anarchy, a former dancer who was pivotal in pushing for the legislation, has now determined that because of the Entertainment Commissions role, dancers will now fight COSW on the legislation (COSW, 2006b). Conversely, some club owners feel that COSW and other former dancers are misrepresenting them and that many club owners and managers are proactive in providing a safe working environment for dancers. During personal communications, two North Beach club managers expressed this sentiment, in addition to club owners and managers who testified before COSW (COSW, 2004b). One manager stated that, “you have to keep the workers happy, because happy dancers make more money (Club manager #1, personal communication, July 20, 2006). However, this particular club manager was leaving the club he worked at because he thought that his superiors did not share his values and were not making any significant changes to improve working conditions for dancers.

During an August 4th, 2006 meeting of the Legislative Committee of the Entertainment Commission, COSW presented the legislation for consideration.⁶ This meeting was scheduled as a “discussion of the process and stakeholder groups involved in the drafting of the proposed legislation” (Entertainment Commission, 2006). The meeting was standing room only as current dancers from major adult clubs presented their objections to the legislation, as the removal of private booths would threaten the greater part of their income as dancers. Dancers at this meeting objected to the fact that they were not included (or even invited) to the decision making process and that their opinions were not being considered by COSW. Commissioners stated that the legislation was “not about the majority of dancers” who objected to the legislation, but rather as a means to protect the minority of dancers who had been sexually assaulted in the strip clubs. Commissioner Dorka Keehn stated that the dancers who objected to the legislation were paid by the strip clubs to be there. Several key issues were apparent at this meeting: 1) The opinions of the majority of current dancers were not adequately considered in the decision making process, 2) COSW was not transparent about the reasons they made for excluding the majority of dancers, 3) COSW did not present attempts to work with any current dancers on how to reach a compromise that would protect the minority of dancers from sexual

⁶ All references for this meeting are through direct observation. For more information about this meeting, refer to Goodyear, 2006 and the Entertainment Commissions web site for minutes, still pending.

assault and not threaten the majority of dancers livelihood, 4) Systematic evaluation methods of the current working conditions of strip clubs were not presented in writing, 5) Conclusions that the private booths should be addressed as a means to protect dancers and the public from sexual assault and HIV/STI risks associated with prostitution in the strip clubs were not presented in a scientific manner, and 6) A public meeting where stakeholders are given 2 minutes to comment is not an adequate forum for dialogue.

Furthermore, COSWs' dismissal of current dancers who object to the legislation as being paid off by strip clubs is an insult to dancers and contradicts a comprehensive stakeholder decision making process. These assertions do not consider the missed shifts and potentially lost income of dancers who participate in public meetings to address concerns about their working conditions. Nor do they consider that people can be compensated for their time and still act in their best interest.⁷ The mutual interests of strip club owners and dancers should not be used as a means to dismiss dancers who disagree with COSWs' policy recommendations but rather as an opportunity for COSW to build alliances with current dancers and strip club owners who are proactive in the discussion of improving conditions for dancers. Considering the amount of time, resources and work that COSW put into the two year process of collecting data and drafting this legislation, and that COSW has stated they are acting with concern for dancers who may be exploited and abused in the strip clubs, COSW should consider working on this issue in a manner that is inclusive of all dancers (Entertainment Commission, 2006; Goodyear, 2006).

Another critical issue to be considered is: At what point should management be invited to the discussion? Over the past decade, club owners have responded to every move on the part of dancer activists with counter strategies. Policies and labor laws that are enacted to improve labor conditions for dancers are not being enforced and the legislation being pushed by COSW has a good chance of either a lack of enforcement or the possibility that club owners and management will devise strategies to get around the legislation. An essential component missing is a level of "buy in" from club owners and management necessary to make *internally motivated* changes to improve working conditions for dancers. Because the past lawsuits have cost the clubs time and resources, certain club owners feel that it may be time to begin dialoguing with dancers to improve working conditions (J. Breyer, personal communications, July 31, 2006; T. Allen, personal communication, July 5, 2006). Many dancers who

⁷ Take for example people who are reimbursed for their time to participate in research. Scientists do not discount what these people have to say because they were paid to participate.

have filed lawsuits against the clubs are no longer working and, for the most part, are not subjected to strip clubs' countermeasures in response to lawsuits. It is the current dancers who have the most to gain or lose by any legislation or policies that effect strip clubs today. No matter what direction the changes might take, the current work force of dancers should be leading the discussion to ensure that changes reflect the needs of current dancers.

ASSAULT & HIV/STI RISKS IN THE CLUBS

The contraction of HIV and other sexually transmitted infections (STI) generally occurs via transmission of infected bodily fluids, namely blood, semen and vaginal secretions, from one infected person to an uninfected person (Center for Disease Control and Prevention, 2006). The risks for dancers of HIV and STIs can occur if they are exposed to infected fluids. In a Canadian study involving qualitative interviews with exotic dancers, "degrees of risks for STIs varied depending on the privacy of the dance, the physical closeness of the dancer to the customer and the expectations of the customer" (Maticka-Tyndale & Lewis, 2000, p. 94). However, this study did not include testing and screening for any HIV or STIs, thus determining actual risk over perceived risks is not conclusive in this population. Nevertheless, in this study dancers reported concerns for HIV and STIs in the form of semen and vaginal fluids that were pervasive throughout the clubs surfaces. Since customers may be ejaculating in club spaces and dancers are nude while sitting in customers' laps, or on chairs where other nude dancers have made contact, dancers are exposed to semen and vaginal fluids on a regular basis.

The risks for dancers from infected surfaces could be corrected with a strict policy of wiping down surfaces and ridding the club of any surfaces that could be host to infectious fluids. In one San Francisco club, the dancers there stated that it was not uncommon to have both STIs and skin infections move from one dancer to the next. Measures were introduced in this club to ensure dancer health and safety by adopting a policy of rigorous cleaning of all surfaces with an alcohol based cleaning product (M. Gira, personal communications, July 20, 2006).

For women who dance in strip clubs, agency or control over their environment and working conditions are pivotal in the prevention of HIV and STIs (Lewis & Maticka-Tyndale, 1998). The ability to set boundaries with customers and have those boundaries enforced through structural policies of club management is critical. As with other populations, the social and environmental context in which sexual contact can occur in the strip club are key components in any dialogue about HIV and STI risks and prevention (San Francisco Department of Public

Health, 2004). Although condoms could be a successful strategy to curb HIV and STI risk, condoms are not always available to dancers. According to one North Beach club manager, because prostitution is illegal, condoms in the strip clubs are “inappropriate” (Club manager #2, personal communications, July 20, 2006). In many clubs, condoms are not permitted outside of the dancers dressing rooms (strip club “house mother,” personal communications, June 19, 2006).

To date, there is no literature that supports the claims that dancers are at increased risk for HIV and STIs than the general population or even other sex workers. According to a recently published article, sex workers who engaged in “collective sex work” and who tested for HIV and STIs at the St. James Infirmary between 1999 and 2004 were less likely to test positive than sex workers who reported independent sex work exclusively (Cohan et al, 2006). Furthermore, dancers were more likely to report having a network or community than most other sex workers. In the Canadian study, dancers’ expressed concern for exposure to HIV and STIs through forced and voluntary sexual contact with the customers. In the Canadian study, dancers stated that assaults were less common before the introduction of lap dancing and that sexual activity, wanted or not, was more likely in private spaces and in clubs that placed customers’ needs ahead of dancers’ safety (Maticka-Tyndale & Lewis). Although not explored in detail, dancers in the St. James sample were reported to have higher risk of work related violence (Cohan et al).

Since dancers have testified before COSW that they were sexually assaulted in the private booths, and the sample of dancers who received services at St. James reported higher rates of work related violence, the need for further research into the areas of dancer safety and sexual assault are critically needed. Research that examines the social and physical context for which work related violence occurred, and measures the legal outcomes and/or security responses from club management, could inform appropriate and affective measures to improve dancer safety. Ideally, research should be conducted at all the strip clubs in San Francisco to determine which strip club practices and what aspects of the strip club environment either facilitate or deter customer assaults on dancers.

HOW MUCH SEX IS SIN CITY SELLING?

The issue of sexual contact in the strip clubs is less straightforward and is complicated by the fact that prostitution is illegal in California and the political and social climate of San Francisco may have contributed to an environment where it is occurring in the strip clubs

(Harrison, 2003; Kay, 1999; Steinberg, 2004). Dancers and activist have debated about the issue of sex in the strip clubs and the current strategies that have been employed to abate such activity. While dancers have claimed that there is no place for prostitution in the strip clubs and that dancers who do engage in sexual services create an environment where customers pressure other dancers to prostitute, other activists claim that if prostitution were made legal, sex workers could safely work outside of the clubs without the fear of arrests (Taylor & Leigh, 2006). Furthermore, until prostitution is decriminalized, policing the booths in strip clubs is a problematic measure that will not affect substantial change to improve dancers' working conditions (J. Breyer, personal communications, July 31, 2006; Harrison, 2003; C. Leigh, personal communications, June 29, 2006).

Stigmatization of sex work and exotic dancing have lead to a situation where dancers are less likely to align themselves with other sex worker activists to advocate for legalization or decriminalization of prostitution. The identity as dancers and not prostitutes is a strong conviction for some dancers (CSOW, 2006a; Lewis & Maticka-Tyndale, 1998). Moreover, because prostitution is illegal, it would not be in the best interest of any dancer to publicly come out as a prostitute for fear of legal and social retribution from the police, strip club owners and management and other dancers. Because of the stigma associated with stripping, many dancers are unable to publicly participate in the discussion for fear of social consequences (Sundahl, 1987). Thus, many dancers live in secrecy making it difficult for them to publicly confront issues in San Francisco strip clubs and be represented in the discussion.

Due to the complexity of the issue of prostitution and sex in the strip clubs, as well as the sensitivity of it as an illegal activity, prostitution was not assessed in this health assessment. Except where participants initiated a conversation about it, prostitution is not discussed in the findings.

GOALS & KEY QUESTIONS

This assessment was an attempt to gain access to a traditionally marginalized and or silenced group of women. Key questions for the internship were:

1. What are dancers priority health concerns?
2. Which labor conditions affect those health concerns?
3. Which groups and agencies do dancers think act in their best interest?

METHODS

Recruitment materials and strategies for this health assessment were designed and targeted specifically towards exotic dancers. All recruitment materials used the language of “exotic dancers” or “strippers” to respect the identity politics of those women who work as dancers (Appendix A). Because of the extreme difficulty in gaining access to current female exotic dancers, the primary recruitment methodology employed for the assessment was convenience sampling and snowball sampling. Recruitment activities were conducted at 16 strip clubs in San Francisco. Additional recruitment strategies included email requests through established social and community networks of sex workers and dancers and referrals from other dancers. The clubs that were identified for recruitment are listed below.

- x North Beach: *Broadway Showgirls, Centerfolds, Garden of Eden, Hungry I, Lil Darlings, Lusty Lady, The Hustler Club, and Roaring 20's.*
- x Tenderloin/Lower Polk Gulch: *Club Parez, The Century, and The Mitchell Brothers O'Farrell Theatre.*
- x Market Street/ South of Market: *Barbary Coast, Crazy Horse, LA Gals, Market Street Cinema, and The Gold Club.*

Inclusion criteria to participate in the assessment were for dancers to be woman identified and having worked at any time in the last three years in one of the 16 strip clubs mentioned above. Interviews took place over a 5-week period in the summer of 2006. Thirteen (13) women were eligible and participated in the assessment. Women were interviewed inside the strip club during business hours (usually in the dancers' dressing rooms or in a backroom of the club), at another location of the dancer's choice or over the phone (only by the dancer's choice). The survey instrument was a structured face-to-face, or phone interviews that took between 20 and 45 minutes to complete (Appendix B). The interview survey included three semi-structured questions and one unstructured qualitative question. A short interview was necessary because most women were interviewed while they were getting ready for work or on a break between stage dances. Incentives to participate in the assessment were a variety of “Burt's Bees Starter Kits” for dancers to choose from (small kits with an assortment of travel size hygiene products) and were limited in value (\$10 US), thus interviews were kept short to be considerate of dancers' time. Some participants declined to receive the incentive. All interviews were voluntary and confidential (Appendix C). Participants who wished to receive a copy of the final report were given the option to provide an email or mailing address where the report could be sent.

LIMITATIONS

Recruitment of dancers was limited to flyering during certain hours and days of the week and did not generally occur during peak club operating hours. Thus, some dancers may not have received recruitment flyers. An other limitation in recruitment was that some clubs did not allow access to the dancers dressing rooms to pass out flyers or conduct interviews. As participants were not randomly recruited and selected, and the sample size of the participants was small, the findings of this report are not generalizable to the overall dancer population.

FINDINGS

Thirteen (13) women were interviewed for this assessment. Twelve of the women were current dancers and one woman was not currently dancing (it had been 18 months since she last worked in a club). Of the 16 clubs where recruitment was conducted, dancers surveyed reported working at 10 of those strip clubs.⁸ The median age for dancers was 26, the mode was 19 and the range was between 19 and 46.

Table #1, Dancer demographics and work history, N=13

<i>Race/ethnicity</i>		<i>History of dancing</i>	
Caucasian	8		
Mixed race	2	6 months or less	6
Hispanic	1	2-5 years	3
Other*	1	6-10 years	4
Refused	1		
<i>Days a week worked</i>		<i>Hours per shift</i>	
1-3 days	8	4-8 hours	10
4-6 days	5	More than 8 hours	3

*Dancer stated that she was “European.”

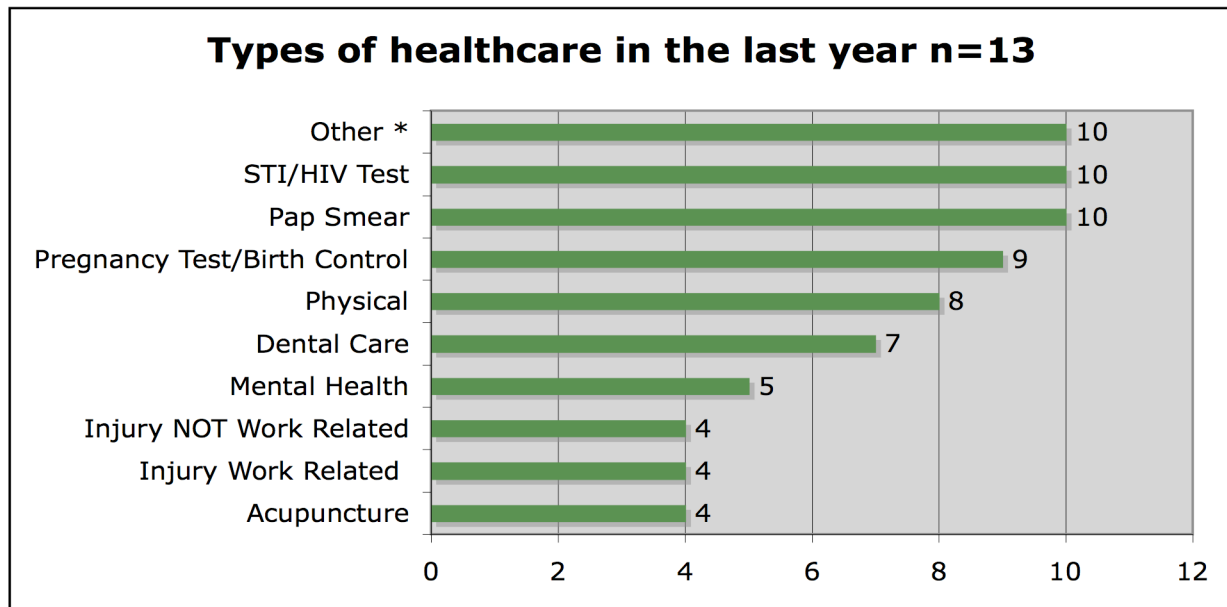
The majority of dancers (n=8) interviewed were Caucasian, 2 were mixed race (African American/White & African American/Japanese), 1 was Hispanic, 1 was “Other” and 1 declined to answer. Nine of the dancers reported only ever working at one strip club while the other 4 reported a history of working at two or more clubs. The length of time women reported dancing ranged between 9 days and 10 years (*Table #1*).

⁸ Those clubs were: The Barbary Coast, Broadway Showgirls, Centerfolds, Century, Garden of Eden, LA Gals, Lil Darlings, Lusty Lady, Roaring 20’s, and The Gold Club. Additional venues dancers reported working at that were not on the recruitment list included Nob Hill, The Cherry Bar and independent dancing for private parties.

HEALTHCARE TREATMENT & NEEDS OF DANCERS

Eight of the dancers reported they had health insurance, four had none and one did not know if she was insured. Of the eight dancers who had health insurance, 1 had Medi-cal, 1 had a self paid plan, 1 had insurance through a fulltime job other than dancing and 5 dancers were insured through their parents' health plans. Of the 4 dancers who did not have health insurance and the one dancer who was unsure, 3 dancers paid for health care out of pocket and 2 relied on county or free health care.

Chart #1, Types of healthcare dancers' received in the last year. N=13



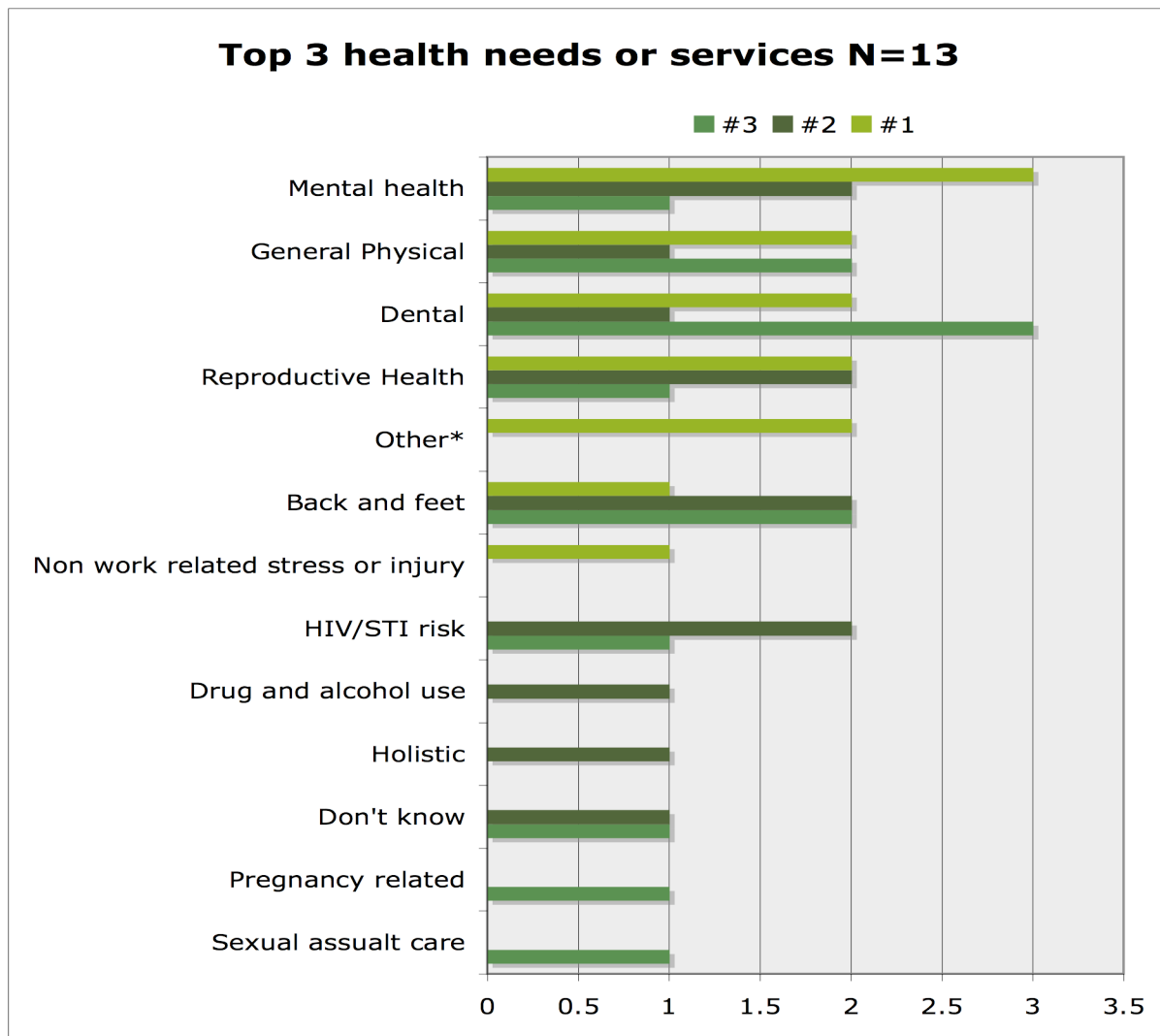
* Other types of healthcare dancers received treatment were for respiratory infections (n=4), non work related skin infections (n=2), eye exam (n=1) a mammogram (n=1) fertility services (n=1) and tendonitis (n=1).

All 13 of the dancers reported that they have seen a healthcare provider in the last year. The places that dancers reported going for healthcare in the last year are: private doctors office (n=6), St James Infirmary (n=5), hospital emergency rooms (n=4), hospital based clinic (n=4), Planned Parenthood (n=3), and San Francisco City Clinic (n=1). Four reported going to another type of healthcare facility. The types of healthcare that dancers received are shown in *Chart #1*.

While 4 dancers had received care for injuries sustained while dancing on the job, 3 dancers had not received care for injuries sustained while dancing on the job due to lack of health insurance. Dancers were also asked to identify their top 3 general health needs or services they wanted, not necessarily associated with their work as dancers or on the job health risks (*Chart #2*). Mental healthcare, Dental care, Reproductive care, general physical healthcare, and

back and feet care were the most frequently ranked top 3 healthcare needs or services that dancers wanted.

Chart # 2, Top three most important health needs or services dancers want.



*Other was access to emergency care and eye care.

WORK RELATED HEALTH RISKS OF DANCERS

Table #2 illustrates what aspects of their work that dancers perceived to be risks to their health or well-being. On the issue of being an independent contractor as a risk to their health or well-being, dancers were split (4 yes, 4 no, 2 maybe/sometimes and 3 not applicable). Almost all the dancers ranked the lack of healthcare associated with being an independent contractor as a work related health risk. One dancer reported that because her money was undependable, that being an independent contractor was a risk to her health or well-being.

Table #2, Aspects of work that dancers think are risks to their health or well-being.

N=13	Yes	No	Maybe or Sometimes	Don't Know	N/A
Second hand cigarette smoke	5	1	6		1
Customer drug or alcohol use	3	6	3	1	
Not enough support from other dancers	4	5	3	1	
Not enough support from management	2	8	3		
Costumer Abuse/Assault	3	6	3		1
Costumer Harassment	9	2	2		
Not enough security or protection from customers	2	7	4		
Abuse from other staff	2	9	1		1
Harassment from other staff	2	10	1		
The number of hours that you work a night	5	7	1		
The number of days a week that you work	7	5	1		
The money that you make, not enough	8	4		1	
The money that you make, too much		12	1		
The shoes that you have to wear	9	3	1		
Standing on your feet	8	2	3		
Location of club	7	4	2		
People treating you badly because of what you do	7	2	4		
Afraid of catching HIV/STIs	2	9	1		1
Limited or restricted access to condoms	1	8		1	3
Afraid of sexual assault	3	7	3		
Personal drug or alcohol use	4	7	1		1
Private booths/rooms	1	9	3		
Being an independent contractor	4	4	2		3
Being an employee/not an independent contractor		6			7
Stage fee or fines	6	5			2
Cleanliness/sanitation of club	7	3	3		
Lack of Healthcare	11	1			1
Being robbed by clients, other dancers or others	6	4	2	1	

Standing on their feet (8 yes, 3 maybe/sometimes), and the shoes that dancers have to wear (9 yes 1 maybe/sometimes) were reported by the majority of dancers as a health risk.

“I would fuck up my feet [cause of the shoes] and then couldn’t work in stilettos” (Dancer #1).

“How it affects my back and my body. The pay is too low. I wish the pay were higher for what we do” (Dancer #8).

In this sample, fear of catching HIV or STIs is a risk for some dancers, but it is not a risk reported by most dancers. More dancers reported fear of sexual assault as a risk, in part because

of the location of the club in that dancers felt unsafe when they were coming and going to work. One dancer stated that she felt unsafe when leaving the club at such a late hour.

“The 3am closing—the streets being really empty when you leave” (Dancer #11).

Another dancer talked about being followed from the club after work, and one dancer reported she knew of dancers who were sexually assaulted as they were leaving the club to go home. Customer harassment was a risk for most women (9 yes, 2 maybe/sometimes). Furthermore when dancers were asked what they did not like about their work, 6 women reported that dealing with customers was something they did not like:

“I don’t like being naked in front of men, touching them, having to get on top of them. I don’t like how they treat me. I don’t like them looking at me the way they do.... If I made most of my money on stage that would be good cause then I wouldn’t have to go touch the men” (Dancer #5).

“I don’t like some of the customers the way they disrespect us, degrading and manipulative” (Dancer #8).

“They come here expecting a free show” (Dancer #9).

Being robbed by other dancers or customers was a risk to dancers health and well being for many of the dancers (6 yes, 2 maybe/sometimes). Eight dancers expressed an overall level of distrust and lack of community between dancers as an aspect of their work they did not like. Management sometimes facilitated this distrust.

“Most of it is about I don’t have any friends cause I can’t trust anyone here [at the club] and most of my friends don’t have time to hang out. I lose most of my friends over time” (Dancer #4).

Nearly half (n=6) of the dancers in this sample said that stage fees or commissions were an aspect of their work that was a risk to their health or well-being and were used as a tool by managers to manipulate and divide dancers.⁹ In addition, dancers expressed that harassment or not enough support from management was a risk to their health or well-being, or an aspect of their work they did not like.

“Managers didn’t care whether or not I was making money or had health care. Managers were degrading and verbally abusive” (Dancer #1).

⁹ In this sample, fees or commissions ranged from \$10 to \$200 or between 25% and 50% of what dancers made from customers.

“[Managers] try to keep everyone out of communication and pit dancers against each other especially with end of night tipping. Dancers could get fired for talking to other dancers about how much they tip out” (Dancers #7).

Other themes that emerged as work related health risk were injury on the job, falling while dancing, and the overall wear and tear on the body. Several dancers reported frequent bruising and injury while dancing. In addition to the toll of dancing on physical health, the stigma associated with dancing had a toll on the mental health of some dancers. Just over half of the dancers reported that people treating them badly because of what they do was a work related health risk (n=7).

“At my school if they find out what I’m doing I could get kicked out” (Dancer #3).

“Having to be secretive about being a dancer, non disclosure”(Dancer #11).

While smoking is not permitted in indoor venues in California, the majority of women reported that second hand smoke was or might be a work related health risk (5 yes, 6 maybe/sometimes). For dancers who smoke, it is not safe or realistic to leave the club every time they want to smoke. Many dancers smoke in the dressing rooms as few clubs have designated smoking areas.

TOP 3 WORK RELATED HEALTH RISKS

Table #3, Dancers top three work related health risks

N=13	#1	#2	#3	N=13	#1	#2	#3
The shoes that you have to wear	2	2	2	Customer harassment	3		1
Lack of health care		1	4	Location of the club	1		2
Second hand cigarette smoke	2			Standing on your feet	1		
The number of hours that you work a night	1	1		Cleanliness/sanitation of the club		3	
Afraid of catching HIV or STIs		2		Don’t make enough money	1		1
Being an independent contractor	1			The number of days a week that you work		1	
Personal drug or alcohol use	1			Injury on the job		1	
Not enough support from other dancers		1		Not enough support from management		1	
Abuse from other staff			1	People treating you badly because of what you do			1

Of the work related health risks discussed above, dancers were asked which risks did they think were their top three work related health risks (*Table #3*). Fear of catching HIV or STIs was ranked by 2 dancers as one of their top three health concerns. A related concern

reported by 3 dancers that could be associated with HIV or STI risk was the lack of cleanliness or sanitation of the club. Some other concerns reported by dancers as their top three concerns were: the shoes that they wear (n=6), the lack of healthcare (n=5), customer harassment (n=4), and club location (n=3). Fear of sexual assault as well as customer abuse or assault did not make the top three list for any of the dancers interviewed. Nor did private booths or rooms, or paying stage fees or commissions. However, when asked the open-ended question of what aspects of the dancers work they did not like, one dancer was very adamant that the private booths, stage fees and being an independent contractor were not good.

“They took all the money of lap dances for the first three dances and the next four they took half. It was hard to get people to go back to the lap dancer area. The club could keep a really close track of how many lap dances you did and how much money you made, kind of degrading cause they kept that info on a visible clipboard and used it as competition and so they could decide how much you had to tip out at the end of the night. The booths were in one area of the club and you had to pass the management so they always knew. And if you went past one song they would charge you for multiple dances. They use the independent contractor against you to get the stage fees and not giving you a wage. [Managers would] bully us about getting up on stage on time; if you needed a break they wouldn’t give it to you” (Dancer #1).

For this particular dancer, having to do the first three lap dances for no compensation was degrading and exploitative. Particularly since there was no guarantee that she would sell a fourth lap dance and get to the point where she was making money for her time.

PROSTITUTION IN THE STRIP CLUBS

As stated earlier in this report, prostitution in the strip clubs was not explored, but in some cases, was initiated by several dancers as either a problem in the clubs or as an issue that should be addressed to improve working conditions for dancers in general.

“The ambiguousness around sex work. Technically a no but then I would see used condoms on the floor” (Dancer #1).

“I want to keep my work in the club. I don’t like that I’m competing with prostitution in the club. I want very limited contact and other people will give full service for little money” (Dancer #7).

“If prostitution were decriminalized I feel I would be in a safer condition to make money. Guys ask me to meet them outside of the club and I could say no and not make money. I haven’t said yes so far cause if anything bad happened I would feel like it was my fault and I wouldn’t be able to talk about it with anyone. If I wanted to leave with a customer I couldn’t let anyone know and that wouldn’t feel safe” (Dancer #13).

WHAT DANCERS LIKE ABOUT THEIR JOB

Dancers were also asked what aspects of their work that they liked (*Table #4*). Some of the aspects that they liked about their work, were also things dancers thought were good for their health or well-being. When asked the open ended question of what aspects of their job dancers thought was good for their health or well-being the following themes were reported: The money that they made or financial freedom (n=7); The exercise and fun they had dancing or performing (n=5); Community and friendships (n=5); Learning negotiations skills that could be applied to other employment (n =3); and Exploring their sexual expression (n=3).

Table #4, Aspects of the work that dancers like.

N=13	Yes	No		Yes	No
Flexible Hours	13		Other Dancers	10	3
Fun	10	3	Good exercise	11	2
Part of a community	7	6	Like Dancing/performing	11	2
Best employment options	4	9	Independent Contractor*	8	2
Make good money	12	1	Private Booths/Rooms	7	6
Helping people	6	7	Wage Employee*	4	
Financial Freedom	12	1	Easy to get employment	9	4
Personally rewarding	10	3	Lap dancing	4	8
Challenging	7	6	Poll dancing	10	3
Being my own boss	11	2	Stage shows	9	4
Customers	5	8	Fantasy aspect	9	4
My manager	7	6	Other		

* Nine dancers reported being an employee was not applicable to them and 3 dancers reported that being an independent contractor was not applicable to them.

“Certain amount of independence in that it’s easy to get a job anywhere. Sometimes it was fun and sometimes I would make money. The workout, good exercise” (Dancer #1).

“I am able to support myself through college” (Dancer #3).

“Exercise, money, being more confident in my money. The money to take care of my body” (Dancer #5).

“Financial freedom is the most beneficial factor. Knowing I can afford to eat healthier and not be on the bus all the time” (Dancer #7).

“The body positivity is good for my health and the sense of community” (Dancer #11).

“Physical exercise, lots of money in a short amount of time. I enjoy traveling and learning negotiating skills. Friendships with amazing women, providing a service I am proud of. I do a really good job and customers are really appreciative. Being funny, laughing. Getting paid to be naked. Paying attention to my body” (Dancer #12).

WHO IS ACTING IN THE BEST INTEREST OF DANCERS

In general, dancers did not think or were unsure if outside groups were acting in their best interest. The majority of dancers reported that the police and political groups were definitely not acting in their best interest. In the case of COSW and the Entertainment Commission, just about a third of the dancers reported these two Commissions were not acting in their best interest (n=4) while 2/3 of the dancers did not know who these Commissions were or if they were acting in the best interest of dancers (n=9).

Table #6, People, groups or agencies acting in the best interest of San Francisco dancers.

N=13*	Yes	No	Maybe or Sometimes	Don't Know
Medical providers	1	6	3	1
Unions e.g. SEIU	3	4	1	3
Political groups		8	3	1
Commission on the Status of Women		4		9
The Entertainment Commission		4		9
The Police	3	9		1
The District Attorney's Office	1	6		4
Other City agencies or departments	1	2		9
Neighborhood groups	1	3	1	7
Club management	7	2	4	
Club Security	7	2	4	
Other Dancers you are friends with	8	1	4	
Other dancers you are not friends with	5	4	4	
Other dancers you do not know	3	5	5	
Other sex workers	4	3	3	2
SAGE	1	3	1	8
BAYSWAN	2	1		9
SWOP-USA	5	1	1	6
Erotic Service Providers' Union	3	1	1	8
Sex Workers Organized for Labor, Human and Civil Rights	3	1	2	7
Center for Sex and Culture	6	1	1	5
St. James Infirmary	8	1		4
Desiree Alliance	4	2		7

*When N does not equal 13 it is because dancers answered, "non applicable."

Most dancers either did not know the majority of the organizations that work with sex workers and dancers, or did not know if those agencies were acting in the best interest of dancers. Some dancers reported that certain groups or agencies were not applicable to them. For

example, some dancers thought BAYSWAN was not applicable to them as BAYSWAN are considered a “Sex worker” organization and the dancers did not identify with that title.

The people that dancers reported with the most frequency as acting in the best interest were, club managers, club security, and other dancers. This data may seem contradictory in that dancers reported a general level of mistrust among other dancers and reported harassment by club managers as a health risk or aspect of their job they did not like. However, given that dancers reported that people treated them badly for what they do and the stigma associated with dancing was a risk to the health or well-being of dancers in this sample, it is not surprising that dancers reported that people working in the strip clubs had their best interest more than outside groups or agencies.

ORGANIZING DANCERS TO IMPROVE THEIR WORKING CONDITIONS

While the majority of dancers reported they had the ability to control the decisions that affected their everyday work life, (8 dancers reported control over all or most decisions, 3 dancers reported control over some decisions, and 2 reported control over few decision or no control at all), when asked what would dancers need to organize to improve their working conditions, 5 dancers reported that there was nothing they could do.

“Nothing. I just moved to SF and didn’t have a community” (Dancer #1).

“My honest answer is so conflicting from my academic life [women’s studies major and a feminist]. Just how disposable you are. The lack of community from the dancers to organize. Especially being a new dancer” (Dancer #3).

“[The activism] dies out cause I’m alone; they don’t really care” (Dancer #4).

“I don’t think there’s anything you can do. Everything is set in stone.... I don’t plan to be here that long so I don’t put much effort into it” (Dancer #5).

“I don’t know [how] or where to begin. It’s like everyone’s not on the same page and looking out for number one” (Dancer #9).

Steps that dancers thought were necessary to organize dancers revolved around the them of building community with the dancers, organizing over issues dancers could agree on, or around the concept of unilateral improvements of the working conditions for all dancers across all the strip clubs in San Francisco.

“Basically, to get all the women together in support of something. There is such a huge feeling of distrust among the dancers. Management does not want us banding together. There would need to be something for the dancers” (Dancer #7).

“Not being an independent contractor is the main thing that keeps dancers from organizing. Other dancers can be let go immediately and you can’t do that with an employee” (Dancer #8).

“I personally feel like there is no way to organize, women don’t have any say, we’re so replaceable. The things women have done to organize led to worse circumstance, like stage fees. It’s a job to stick to your self and realize someone else is calling all the shots. Which is really ironic cause if it were not for the women these doors wouldn’t open” (Dancer #2).

DISCUSSION

“The aching feet and back....being in heels for that long is definitely draining.” (Dancer #7)

Working long hours and too many shifts a night, standing on their feet all day and wearing high heels was reported by most dancers as a work related health risk. This is not surprising, as dancers have reported these work related health risks in the past (Maticka-Tyndale & Lewis, 2000; Reed, 1997). Injury on the job was a concern for many dancers as most dancers reported that they had been injured while dancing. The lack of healthcare was an issue as nearly half of dancers who were injured on the job did not receive treatment due to lack of healthcare.

“I don’t like men touching me without my permission” (Dancer #2).

Sexual assault by customers was not reported as a health risk by the majority of dancers, however unwanted touching by customers was reported as an aspect of their work they did not like. This suggests that the line between sexual assault and unwanted touching may be subjective and that the line between permitted and unwanted touching may be a fluid and less clear one. Dancers may perceive the solicitation of touching by customers in strip clubs differently, and at different rates. This is further complicated by legal issues of touching dancers in strip clubs, as well as the economic variations and personal preferences that may exist from dancer to dancer, club to club in regards to customers touching dancers. Further research into how dancers perceive and experience unwanted touching by customers is needed, and should be done from a perspective that is considerate of the complexity of the adult entertainment world. Dancers reported dealing with customer harassment as either a work related health risk or an aspect of their work they did not like. Fear of sexual assault was most frequently associated with leaving the strip club after work. Many dancers expressed that the location of the club was a health risk for dancers. However, in some cases club security would escort dancers to their cars after work. This typically reduced the dancers’ anxiety.

“Physical fitness being active moving around. Being able to express myself sexually in a comfortable environment. Being around a community that is very positive pro-active women” (Dancer # 8).

Financial freedom, making good money, the exercise and the dancing itself were aspects of the job that nearly all dancers said they liked. While most dancers liked stage shows and pole dancing, and half liked private rooms, very few dancers liked lap dancing.

“If the girls felt less secretive and they could talk to their friends and family and say what’s going on at work instead of not wanting to talk about it when the family finds out about the stripping” (Dancer #12).

Stigma of exotic dancing was an issue that dancers stated caused them to live in secrecy and prevented them from talking to their friends and family about what they did for work. Thus, the opportunities to gain support from loved ones about improving their working conditions are limited, as is the practice available to people working in less stigmatized jobs, of relieving stress by talking about their work day.

“Girls are not working together” (Dancer #3)

While many dancers stated that community was something about their work that they liked, other dancers expressed a level of isolation, loneliness and separation from co-workers. This is an issue that undoubtedly contributes to the lack of unity and organizing efforts among dancers. The potential to build community among dancers exists as most dancers thought that other dancers were or “maybe/sometimes” looking out for their best interest, and the majority of dancers said that other dancers and being part of a community were aspects of their work that they liked. Establishing mechanisms for dancers to build community are essential to promote organizing efforts among dancers.

“I would need time to gather with co-workers outside of work....Having stripper community that is not specific to one club, so having conditions better at all clubs....So to improve working conditions that would affect me, they [other dancers] would need to have better working conditions, like job security” (Dancer #13).

While many dancers thought there was nothing they could do to organize because they were so replaceable, and that women were not working together, other dancers thought that dancers could be organized if it was around an issue they all agreed upon. That stage fees, the lack of healthcare and being an independent contractor were all issues dancers felt were risks to their own health, it would seem a likely place to find common ground. However, dancers have organized around these issues in the past with varying degrees of success. Additionally, that

dancers are classified as independent contractors in many clubs, contributes to the feeling that they are “so replaceable,” as they can be terminated without cause.

In many respects, this assessment did not uncover any revelations about what dancers need to organize, but rather has confirmed that there are aspects of their work that dancers have been complaining about for over a decade now. What is clear is that there are some tangible barriers for dancers to organize and some of those barriers would require that dancers organize to remove those barriers (e.g. being an independent contractor). But other barriers could be addressed in smaller increments. Community building around aspects of exotic dancing that promote dancer pride and capitalize on aspects of their work dancers like are realistic strategies. Continued work around the destigmatization of exotic dancers is needed. This would allow dancers to have greater opportunities at disclosure. Stigma around exotic dancing is most likely internalized by many dancers and may contribute to the level of distrust and lack of community expressed by dancers in this report. If exotic dancing were normalized as legitimate work, dancers would have greater opportunity to create organizations and groups to address their concerns and needs without the stigma and shame from outsiders.

CONCLUSION

While this assessment was limited in that the sample size was small, it should be considered as a source to guide continued research into the area of comprehensive occupational health and safety of exotic dancers. In no way was this assessment exhaustive in assessing dancers perceived work related health risks. Qualitative interviews should be continued to determine, in detail, the wide-ranging needs and concerns of current dancers and what strategies and health promotion models could be adopted to address these needs and concerns. It should be recognized that former dancers and current dancers might have differing opinions about current labor conditions of strip clubs as either harmful or lucrative. The experience of exotic dancing is a subjective one, based on a myriad of factors and circumstances. Former dancers may not be currently dancing because they experienced assault, abuse or thought that the clubs were harmful, unfair and exploitative. Current dancers may continue dancing because they have experienced the opposite of those things.

The findings of this assessment revealed that for the majority of current dancers interviewed, their experience as dancers was not a homogeneous experience but rather involved good, bad and contradicting features. For example, dancers stated they liked the money they made and the financial

freedom associated with dancing, yet most dancers stated they did not make enough money for what they did. Also, some dancers stated that community was an aspect of their work they liked, but that the community among dancers needed to organize, and improve working conditions, was missing in the strip clubs. Dancers also stated that managers were often non supportive, and that fear of being robbed by other dancers was a work related health concern, yet most dancers thought that management and other dancers were acting in their best interest. Exotic dancers should be recognized as a diverse population with a wide spectrum of needs and opinions about their working conditions. It is entirely likely that there is no unified approach to working with dancers or one policy that would improve working conditions. Multi level approaches should be adopted that are tailored around specific strip clubs and the needs of the minority dancer population in tandem with broader policies that address the overall concerns of the majority of dancers.

RECOMMENDATIONS

1. Dealing with sexual assault should be the priority of all strip club establishments, and all methods should be adopted to protect dancer safety.
2. The risks for dancers from infected surfaces could be corrected with a strict policy of routinely wiping down surfaces, and ridding the club of any surfaces that could be host to infectious fluids.
3. Systematic and scientific means of evaluation and research should be conducted in the strip clubs to determine exactly what characteristics of the strip club environment deter or facilitate sexual assault and or HIV/STI risks.
4. Any recommendations, policies or statements from government groups made on behalf of one group of adult entertainers should not be made at the expense of any other group of adult entertainers (for example, dancers or prostitutes).
5. Working groups involving current dancers, strip club owners and management, sex worker activists and local government agencies should be adopted to address concerns of current and former dancers in a comprehensive and inclusive manner.
6. Decriminalization of all forms of sex work would lead to a less stigmatized environment for sex workers and allow for women to work as prostitutes outside of the strip clubs.
7. Outside people, groups and agencies need to recognize that dancers may not trust that those groups have their best interest in mind and should focus on bridging those gaps by going to the dancers, as opposed to asking dancers to come to them.
8. Statements that dancers who disagree with current recommendations are paid off by strip clubs should cease immediately as they are disrespectful and are counterproductive.
9. Reports and evaluation processes with regards to exotic dancers need to be completely transparent and inclusive of all stakeholders involved.

10. Given the stigma associated with dancing, private and anonymous forums should be developed to respect the privacy of dancers (examples include web-based forums, or anonymous phone lines).
11. Outreach to dancers should include descriptions of all sex worker and adult entertainer advocacy organizations to inform dancers who is doing what.
12. Organizations that are centered around issues of sex workers in general should consider adopting sub groups that are specific to the community of dancers and their identity as dancers and not sex workers.
13. Building community for dancers, particularly around issues dancers either find fun about the job, or around issues that dancers would want to change, is essential in any health promotion activities, and may facilitate consensus among dancers about policies that should be adopted.
14. Expanding on the idea that dancers think staff within the clubs (managers, security, other dancers, etc.) have their best interest should be used as a foundation to improve community and relationship building both within the strip clubs and with outside agencies.
15. Further explorations into the issue of stage fees required of dancers as a work related health risks should be explored in further detail.
16. Considerations should be made to address labor issues of dancers in a manner that does not lead to further frustration and/or increasingly dismal working conditions of current dancers.
17. Strip club owners, regardless of the classification of dancers as independent contractors, should provide adequate and comprehensive health plans for exotic dancers. Coverage should minimally include: chiropractic and podiatric care, massage and holistic care, mental healthcare, drug and alcohol treatment, and dental and vision.
18. Strip club owners and management need to adopt policies and strategies that amend the past wrongs and abuses against dancers without requiring current dancers to bear the brunt of the cost. Public relations strategies should be adopted to assist in disseminating their amended policies, both current and pending.
19. At minimum, soap, paper towels, toilet paper, and toilet seat covers should be stocked at all times in all strip club bathrooms for dancers.¹⁰
20. The above list of recommendations is in no way a suggestion that these are the only considerations that should be adopted to improve working conditions for exotic dancers. Current dancers are the best resource for suggestions to improve their working conditions and should be treated as an authority on the topic.

¹⁰ During recruitment and interviewing for this assessment, it was not uncommon for most, and sometimes, all these items to be missing in dancers bathrooms.

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Looking for San Francisco Exotic
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Call 415-902-7532

I am a graduate student at San Francisco State University and an Outreach Worker for the St. James Infirmary. I have worked in a variety of jobs in the Adult Entertainment Industry. I am interested in hearing from you about your work and your health.

APPENDIX B

Date _____ Location _____ ID CODE: _____

1. How long have you been a dancer? _____
2. Which clubs in SF have you worked at in the last three years?
3. Are you working as a dancer now?
Yes _____1 No _____2 Don't Know _____8 Refused _____9
If No,
4. ► When was the last time you worked as a dancer? _____
5. Which club did you last work at or are you currently working at? _____
6. For how long have/did you worked there/here?
Less than 1 month _____1 1 to 3 months _____2 3 to 6 months _____3
More than 6 months _____4 Don't Know _____8 Refused _____9
7. In the past 3 months/the last 3 month you worked on average how many nights a week do you work?
One to Three _____1 Four to Six _____2 Every Day _____3
Don't Know _____8 Refused _____9 Other, specify _____0
8. In the past/last 3 months, on average how many hours a night do you work?
Less than four _____1 Four to Eight _____2 More than Eight _____3
Don't Know _____8 Refused _____9
9. ► How much do/did you need to make in a shift to make a quota? Self _____ Club _____
Less than \$500 _____1 \$500-\$1,000 _____2 \$1,001-\$1,500 _____3
More than \$1,500 _____4 Don't Know _____8 Refused _____9
10. How many nights in the last month (or the last month you worked) have you made/ did you make your personal quota?
One to Three _____1 Four to Six _____2 Every Day _____3
Don't Know _____8 Refused _____9
11. What is the range that you have to tip out or pay the club a night?
_____ Don't Know _____8 Refused _____9
12. Do you have health insurance? Yes _____1 No _____2 Don't Know _____8 Refused _____9

13. If yes, what type/s?

Family Pact _____1 Medi-cal _____2 Medicaid _____3 Medicare _____4
VA _____5 Private, Employee Paid _____6 Private, Self-Paid _____7
Don't Know _____8 Refused _____9 Other, Specify _____0

14. If no, how do you pay for your healthcare?

Self _____1 County _____2 Free Care _____3 Don't Know _____8
Refused _____9 Other, Specify _____0

15. Have you seen a health care provider in the last year?

Yes _____1 No _____2 Don't Know _____8 Refused _____9

16. ► If YES, Where have you gone for healthcare in the last year?

SJI/Office _____1 City Clinic _____2 Tom Waddell _____3 MNRC _____4
WCC _____5 NEX _____6 Mobile Van _____7 Jail/Prison _____9
Community, neighborhood, Health Dept. clinic _____10 Hospital ER _____11 Hospital based clinic _____12
Private Dr's Office _____13 Hospital Inpatient _____14
Don't Know _____8 Refused _____9 Other, Specify _____0

17. What types of treatment/care have you received in the last year?

Physical _____1 Pap Smear _____2 Pregnancy Test _____3 Birth Control _____4
STI/HIV Test _____5 Mental Health _____10 Dental Care _____11 Acupuncture _____12
Don't Know _____8 Refused _____9
Injury/Work Related _____6 (Specify _____)
Injury/NOT Work Related _____7 (Specify _____)
Other, Specify _____0

Skip to Question 19

18. ► If NO, Why not?

Too expensive _____1 Didn't need Healthcare _____2 Couldn't get the time off _____3
Too busy in my personal life _____4 Didn't know where to go _____5 Emotional reasons _____6 Specify what
type _____
Other, Specify _____0
Don't Know _____8 Refused _____9

19. ► What are your top three most important health needs or services you want?

General Physical____1 Reproductive Health____2 Pregnancy Related____3 Back/Feet____4
STI/HIV Risk____5 Mental Health____10 Drug/alcohol use____11 cigarette smoking____12
Sexual Assault Care____13 Domestic Violence Assistance____14 Dental Care____15
Work Related Stress/Injury____6 (Specify____)
NOT Work Stress/Injury____7 (Specify____)
Other, Specify____0
Don't Know____8 Refused____9

RANK IN ORDER #1____ #2____ #3____

20. What aspects of your work, if any do you think are a risk to your own health or well-being?

1=yes 2=no 3=maybe/sometimes 8= don't know 9=refused NA=does not apply

- A. Second hand Cigarette smoke____
- B. Client drug or alcohol use____
- C. Not enough support from other dancers____
- D. Not enough support from management____ (specify what____)
- E. Costumer Abuse/Assault____
- F. Costumer Harassment____
- G. Not enough security or protection from customers____
- H. Abuse from other staff (non-dancers)____ (specify who____)
- I. Harassment from other staff (non-dancers)____ (specify who____)
- J. The number of hours that you work a night____
- K. The number of days a week that you work____
- L. The money that you make, not enough____
- M. The money that you make, too much____
- N. The shoes that you have to wear____
- O. Standing on your feet____
- P. Location of club____
- Q. People treating you badly because of what you do____
- R. Afraid of catching HIV/STI's____
- S. Limited or restricted access to condoms____
- T. Afraid of sexual assault____
- U. Personal drug or alcohol use____
- V. Private booths/rooms____
- W. Being an independent contractor____
- X. Being an employee/not an independent contractor____

Y. Stage fee or fines _____

Z. Cleanliness/sanitation of club _____

AA. Lack of healthcare _____

BB. Being robbed by clients, other dancers or others _____ specify who _____

CC. Other _____

21. Of the list I just read off, which three are your top concerns? (**Insert letters associated with list**)

#1 _____ #2 _____ #3 _____

22. As a dancer in SF, do you think the following people, groups or agencies are acting in your best interest?

1=yes 2=no 3=maybe/sometimes 8= don't know 9=refused NA =does not apply

A. Medical providers _____

B. Unions e.g. SEIU _____

C. Political groups _____

D. Commission on the Status of Women _____

E. The Entertainment Commission _____

F. The Police _____

G. The District Attorney's Office _____

H. Other City agencies or departments _____

I. Neighborhood groups _____

J. Club management _____

K. Club Security _____

L. Other Dancers you are friends with _____

M. Other dancers you are not friends with _____

N. Other dancers you do not know _____

O. Other sex workers _____

P. SAGE _____

Q. BAYSWAN _____

R. SWOP-USA _____

S. Erotic Service Providers' Union _____

T. Sex Workers Organized for Labor, Human and Civil Rights _____

U. Center for Sex and Culture _____

V. St. James Infirmary _____

W. Desiree Alliance _____

X. Other groups acting in your best interest: Specify _____

23. How much control do you think you have in making decision that affect your everyday work life?

Control over all decisions_____1 Control over most decisions_____2
Control over some decisions_____3 Control over very few decisions_____4
No Control_____5 Don't Know _____8 Refused _____9

24. What aspects of your work do you like?

Flexible Hours_____1 Fun_____2 Part of a community_____3 Best employment options_____4
Make good money_____5 Helping people_____6 Financial Freedom_____7
Personally rewarding_____10 Challenging_____11 Being my own boss_____12
Customers_____13 My manager_____14 Other Dancers_____15 Good exercise_____16
Like Dancing/performing_____17 Independent Contractor_____18 Private Booths/Rooms_____19
Wage Employee_____20 Easy to get employment_____21 lap dancing_____22 poll dancing_____23 stage
shows_____24 Fantasy aspect_____24 Nothing_____26 Don't Know _____8 Refused _____9 Other,
specify_____0

25. What aspects of your work do you not like?

Nothing_____2 Don't Know _____8 Refused _____9

26. What aspects of your work do you think are good for your health or well-being?

Nothing_____2 Don't Know _____8 Refused _____9

27. What would you need as a dancer in SF to be able to organize either against the things you don't like or to improve the things you do like in your work place? (probe actions for likes or dislikes)

28. How old were you on your last birthday? _____

29. How would you describe your race or ethnicity?

White_____1 African American/Black _____2 Latina/Hispanic _____3
Asian/Pacific Islander _____4 Native American Indian _____5 Multi-racial _____6
Don't Know _____8 Refused _____9 Other, specify_____0

30. Is there anything else you would like to add?

APPENDIX C

Health Assessment of San Francisco Exotic Dancers Survey Consent Form

Introduction

Naomi Akers is a Masters in Public Health Graduate student at San Francisco State University conducting a pilot health assessment as part of a summer internship project. The purpose of this interview is to find out what the primary health concerns are of Exotic Dancers who work or have worked in San Francisco.

Confidentiality

You are being asked to complete this survey because you have self-identified as a current or former exotic dancer in San Francisco. The interview is anonymous and your name will not be on any survey. Your name or any information that could identify you personally will not be used in any presentations, reports, papers or publications that may result from this pilot assessment. The consent forms will be kept separately from all surveys completed and will not be used as part of any presentations, reports, papers or publications. You can sign the consent form with any name you feel comfortable using. You will receive a copy of this consent form.

You will be asked questions about your experience as a dancer, some questions about your healthcare needs, what you like and don't like about being a dancer in San Francisco, as well as your impression of City agencies that may interact with dancers. You can skip any of the questions you do not feel comfortable answering. Your participation in this survey is voluntary and you are free to not participate in the interview or to stop the interview at anytime you want to. The interview will take about 30 minutes to complete.

Benefits & Risks

At this time there are no financial benefits or monetary incentives for participation in this survey. The benefits to you are to help give voice to the experience of dancers, a group that has traditionally been ignored or discounted. Your participation may help inform other groups or agencies what are the needs and concerns of dancers in San Francisco.

Some of the questions may be personal in nature and may cause a sense of discomfort or loss of privacy. If at any point you wish to skip a question or stop altogether, you are free to do so. In no way will participation or lack of participation in this survey affect services you receive from any agencies. Participation or lack of participation on your part will not be reported to any club owners, managers or other dancers.

The interview process of this assessment is expected to be completed by August 2006 and the initial findings of this assessment shall be completed no later than September 2006. You are entitled to a copy of the finding of this assessment. If you wish to get a copy of the report of findings, please provide below an address or email address you expect to have access to in September 2006. If using a mailing address, please note which name to address the correspondence to.

Questions

You have talked with Naomi Akers about this assessment and have had an opportunity to have your questions answered. If you have any further questions you may contact Naomi Akers by email at: naomi_akers@yahoo.com or by calling 415-902-7532.

If you have any comments, questions or concerns about participation in this assessment, you should first talk with Naomi Akers. If for some reason you do not wish to do this, you may contact her supervisor for this project, Alexandra Lutnick. You may reach Alexandra between 9:00am and 5:00 pm, Monday through Friday by calling 415-505-0750.

Interviewer Signature

Date

Participant Signature (any name you choose)

Date

I would like a copy of the findings Yes _____

No _____

Address to mail/email findings:

AUTHOR BIO AND PERSONAL STATEMENT-NAOMI AKERS

Naomi Akers, “I have worked with the sex worker community in San Francisco for over 10 years. Over the years I have worked in a variety of sex work venues, including stripping and legal prostitution in several Nevada brothels, escorting/internet dating and street walking in San Francisco, and in Los Angeles I worked as a stripper, taxi dancer, massage parlor worker and street walker. I have been a community member of the St. James Infirmary, a free medical clinic for sex workers, since late 1999. In 2002 I became a staff member at the clinic when I started volunteering as an intake and peer counselor. In August 2006, I became the Executive Director for the St. James Infirmary. In the 18 months prior to becoming the E.D. for St. James, I was the Outreach Coordinator where I conducted weekly outreach in the Polk, Tenderloin and Mission districts of San Francisco in addition to outreach in the strip clubs of San Francisco. From 2002-2004 I worked with the HOPE study, a randomized control trial evaluating enhanced transitional case management services for HIV+ people in San Francisco County jail. I have also worked with the Urban Health Study and the St. UFO study and have conducted over 400 quantitative interviews with at-risk and vulnerable populations. I am currently working on my Masters in Public Health at San Francisco State University. As part of my studies I recently completed a community health assessment of oral health care services for pregnant prisoners at Valley State Prison for Women in Chowchilla, California as a practicum project for Legal Services for Prisoners with Children.

I completed this pilot health assessment of exotic dancers in San Francisco as an unpaid 200 hour internship project for my Masters in Public Health program at San Francisco State University. The costs for incentives for the dancers and tuition for this project were paid for exclusively by me; the cost to generate copies of this report were paid for by me and by individual contributions from my friends, family, co-workers and sex worker community members via a PayPal account. Thanks to everyone for your support and confidence in my work. My former outreach activities in the strip clubs of San Francisco in addition to my work with the sex worker community over the last 10 years enabled me to gain access to exotic dancers in strip clubs for this assessment. I would like to thank all the dancers who took time out of their busy lives to participate in this assessment. I would also like to thank Alix Lutnick of the UCSF SWEAT project for her insight and feedback on this assessment process and final report. I would like to give additionally thanks to Victoria Quijano (SFSU), Carol Leigh (Center for Sex and Culture/BAYSWAN), Johanna Breyer (St. James/EDA/UCSF), and all the staff at the St. James Infirmary for supporting me during my work on this project.”

Requests for copies of this report or any other requests or comments should be mailed to:
PO BOX 15185, San Francisco, CA. 94115-0185 or by email: towtruckpanties@yahoo.com