

'Red light areas will need to be closed indefinitely to protect Indians from COVID-19'

Dr. Sudhakar Nuti talks on how to secure the financial future of sex workers



By Sneha Bhura

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[File] Sex workers seen in a red light area in Mumbai | Reuters

From Thailand to Germany, sex workers with their high-contact job face the most uncertain future. There are close to 6,37,500 sex workers in India, according to National Aids Control Organization (NACO) and over 5 lakh customers visited the red-light areas daily before the pandemic closed the trade. In the absence of appropriate legal and human rights protection to sex workers in India, especially women who are further undermined and dehumanized in the industry seen as taboo, the pandemic aftereffects are expected to be excessively brutal and disadvantageous to this segment of the population.

Last week, academicians from Yale School of Medicine and Harvard Medical School stated in a study that Indians are at a much lower risk of getting COVID-19 if red light areas shut after the lockdown. Titled '*Modelling the Effect of Continued Closure of Red-Light Areas on COVID-19 Transmission in India*', the report was shared with government bodies along with recommendations on continued closure of red-light areas (RLAs) beyond full nationwide reopening as it can reduce the number of cases by 72 per cent in a period of 45-days and delay the peak of COVID-19 cases by 17 days. The study also found out that there could be a 63 per cent reduction in the number of deaths in the first 60 days after the lockdown ends, if red-light areas are kept closed. To protect citizens against these potential hotspots, the study recommends keeping red light areas closed indefinitely during the COVID-19 pandemic. But the trouble is that the end of COVID-19 seems almost as indefinite.

One of the three co-authors of the report, Dr. Sudhakar Nuti from the department of medicine, Massachusetts General Hospital and Harvard Medical School, talks to THE WEEK in an email interview on how to secure the financial future of sex workers stranded in their homes. Excerpts:



Dr. Sudhakar Nuti

Most sex workers in India are daily wagers. Even if they fall under the government's financial relief scheme for the poor, it's hardly enough to feed their families and buy medicines. Hardly any of them have Jan Dhan accounts for cash transfers. So far we haven't heard of any new, specific relief fund to protect workers in the industry. Can you suggest particular measures in which their financial future can be secured this year?

It is important to remember the sex workers who work in red light areas and the impact that COVID-19 and the continued closure of red light areas has on them. We suggest three measures to address the health, safety, and well-being of sex workers in red light areas: (1) ensure sex workers receive payments as part of the government's financial relief scheme for the poor during COVID, (2) ensure these women are not taken advantage of by criminals, such as by preventing high-interest lending schemes that entrap them in debt bondage, and (3) investment in reintegrating sex workers into other occupations, with a particular focus on reinvesting money generated through the closing and redevelopment of red light areas into sex worker reintegration and the health care system. On the last point, COVID-19 may present the ideal natural opportunity to help sex workers exit their trade and find out alternative livelihoods. In light of the amount of health care and larger economic savings gained by keeping red light areas closed and reducing cases and

fatalities—especially if red light areas remain closed for months—investing in retraining sex workers would be an ideal health, social, and economic measure. This will require effective policy-making in consultation with civil society organizations, sex workers, and NGOs.

What are some of the alternative occupations that they could be integrated in, given the social stigma and ostracization of this segment of the workforce?

These are aspects that the policymakers, NGOs, and experts in India will need to design. These bodies will be the right people to identify the skills these workers need, train them, and provide them with support to become economically self-reliant in new jobs or as self-employed entrepreneurs. We hope these programs will be able to compassionately mitigate the stigma which is globally seen towards sex workers. There are urban and rural red light areas and we hope that both areas will benefit from these programs for reintegration.

How close are we to developing a vaccine against COVID-19? Researchers have been working on an HIV vaccine—which will greatly benefit the sex industry—since the 1980s with no definite success.

There are two parts to the answer.

Any effort we can do to prevent the acceleration reduces the burden on the medical system which translates into saving many lives. The medical system is tremendously good at saving lives and any time it's stressed, the chances of saving lives reduce. Also, in just one example, Remdesivir has been approved for treatment in many countries and clinical trials have started in others, including India. If there had been no lockdown, many more individuals would have gotten infected by COVID-19; prior to this very few individuals could have been administered the treatment. That's just one example, there are many other examples of scientists across the world working on treatments and vaccines for COVID-19. The World Health Organisation says there are currently eight COVID-19 vaccine candidates in clinical trials. These treatments and vaccines will come at one point and the more people we prevent from getting infected by COVID-19 until then, the more people we will save.

Vaccines are typically made to mimic the immune reaction of recovered people but the recovery rate in HIV is virtually negligible. And other factors like the long-dormant period make HIV vaccine research difficult. However, we have come a long way in the prevention measures and treatment of the infection from the time the epidemic first broke out.

Given the current situation, how a complete reliance on vaccine is an unreliably long road to recovery, and how do you project the future of India's sex industry will look like? Or can they be made COVID-compliant, if at all?

Thus far, India has taken several strong measures to prevent the spread of COVID-19 and “flatten the curve”, including social distancing and travel restrictions. There is growing evidence from both India and abroad that social distancing is essential to prevent the spread of COVID-19 and reduce mortality, especially until a vaccine is developed. By design, these (red light) areas have high contact rates between sex workers and customers, and social distancing is not possible while having sex. Additionally, the disease does not show symptoms for a delayed period of time and a large number of individuals remain asymptomatic so sex workers would not even realize they are infected or never find out they were carriers while having spread the disease to a large number of customers. It will not be possible to make these areas COVID-compliant.

If these places reopen, the economic cost of hospitalizations and ICU admissions for just sex workers will be very high. The safety of these women is a central reason to close these areas. We expect that the cost of reintegrating sex workers be less than the economic cost of reopening red light areas. Our findings suggest that red light areas will need to be closed indefinitely to protect Indians from COVID-19.

Have other countries evolved effective measures to protect sex workers in this time of uncertainty? Are there lessons to be drawn from there for India?

Our findings are especially important in light of the negative experience of other countries with COVID-19 and red light areas. In Japan, for example, medical facilities were “overwhelmed” by an “explosion of cases” linked to an RLA. The sharp increase in cases was primarily among sex workers and their customers. Japanese medical institutes have placed sex workers in the highest risk category for contracting the virus, the only profession in that classification not related to the medical field. Japan has provided relief packages for sex workers. In Germany and Australia, brothels remain indefinitely closed. In Australia, both sole operator sex workers and strip clubs are banned. The diversity of businesses that function to enable prostitution or other activities involving close physical proximity as part of the nature of service share the same risk factors as red light areas and have been identified as potential hotspots and high-risk professions by other countries. These countries have taken action to protect sex workers, customers, and the public by indefinitely closing such places down. Red-light areas represent a group of businesses providing sexual services in a shared geographic area which increases the effect and hence risk. These risk factors can exist over other forms of businesses such as dance bars, hotels where sexual services are offered, private sex work establishments, and spas/massage parlors, in addition to red light areas. Globally, countries are recognizing the risk factors of the high volume of customer interactions and the impossibility of social distancing in these businesses and professions.