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“Outlaw Poverty Not Prostitutes”: Sex Workers’ Responses  
to Poverty Management in San Francisco

A dissertation submitted in partial satisfaction of the  
requirements for the degree Doctor of Philosophy

in

Sociology

by

Donna Dilara Yarbrough

Committee in charge:

Professor Isaac W. Martin, Chair  
Professor Suzanne Brenner  
Professor Jeff Haydu  
Professor Kwai Ng  
Professor Christena Turner

2016

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Chair

University of California, San Diego

2016

## DEDICATION

To the Saint James Infirmary and the Transgender Gender Variant and Intersex  
Justice Project.

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Part of "Bill's Story," featured in Chapter 3, was published in "Punishing the Poorest." Bill was part of my independent dissertation research and Chapter 3 of this dissertation contains a longer version of Bill's narrative, based on my interview with

him at the Saint James Infirmary in 2013. Parts of his narrative that were previously published are demarcated by quotation marks and in-text citations. The citation for the co-authored report which features a shorter version of Bill's narrative is: Herring, Chris and Dilara Yarbrough. 2015. *Punishing the Poorest: How the Criminalization of Homelessness Perpetuates Poverty in San Francisco*. Coalition on Homelessness. Retrieved May 30, 2016 (<http://ssrn.com/abstract=2620426>).

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ABSTRACT OF THE DISSERTATION

“Outlaw Poverty Not Prostitutes”: Sex Workers’ Responses  
to Poverty Management in San Francisco

by

Donna Dilara Yarbrough

Doctor of Philosophy in Sociology

University of California, San Diego, 2016

Professor Isaac W. Martin, Chair

This dissertation draws on interviews and ethnography with service providers, local officials and currently and formerly homeless sex workers to evaluate the effects of three different governmental responses to poverty: Criminalization, medicalization, and harm reduction. In order to understand the relationship between poverty management policies and economic insecurity, I compare my participants’ experiences with law enforcement and social service agencies. Focusing on one informal occupational group demonstrates how and why poor people with similar income strategies experience different interventions. My dissertation research contributes to a

broader understanding of how law enforcement and service agencies construct race and gender, and develops a theory of individualizing and structurally transformative responses to poverty.



## CHAPTER 1

### INTRODUCTION

#### 1.1 Race, gender and poverty management

“Baby, we here. We’re going across the bridge,” P. said, shaking T. gently. She opened her eyes, heavy with mascara and sleep. She looked around at the high-rise buildings. “P., why did you wake me up? We’re still in Los Angeles,” she admonished, and her eyelids fluttered closed again. P. laughed, that contagious laugh that she loved, and said, “No baby, we’re really here.”

T. was expecting quaint Victorian houses, painted in vibrant shades of pink, purple, blue. She was expecting a red bridge that rose majestically into the clouds over the churning turquoise water of the bay. What she saw instead looked just like downtown L.A. They got off the bus on Market Street, at the heart of the city’s booming drug market. When they reached the United Nations Plaza, homeless people, mostly Black, huddled with puffy jackets, cardboard spread out on the concrete to keep warm. There was a fountain and a monument made from bronze and concrete. Groups of people smoked crack, their belongings in shopping carts or tattered suitcases or spread out to sell for some extra cash. The gold dome of City Hall glinted incongruously in the winter sunlight.

T. had a sinking feeling: “I was devastated because I could not believe that people were sitting there by this water fountain, broad daylight, smoking crack and around these government buildings. That just blew my mind.” But she shook the feeling away and thought to herself, “Okay, well this is San Francisco and they used to

say that San Francisco was the gay capital of the world. And, I'm transgender, I'm pretty, so I can make a whole lot of money out here."

T. has been incarcerated six times. The first time T. was arrested was after she and her brother burglarized a house. She did 18 months in prison. When she got out, in the early 1990s, she moved to Los Angeles and started doing street-based sex work. Like many other Black transgender women, T. was profiled and arrested for prostitution after an undercover police officer asked her for sex. Sometimes, police officers would drive T. into a side street and tell her that, in exchange for sex, they would let her go. But this officer didn't try to strike a bargain—he just handcuffed her and took her to jail.

Intermittently homeless after her release, T. was in and out of the missions. Street-based sex work allowed her to make enough money to buy food and drugs.

T. estimates that she has been in drug rehab and detoxification facilities over 60 times. On the first day of each month, T. got her Supplemental Security Income (SSI) check. Most of the time, she would use the money to get a Single Room Occupancy hotel room for two weeks. Then, "after the two weeks, it was either go to a psych ward for the other two weeks or call one of my friends that would come and get me and I would stay at his house for two weeks. Or, I would end up getting busted because now I'm prostituting."

So, that was basically my cycle. It was jail—if I'm not in jail, I'm either in a psych ward or I'm going to a drug and alcohol program." T. went to treatment programs only when she felt exhausted, resigned: "It was like, okay I'm going here—one, because I've been up for a week. They're going to give me a bed... I'm going to get to rest, I'm going to

get to eat, I'll gain my weight back, okay I'll get off crack. But, 'okay I'll get off crack' was always the last thing on the list...

In exchange for temporary access to food and shelter, T. had to endure the staff's denial of her gender identity, and insistence on treating her like an alcoholic. It was the same each time: T. would arrive at the drug rehabilitation center dressed in her regular clothing: Form-fitting jeans or a skirt, a wig, eyeliner and lipstick. The staff would interview her about her substance use and her motivation to change. At the end of the interview, they would say, "okay we'll accept you but—but, you can't have this, none of the makeup."

She was hungry, and she was tired, so T. stripped away these markers of her identity. "I had to go in there being somebody that I despised. And—and, let me take that back—it's not that I despised being who I was—I know who I am and you're making me—one, you're making me dress and act, and all of this, like this boy that I'm not. And, two, the other thing for me was, I'm coming into recovery under a lie. I know I'm not an alcoholic."

Rigid gender segregation in the drug rehabilitation programs meant that T. was housed with the men. She was strictly forbidden from using make-up or wearing women's clothing (which encompassed most of the clothing she owned). Mis-gendering, coupled with the knowledge that rehab would do nothing to help her get housing in the long term, made her leave the programs soon after she started "eating and gaining weight."

The main problem with drug treatment was that it denied T.'s gender identity and focused on changing her behavior without providing resources that she needed in

order to get out of poverty. Staff focused narrowly on what they viewed as “problem behaviors,” and promised that by fixing herself, T. could fix her life. She didn’t buy it. T. reflects, “...We were set up to fail... It’s a revolving door—and they know it... I mean, you take a person off the street. You bring them to a really nice house up in wherever—wherever—like I said, they’ve got them all over. You stay there six months, maybe even sometimes 18 months and then you get out and it’s like, okay, where do I go?”

In the absence of long-term housing support, most people T. knew ended up right where they started: Back in the shelters and SROs, on the streets and on drugs, in and out of jail.

After her release from prison in 1996, T. wanted a new start. So she and P. got on a Greyhound bus to San Francisco.

Nights on the stroll in San Francisco, women stood on the sidewalk or leaned against buildings in tall shoes, short skirts, meticulously applied eyeliner. Men drove around the block slow, looking. Most of the men who picked T. up were “car dates.” They drove her somewhere, away from the glare of the streetlights. They had sex. Then, they paid her very little.

Despite the city’s disappointing similarities to L.A.—the drugs, the grinding poverty--there was one small bit of truth to the mythology of San Francisco as a haven of sexual and gender diversity. Here, for the first time, T. encountered harm reduction service organizations that accepted her for who she was, and that didn’t try to change

her. One of these organizations was the Saint James Infirmary, the country's only peer-led occupational health and safety clinic for sex workers.

When I came to San Francisco, I guess because of the liberalness of San Francisco, things began to change for us. I learned about Saint James. I had no idea that a place like this existed, because it's not in Los Angeles—and we started coming here. I started receiving my hormones. I heard about harm reduction and that was literally—coming here was the first time I ever even heard that word, harm reduction.

At Saint James, when the staff looked at T., they saw her—no one told her to change out of her wig or skirt. There was a free clothing closet where T. could get new women's clothing. Her doctor helped her get on hormone therapy. The walls were adorned with sex workers' and transgender rights posters. There were free safer sex and drug use supplies. Talking over community dinners at the clinic, rifling through the clothing closet for cute outfits, T. met some of her closest friends. When she was new to the city, they told her the safest spots to work, and which clients and cops to watch out for. "Saint James was the place to be because everybody that came here, whether they were actually still sex working or not and whether they knew that I was or not, I never felt judged here... Saint James was the very first place that we felt welcome."

T. and her husband started volunteering at Saint James and participating in campaigns to decriminalize sex work, and to stop the mass incarceration of transgender people. Volunteering allowed her to meet other transgender people "and actually get into that community," she said. She also started using medical marijuana

in order to reduce her use of crack and got involved in advocacy for drug users' rights. She and P. started going to protests, something they had never done before.

Over the years, T.'s community advocacy would open doors for her at local organizations, and catapult her into her first formal economy job as a transgender woman: A part-time relief counselor at a homeless shelter. This year, at age 49, T. got her first full-time formal job. As a health advocate for transgender people, she runs harm-reduction programs at a local HIV service organization.

T.'s experiences with police, drug treatment facilities, and peer-led service organizations illustrate three different approaches to poverty management: Criminalization, medicalization and harm reduction. *Poverty management* refers to the myriad ways in which the U.S. government responds to poverty. The poverty management system encompasses law enforcement and carceral systems, the welfare state, and social service organizations. Many of the policies and practices that are ostensibly designed to reduce poverty actually have the effect of (re)producing it. Recent scholarship has identified criminalization and medicalization as the two main approaches to poverty management in U.S. cities. *Criminalization* is the categorization of poor people as criminals, while *medicalization* is the treatment of poor people as deficient and in need of remediation, often in the form of social services that emphasize behavioral change. In contrast, *harm reduction* is an approach that recognizes social inequality and seeks to minimize harm through the promotion of policies and practices that promote individual and community well-being.

Like a disproportionate number of transgender women of color, T. worked in the criminalized informal economy. She was profiled and arrested—often by undercover officers-- for a variety of poverty-related crimes, including prostitution. Many people who experience extreme poverty are pushed into the informal economy by discrimination and structural inequalities in the formal labor market. As a transgender woman with a criminal record, T. felt like street-based work was her only option. People who do criminalized types of street-based work are more visible, and more vulnerable to arrest, than people who do the same types of work indoors.

T. experienced medicalization when both her drug addiction and gender identity were treated as personal deficiencies that required remediation. Staff at the many drug rehabilitation facilities she frequented focused on changing her behavior and gender expression, ignoring the broader context of racial and gender inequality that surrounded her drug use and poverty. Staff viewed T.'s poverty as a symptom of her personal deficiencies. In their eyes, the barriers to a middle class lifestyle were her “problem behaviors”: Drug use, prostitution, feminine gender presentation. Staff encouraged impoverished clients at the drug rehabilitation facilities to see themselves as individuals with choices. They claimed that the right choices—abstaining from drugs and sex work, and conforming to gender norms-- would result in economic mobility and security. The focus on individual choice and punishment or treatment are the hallmarks of criminalizing and medicalizing approaches. Both approaches are based on ideologies of individual responsibility that undergird what Spade calls *administrative violence*, the way in which “administrative systems that classify people

actually invent and produce meaning for the categories they administer, and that those categories manage both the population and the distribution of security and vulnerability” (2011: 32). Scholars of medicalization and administrative violence are not in conversation, but stories like T.’s show how individualizing forms of poverty management distribute life chances unequally based on gender and race.

T. encountered harm reduction at the Saint James Infirmary and other San Francisco organizations that understood sex work as work and did not judge her for using drugs. At Saint James, services were provided in a way that recognized and contested structural inequalities. I argue that harm reduction is not just the approach of a few service providers, but a third strategy of poverty management that scholars of criminalization and medicalization have overlooked. Emerging from the drug users’ rights movement, harm reduction has become entrenched in San Francisco’s poverty management system as a nonjudgmental approach to service provision. Because of its emphasis on reducing harm through the provision of no-strings-attached resources, rather than on punishment or moral reform, harm reduction avoids the repressive elements of criminalization and medicalization. In fact, the philosophy and practice of harm reduction enables what Majic (2013) calls “movement-borne nonprofits” founded by activists to maintain their commitments to radical social change even as they provide services.

In order to advance sociological understanding of how the poverty management system in contemporary U.S. cities constructs homeless people’s income strategies and life chances, I compare currently and formerly homeless sex workers’



experiences with criminalization, medicalization and harm reduction approaches. While it may at first seem that the poverty management system sorts people into groups for punishment or reform based on their behavior, I argue that this process also regulates race, gender, and sexuality. By focusing on a group of people who have experienced homelessness and sold or traded sex, I am able to compare how people who do similar types of criminalized work have interacted with all three approaches to poverty management.

In this dissertation, I make two central arguments: First, that the intersections of criminalizing and medicalizing approaches to poverty management are inadequately theorized, and that scholars of medicalization have not paid adequate attention to how the legal and bureaucratic regulation of race and gender perpetuate inequality. My study of how homeless sex workers, including active drug users, experience the labor market, law enforcement and social services helps theorize the relationships between criminalization and medicalization. I argue that through criminalization and medicalization, the poverty management system constructs racialized and gendered categories of exclusion and belonging.

Second, scholars of poverty management largely overlook harm reduction, which emerged out of identity-based organizing by drug users. Harm reduction has been adopted by a number of homeless service organizations in San Francisco, and is now the official policy of the city's Department of Public Health. Harm reduction, I argue, does not have the same repressive potential as criminalizing and medicalizing approaches to poverty management. Harm reduction-based service provision

represents a promising short-term response to poverty because it facilitates recognition of oppressive systems, which can lead to meaningful challenges to structural inequality in the long term.

## **1.2 The criminalization of street-based sex work**

The regulation of sexual labor has most often been theorized as part of the state's regulation of sexuality (Bernstein 2005, Sanders 2009). This understanding of sex work allows scholars to conceptualize sex work in terms of the broader framework of the state's construction of sex and gender norms that designate "good sexual citizens" and "bad sexual citizens" (Seidman 2005: 225-26). While this is a useful framework, it is also crucial to understand the governmental regulation of sexual labor as regulation of poor people's access to urban space, especially in the contemporary U.S. context (Bernstein 2005). The relationship between poverty, gentrification and state regulation is an important starting point for my re-framing of state regulation of sex work as a form of poverty management. The policing of street prostitution is very much an approach to managing poverty through criminalization of poor people's sexual labor.

Reframing the regulation of prostitution as regulation of the poor allows us to recognize that it is only one way that poor sex workers may be criminalized. As members of an extremely marginalized social group, currently and formerly homeless sex workers may apply for welfare, use homeless shelters, visit nonprofit organizations and access needle exchange or drug treatment facilities. In many ways, the experiences of homeless sex workers are similar to the experiences of homeless

people in other informal economies. In fact, while most research on sex work, including sex work by homeless people, focuses narrowly on sex and sexual health, my research indicates that many homeless sex workers do other formal and informal jobs over the course of their lives, even if sex work is their main or only economic strategy for a period of time.

Criminalizing interventions most frequently target the most impoverished group of sex workers. Street-based sex workers are more likely than indoor workers to live in poverty, and are more vulnerable to violence and exploitation (Krusi et al. 2012). The criminalization of both sex work and drug use create health risks by reinforcing stigma, increasing vulnerability to arrest and incarceration, reducing the availability of health supplies like condoms and clean syringes, and constraining the conditions under which sex workers can negotiate safer sex or drug use (Blankenship & Koester 2002, Shannon et al. 2008). Scholars and activists have argued that policing practices create dangerous working conditions for street-based workers in particular. For example, policing curtails the amount of time available to screen out potentially violent clients, and it forces sex workers to work in isolated areas to avoid detection by police (Blankenship & Koester 2002; Monroe 2005; Shannon et al. 2007; Shannon et al. 2008). Sex workers are more vulnerable to violence when they work in locations where their control of the physical space is limited, such as in clients' cars (Spice 2007: 323). Homeless sex workers are especially vulnerable to violence because the physical environments where they work are often less predictable, and economic necessity diminishes their ability to be more selective about clients.

There are many ways that many street-based sex workers are criminalized even when they are not working (Lutnick & Cohan 2009: 44). For example, 85% of participants in Lutnick & Cohan's (2009) survey of street-based female sex workers in San Francisco had been arrested for drug-related crimes in the past, while 60% had been arrested for prostitution-related crimes (42). These statistics are striking not only because they indicate high rates of arrest, but also because they indicate that laws and policies regulating drug use and sale might have even more of an impact on the lives of many extremely low-income sex workers than policies regulating prostitution. Which groups of sex workers are likely to be arrested for prostitution, as opposed to for drug-related crimes? How do other policing practices, including those that do not result in immediate arrest and incarceration (for example citation for loitering or resting in public or harassment and intimidation by police), affect homeless people in the sex trade? By answering these questions, this study contributes to understanding of how the criminalization of sex work is not only an example of governmental regulation of sexuality, but is also a strategy of poverty management.

### **1.3 Criminalization as a form of poverty management**

Many scholars agree that the U.S.'s current policy of mass incarceration is a racialized system of social control. While "earlier systems of control were designed to exploit and control black labor," Alexander argues, "mass incarceration is designed to warehouse a population deemed disposable—unnecessary to the functioning of the global economy" (2010: 18). The incarceration rate in the U.S. is "six to ten times

greater than other industrialized nations” and the U.S. incarcerates a higher percentage of minorities than any other country in the world (Alexander 2010: 8).

Most people who go to jail in the U.S. are extremely poor: “Two-thirds of people detained in jails report annual incomes under \$12,000 prior to arrest” (Alexander 2010: 155). Between being targeted for arrest and excluded from labor and housing markets because of prior criminal convictions, many homeless people end up in jail, and many people released from jail end up homeless. Point-in-time counts at the San Francisco County Jail indicate that between 10-24% of people in jail are homeless on any given night, and that there are more homeless people in San Francisco’s jail than in its hospitals and treatment programs (Herring and Yarbrough 2015: 45). Approximately 25% of people on probation in San Francisco are homeless (Herring and Yarbrough 2015: 48). Gowan (2002) argues that “the homelessness/incarceration cycle is best theorized as an *exclusion/punishment nexus*, a racialized space which germinates, isolates, and perpetuates lower-class male marginality” (503). Homeless people are routinely jailed for doing things like sleeping outside or selling things on the sidewalk (Gowan 2002, Amster 2003, Amster 2004). In 2014, San Francisco police issued 13,390 anti-homeless citations<sup>1</sup>, including 11,920 for resting or sleeping in public space alone.<sup>2</sup> In 2015, 125 people were incarcerated in

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<sup>1</sup> Anti-homeless laws are laws that prohibit homeless people from engaging in life-sustaining activities: sleeping, resting, camping, eating or food sharing, and panhandling. San Francisco has 23 state and municipal anti-homeless ordinances, more than any other city in the state of California (Fisher et al., 2015).

<sup>2</sup> Citation data provided by Lt. Michael Nevin in response to my June 2015 request on behalf of the San Francisco Coalition on Homelessness. See also Herring and Yarbrough 2015.

the San Francisco County Jail for “quality of life violations” (Campbell et al. 2016). The cycle of citation, arrest and release creates barriers to accessing housing and services. Upon release from jail or prison, many people lose access to their social networks, and are denied housing, employment and even food stamps (Gowan 2002, Manza & Uggen 2006, Pager 2007). Lack of resources and limited eligibility for social support pushes many people into informal, often criminalized, economic strategies upon release from prison (Pager 2007).

The scholarship about the criminalization of sex workers has largely failed to take into account the myriad of activities, in addition to prostitution, for which extremely poor sex workers are apprehended by law enforcement. There are numerous scholarly accounts of the impacts of the criminalization of sex work, but most scholars have ignored the multiple ways in which poor people working in the sex trade are criminalized. Understanding how law enforcement, jails and prisons regulate not only sexuality and sexual labor but also gender, race and homelessness is crucial for scholars of crime and the informal economy. Drawing on ethnographic observations as well as analysis of San Francisco’s citation and arrest data, I argue that laws and police practices that govern poor people’s activities in public space do not only target criminal behavior, but govern and perpetuate the poverty of racialized and gendered groups.

#### **1.4 Medicalization of poverty**

The medical model of homeless service provision is characterized by a discourse that identifies substance use, disability or mental illness, and skill

deficiencies as reasons for individuals' inability to "maintain" housing or employment and proposes to resolve these problems through treatment or rehabilitation of homeless individuals. Medicalization became a dominant approach to poverty management nationwide in the 1980s and early 1990s, when homeless services transitioned from volunteer-based advocacy to professionalized service provision (Gowan 2010, Lyon-Callo 2004). With the passage of the McKinney Act in 1987, the federal government increased the number of shelters and jobs for paid staff by thousands each year (Gowan 2010). The homeless service industry expanded during Clinton's first year in office with the "Continuum of Care" (CoC), a funding initiative that prioritized rehabilitation and case management (Gowan 2010: 187). Originally intended to provide services in addition to housing, the CoC became problematic because Congress did not support provision of housing (Gowan 2010: 189, Barrow & Zimmer 1999). Due to this lack of funding for transitional housing, homeless people often lacked housing options after they exceeded short emergency shelter time limits (Gowan 2010: 190). In the absence of permanent affordable housing and living wage jobs, service providers focused on trying to diagnose and reform homeless individuals, in often futile efforts to make them competitive in the private housing market. Despite the stated federal commitment to "Housing First" in 2010, San Francisco remains in the grip of a severe housing crisis: Waiting lists for permanent subsidized housing are closed due to extraordinarily high demand and low supply, and there is only one shelter bed for every 6 homeless San Franciscans (Herring and Yarbrough 2015).

In the case of organizations that serve sex workers specifically, medicalization often takes the form of therapeutic and skill-building interventions that aim to move sex workers into the formal, licit, economy (Oselin & Weitzer 2013).<sup>3</sup> While therapy is essential for many survivors of violence, many purportedly therapeutic interventions perpetuate stigma and blame.

Medicalization also shifts focus away from structurally produced inequalities and identifies individuals as a primary target of intervention. Talking about homelessness or criminalized work in terms of individual problems that require treatment provides an appealing discursive alternative for many service providers who, in a context of market ascendancy, cannot conceive of macro processes or institutions as targets for effective intervention. In contrast, structural change would require attention to systemic social, political and economic processes of marginalization, recognizing that homelessness results not from individual behavior or illness but from large-scale political and market forces.

In many ways, people who have experienced homelessness and have worked in the sex trade are situated at the interstices of criminalizing and medicalizing forms of poverty management. Like drug users, sex workers who are arrested are often sentenced to court-mandated rehabilitation programs. These programs often require engagement in projects of skill-building and moral reform designed to re-make the deficient individual.

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<sup>3</sup> Oselin & Weitzer (2013) do not interpret the practices of the “Prostitute-Serving Organizations” in their review as medicalizing, but my assessment is supported by their data.



## 1.5 Harm reduction

Harm reduction is an approach to service provision that recognizes the need for structural transformation, and intervenes in individual lives by providing resources to reduce the harms associated with drug use, sex work, or other high risk activities.

Although harm reduction emerged from the drug users' rights movement, the philosophy has been applied to service provision and policy advocacy in other areas as well. Harm reduction challenges both criminalization and medicalization by treating drug use as a normal, rather than deviant, practice and recognizing that therapeutic interventions often "serve the needs of" the providers rather than drug users themselves (Wieloch 2002: 48, also DeLeon 1996, Matteson & Hawthorne 1996).

Adopting tactics from AIDS activism, harm reduction "challenges dominant medical models of service-provider-as-authority" (Wieloch 2002: 49). In addition to challenging stigma and affirming drug user expertise, the radical faction of the harm reduction movement has employed civil disobedience to challenge drug policy.

Liberal harm reduction activists have pursued more limited goals such as advocating for wider availability of drug treatment and outreach to drug users (ibid).

The non-judgmental ethos inherent in even mainstream iterations of harm reduction combats the impetus to medicalize social problems. By contesting stigma, even mainstream harm reduction takes a significant step toward combating repression. Furthermore, the partial institutionalization of harm reduction principles can create tensions between different parts of the poverty management system. San Francisco provides an example of a city in which two government departments, police and

public health, have clashed. Harm reduction advocates have re-cast sex work and drug use as public health issues, resulting in the official adoption of a harm reduction stance by San Francisco's Department of Public Health (SFDPH) in 2005,<sup>4</sup> and recently, limited decriminalization of protective behaviors related to sex work and drug use, such as carrying condoms or clean syringes. This is unusual, as clean syringes and condoms can be used as evidence of a crime in most U.S. cities.

Based on a case study of Saint James Infirmary, I discuss harm reduction as a way to politicize service provision. Saint James frames the violence that homeless sex workers often encounter as fundamentally rooted in structural inequality. A bright red banner in the clinic reads, "OUTLAW POVERTY NOT PROSTITUTES." Posters of smiling staff members hang prominently on the wall, featuring quotations like, "Farm work can be difficult, but we don't outlaw agriculture. We regulate it to improve conditions for those who work in that industry."

While SJI treats sex work as legitimate labor and advocates for better working conditions, other providers treat the exchange of sex for money as a deviant behavior that must be prevented and reformed through the implementation of strict rules. These different approaches to serving people engaged in extremely low paying sexual labor result in different types of interactions between staff and service participants. Many of my research participants experienced medicalizing approaches as stigmatizing and isolating. In contrast, participants felt that harm reduction providers encouraged them

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<sup>4</sup> <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/SubstanceAbuse/HarmReduction/default.asp>

to see themselves as part of a community. Connections forged at organizations like Saint James often encouraged participation in activism and advocacy. Harm reduction approaches have what I call *structurally transformative potential*, because they are likely to facilitate recognition of the conditions that create specific forms of marginality and inequality.

## **1.6 Methods**

In order to contribute to sociological understanding of how poverty management practices structure people's lives, I compared the experiences and resistance of homeless sex workers subjected to criminalization, medicalization, and harm reduction practices. Interviews with people who have experienced homelessness and have used sex work as an income or survival strategy allowed me to identify how these processes unfold differently in a diverse group of homeless people's lives, and how resistance to criminalizing and medicalizing approaches by social movement and social service organizations can alter individual lives as well as local poverty management practices.

The poverty management system constructs income strategies and life chances partly by apprehending people differentially based on their race, their gender, and their sexuality. Sampling for racial and gender diversity allowed me to understand how homeless sex workers' experiences with the poverty management system differ across these categories. In my sample of people who have done sex work in addition to other economic activities, cisgender men were more often arrested for drug use or sale, while transgender women were profiled as prostitutes. Whether and how police and

service providers perceive someone as a victim who needs to be saved, a criminal who should be locked up, or as damaged and in need of therapy has a lot more to do with how the poverty management system constructs race and gender than with individuals' behaviors or income strategies. People who engage in similar behaviors and informal economic activities are likely to be channeled into criminalizing, medicalizing or harm reduction interventions differently, in ways that profoundly affect their life chances and opportunities.

### **1.6.1 Case selection and recruitment**

Scholars have correctly observed that throughout the country, poverty management systems are overwhelmingly characterized by collusion between law enforcement, government bureaucracies and service providers to alternately punish and reform poor individuals. But they have largely ignored local variation in poverty management systems, as well as the ways in which activist movements have, on occasion, threatened the uniform emphasis on punishment and reform. My study of homeless sex workers' experiences of poverty management in San Francisco illuminates how locally-specific interactions with poverty management have been shaped by identity-based anti-poverty activism.

San Francisco is a particularly appropriate research site because of conflict between the law enforcement, government, and social service arms of the local poverty management system and the relative strength of harm reduction and anti-poverty activism in the local homeless policy sphere. San Francisco's poverty management system has more variation than exists in many American cities: In

addition to criminalizing and medicalizing approaches, activists have succeeded in entrenching harm reduction as an approach practiced by key government agencies and non-profit service providers (Stoller 1998). This is particularly true with regard to service provision for people in the sex trade: San Francisco's Saint James Infirmary is the one of the only peer-run harm reduction-based organizations for sex workers in the U.S.

Researchers often refer to extremely marginalized populations or groups of people who engage in illegal work as "hard to reach." In fact, they are not so much "hard to reach," as hard to *represent*. Most sex work researchers, even in the fields of public health and medicine, employ convenience samples or other non-representative sampling strategies (Pascom et al. 2010).

By recruiting current and former sex workers of different races, genders and ages, who are currently or have been homeless in the past, I was able to trace their interactions with different parts of the poverty management system over time and compare experiences with criminalizing, medicalizing and harm reduction interventions both within individuals' lives and between groups of participants. Rather than representing the population of sex workers in San Francisco, I endeavored to understand a range of experiences with poverty management. For this objective, *nonprobabilistic purposive sampling* was the most effective form of recruitment. Purposive sampling is recruiting based on the researcher's assessment of whether participants will contribute expertise or a different perspective based on their life experiences. Purposive sampling means recruiting for variety--not to represent a

population, but to represent a range of different experiences (Rhodes et al. 2005, Guest et al. 2006; Shannon et al. 2008). Research utilizing purposive sampling techniques is considered complete once “saturation” is reached, meaning that “new information produces little or no change to the codebook” (Guest et al. 2006: 65). Based on the principles of grounded theory, in which inductive codes emerge from researchers’ interpretations of the data, “theoretical saturation” means that themes are identified and the codebook for data analysis is complete, so that all new data can fit into the existing categories (Guest et al. 2006: 71, Charmaz 2006, Corbin & Strauss 2008).

In order to capture a range of experiences with poverty management I recruited currently and formerly homeless sex workers from organizations serving people in the sex trade or industry in San Francisco. In order to include sex workers who do not receive services at, or belong to, any organizations, I also recruited from San Francisco’s two main sex work strolls in the Tenderloin and Mission neighborhoods. Historically, these neighborhoods have the highest rates of arrest for prostitution, and the busiest outdoor sex markets in a city where higher paid workers have rapidly moved indoors (Bernstein 2007). I recruited homeless sex workers, primarily in the Tenderloin, through nighttime street outreach in that neighborhood. By recruiting from a variety of sites, I was able to find participants who experienced harm-reduction, peer-based approaches to sex work, drug use, and homelessness; participants who experienced more therapeutic or medicalizing interventions; and participants who were involved in sex worker or anti-poverty activism.

Most participants, regardless of recruitment site, had past experiences with medicalizing interventions; many had interactions with law enforcement, jails or prisons; and some also received services from harm reduction providers. Because harm reduction is a less common approach to poverty management and is less well documented in the literature, it was especially important to recruit participants from harm reduction providers like Saint James Infirmary.

Why not limit the sample to people who are *currently* homeless and *currently* doing sex work? Many studies of homeless people focus only on those who are living on the street or in shelters, rather than on people who transition into housing, including supportive housing, subsidized hotels, or market rate rentals (e.g. DesJarlais 1997, Wasserman & Clair 2010, Lyon-Callo 2004, Gowan 2010). While these studies have generated important knowledge about the experiences of homeless people with the poverty management system, there is a general paucity of knowledge about the relationship between poverty management practices and change in housing status over time. Formerly homeless participants who have obtained subsidized or independent housing, or who are marginally housed in SRO hotels, can reflect on factors that allowed them to obtain housing, and on how housing stability and instability affected their working conditions.

Ethnographers' attention to single homeless men on the street and in shelters means that the literature has vivid and well-supported accounts of criminalization and medicalization, and of how these processes perpetuate homelessness. But accounts of processes that interrupt homelessness are often missing, as are analyses of how

poverty management works differently based on race, gender and sexuality. By including participants in a range of housing situations who are able to reflect on past homelessness (and even observing as participants move between streets, shelters, or housing) I was able to trace the poverty management practices that precipitated housing stability or instability for my study participants. Most people who experience homelessness are not homeless for their entire lives. Interviewing people who have transitioned from streets or shelters can provide valuable information about the programs, policies or approaches that facilitated this transition.

Similarly, sex work is not a viable life-long income strategy (Oselin 2010, 2014). Recruiting only people who currently earn most of their money from sex work would cause me to miss a large group of people who combine sex work with other income strategies at different times in their lives. For example, one of my research participants switched from street-based sex work to shoplifting after she became pregnant, explaining that the latter would be safer for her baby. Another participant relied almost exclusively on sex work to earn money for many years during her youth, but transitioned to selling her artwork on the street after she got older and received subsidized housing. The sex work literature has vivid accounts of sexual practices and work environments of current sex workers, but has largely ignored the other parts of their lives. Life and work history interviews (e.g. Richie 2001, Collins & Mayer 2010), as well as ethnographic observation, allowed me to trace how people move in and out of both homelessness and different economic strategies, and to understand to what extent these transitions are an effect of the ways in which the poverty



management system structures life chances in disparate ways depending on race and gender. What happens to elderly people who earned most of their money through sex during their youth when they can no longer earn as much (or any) money through sex work? How do interactions with criminalizing, medicalizing and harm reduction approaches affect economic mobility over one's life course? Under what circumstances does sex work provide economic stability or mobility? I was able to address a number of under-explored questions by including former and transitioning sex workers, in addition to people whose primary or only form of income is from sex work. My participants ranged in age from 22 to 66. Twenty-three participants were current sex workers, eleven more said that they were transitioning out of the sex trade, and 21 were former sex workers, meaning that they had not done sex work for a year or more and did not intend to.

### **1.6.2 Interviews with people who have been homeless and worked in the sex trade**

I conducted in-depth, semi-structured interviews with 55 participants who had worked in the sex trade and experienced homelessness. While participants currently stayed in a variety of housing situations, all of them had been homeless (on the street, in shelters, in vehicles, or couch surfing) in the past. At the time of the interview, seven participants stayed on the street, 10 stayed in shelters, 14 in SROs, nine were in other subsidized housing, three were in other temporary situations (couch surfing, a vehicle, and residential drug treatment), and 12 were in rental apartments. My sample included 23 transgender women, 13 cisgender men, 12 cisgender women, five

transgender men, and two intersex people. Twenty-one participants were white, 16 were Black, seven were Latino/a, three were Native American and four identified as multi-racial or “other.”

Interviews with currently and formerly homeless sex workers lasted between 45 minutes and three hours, and covered housing and work history, as well as experiences with law enforcement, prisons and jails, homeless service providers, and drug treatment facilities. Participants were asked to compare experiences with different institutions and service providers and reflect on how these affected their lives. They also described their involvement with activist and advocacy organizations. I collected demographic information about participants’ housing history, different income and poverty survival strategies (including sex work or trades, drug use or trades, recycling, panhandling, and selling street newspapers), whether they had been arrested or incarcerated, and their health and social service needs. Since income and survival strategies are criminalized to varying degrees, it is important to document the range of legal and illegal activities in which participants are involved in order to analyze the workings of the poverty management system.

Comparison of experiences with punitive, medicalizing and harm reduction practices across the categories of race, gender, and informal economic activity demonstrate how homeless people’s identities and activities are apprehended differently by the poverty management system. While participants have engaged in various combinations of licit and illicit work over their lifetimes, recruiting people who have at least one economic strategy in common demonstrates how groups of

people, not just behaviors and types of labor, are categorized by the poverty management system. This allows me to analyze how different economic activities and racialized and gendered groups are subjected to criminalization, medicalization and harm reduction.

### **1.6.3 Interviews with staff at organizations for people in the sex trade**

In order to understand how providers' understandings of the causes of and solutions to poverty affect their approaches to service provision and/or advocacy, I interviewed 13 staff and volunteers at San Francisco's service and social movement organizations working with people in the sex trade or industry. Ten of the staff members were current or former sex workers, and three had never done sex work. Staff members were asked about their interactions with participants in their programs, their understanding of the consequences of criminalization of prostitution, their opinions about activists' efforts to de-criminalize prostitution, their understandings of the effects of criminalization on sex worker health, their understanding of poverty as rooted in the failure of individuals or systems, and their own involvement in activism or advocacy. I also asked staff about the similarities and differences between their own backgrounds and experiences, and those of the clients they serve. They were invited to share their opinions about the relationship between poverty and sexual labor, as well as opinions about local policies and policing practices related to poverty and to street prostitution.

#### 1.6.4 Ethnographic observation

Between 2012-2015, I conducted more than 1500 hours of observation of participants' interactions with homeless shelter providers, law enforcement, harm reduction service providers and street outreach workers, and advocacy or social movement organizations. I also observed public hearings and events related to the regulation of prostitution and homelessness. As part of my observation, I accompanied participants to as they interacted with poverty management institutions, including General Assistance, homeless shelters, legal aid organizations, and psychiatric and medical care providers.

Ethnographic observation of participants' interactions with poverty management institutions and service providers, as well as activist and informal economic activities allowed me to compare their experiences with criminalizing, medicalizing and harm reduction parts of the poverty management system. Since most homeless people experience more than one form of poverty management at some time in their lives, I was able to trace the effects of interactions with punitive, medicalizing or harm reduction interventions *within* their lives. I then compared how people's lives and experiences differ when they interact with criminalizing, medicalizing, or harm reduction parts of the poverty management system.

Throughout this dissertation, I have changed the names of people and places and other identifying details in order to protect participants' anonymity. All names of interview participants have been changed. Some participants chose their own pseudonyms. Some participants asked to use their real names, and their first names

will be included in future publications when possible. In the dissertation, these participants are referred to by only their first initials, a compromise which is necessary for the legal protection of people who have done criminalized work, pending review of the dissertation's content by an attorney. This dissertation is primarily an account of the effects of different types of poverty management, but it also includes discussion of the roles of harm reduction organizations like SJI and TGIJP, and prominent community activists who speak at protests and public events. Due to the local historical significance of these organizations and activists, and the public nature of their advocacy, their names have not been changed.

### **1.7 Outline of the dissertation**

Chapter 2, "Precarious housing and work at the margins," draws on life and work histories to show the relationships between precarious formal and informal labor and housing instability. This chapter explores sex work as a response to precarious formal work, housing instability, and gendered exclusion from the labor market. Most studies of sex work and sex workers ignore housing instability and the precarity of low-wage labor. Many scholars and service providers alike treat sex work as a deviant behavior that can be reformed through individualized treatment. By ignoring the lack of access to affordable housing, living wage jobs, and basic needs, scholars who take this perspective erase structural inequalities. My focus on homeless and marginally housed sex workers highlights an often-overlooked dimension of sex work: Prostitution is not a "behavior" that needs "treatment"—it is a way to earn enough

money to survive (and less frequently, but sometimes, thrive) under conditions of systemic disadvantage and exclusion.

Chapter 3, “Carceral classification in the criminalization of poverty,” explores the ways in which a diverse group of participants experience criminalization. This chapter shows how criminalization—the dominant approach to managing poverty in San Francisco and throughout the United States—perpetuates poverty and violence. The chapter also explores how the criminalization of homelessness, drug use, and sex work affect life chances, creating racialized and gendered categories of marginality. Drawing from participants’ experiences with police, jails and prisons, I show that laws and police practices that target poor people’s activities in public space do not just target criminal behavior, but govern and perpetuate the vulnerability of racialized and gendered groups.

Chapter 4, “How service bureaucracies administer identity and reform,” explores medicalization and administrative violence as other common approaches to poverty management. Scholars of the medicalization of homelessness and scholars of administrative violence are not in conversation, although these processes actually construct one another. This chapter highlights the experiences of gender non-conforming research participants to show how the medicalization of homelessness, sex work, and drug addiction combine with bureaucratic systems that enforce rigid gender separation in order to administer gender identity and reform homeless people, drug users, and people engaged in street economies.

This chapter also dismantles the popular myth that policing is a way to push homeless and street-based people into services that they need in order to change their deviant ways. From quality of life policing to anti-prostitution enforcement, laws and law enforcement interventions rely on policing to force people into “services” that prioritize behavioral reform rather than access to basic needs like housing, food, or medical care. The close connection between criminalizing and purportedly therapeutic approaches disproportionately harms poor people, trans people, and people of color in the sex trade.

Chapter 5, “Harm reduction as a structurally transformative response to poverty” draws on a case study of the Saint James Infirmary, a movement-borne non-profit that serves current and former sex workers, many of whom are homeless and marginally housed. In contrast to criminalizing and medicalizing approaches, harm reduction approaches to service provision often foreground structural rather than individual explanations of poverty and violence, prioritize peer support and leadership of people the organization serves, facilitate stigma transvaluation, and encourage social movement participation. I argue that harm reduction is not just the orientation of a few service organizations, but a third approach to poverty management that has what I call *structurally transformative potential*, or the capacity to interrupt processes that generate inequality.

In this chapter, I review my research participants’ activist responses to the criminalization of their homeless status, racial or gender identity, and informal work. While many scholars claim that sustained exposure to criminalizing and medicalizing

approaches reduces the likelihood of political participation, my findings provide support for other scholars' position that oppressive approaches can generate outrage among members of targeted groups. Even though punitive and medicalizing approaches to poverty management are expected to repress dissent, I show that these approaches can also generate opposition. Through examples of my research participants' social justice activism at the Saint James Infirmary (SJI) and Transgender Gender-variant and Intersex Justice Project (TGIJP), I examine the role of harm reduction organizations in resisting criminalization and medicalization based on gender, race, or earning strategy.

In the conclusion, I review my contributions to sociological theories of poverty management. I suggest that harm reduction is the most effective way to reduce poverty because it counters stigma and challenges structural inequalities. I conclude that a shift away from investment in policing and incarceration and toward housing and social support would a) provide housing and economic stability for people who want to stop doing sex work or other informal work and b) improve working conditions for others who prefer sex work over other employment options. I argue that harm reduction activists' overlapping demands for housing, gender and racial justice, and the decriminalization of sex work and drug use should guide policy solutions to the problems of poverty and violence in the criminalized informal economy.

### **1.8 A note on language**

Scholars, activists, and public officials use many different terms to talk about the exchange of sexual services for money or trade. Often, choices about language



communicate political positions. For example, “sex work” means the exchange of sexual services for money or other needs, and can be used to refer to a diverse range of legal and criminalized exchanges, including pornography (legal), the exchange of sex for money (illegal), and sexual surrogacy (a legal gray area). Many advocates of decriminalization favor the term “sex work” because it highlights labor and economic need. “Prostitution” refers specifically to an illegal form of sex work, the exchange of sex for money. I use “prostitution” to describe violation of the law prohibiting the exchange of sex for money or other things of value. Some view “prostitutes” or “prostitution” as a pejorative term because it refers to a crime and is used by police and other authorities. “Prostitution” and “escorting” both refer to the exchange sex for money or other needs. Activist Carol Leigh proudly calls herself a prostitute, as did Margo Saint James, who famously ran for Mayor of San Francisco with the slogan, “Outlaw Poverty, Not Prostitutes.” People doing this work sometimes told me they thought “escort” sounded less stigmatizing, or that they preferred the more inclusive term “sex worker.”

“People in the sex trade” is a more neutral descriptor preferred by some people who sell or trade sex and associate the term “sex worker” with people who are white and middle class. Some scholars also distinguish between “sex work,” which they define as the exchange of sex for money, and “survival sex,” or “sex trades,” the exchange of sex for food, drugs or a place to stay (Frederick 2014, Lutnick 2016). I use both of these terms to describe homeless people’s sexual exchanges, because I find that for my participants, the distinction is not always clear. They, and I, also use the

terms “sex work” and sex worker” to describe people who exchange sex to meet a variety of different needs. “Street-based sex work” refers to the practice of picking up clients on the street, rather than by using the Internet. This does not mean that the sex takes place outdoors—it often happens indoors. “Indoor work” means that clients are found via internet or phone, without going out on the stroll (Lutnick 2016, Bernstein 2007).

Some scholars and anti-prostitution activists refer to all people in the sex trade as “prostituted,” “trafficked,” or “sexually exploited,” regardless of whether they are working with a pimp, manager, or escort agency, or working independently and keeping all of the money they earn (Farley 2004, Roe-Sepowitz et al. 2014). I avoid using these terms, not only because they are imprecise, but also because they emphasize victimhood and de-emphasize the economic needs and motivations of people in the sex trade. Some of my research participants also told me that they found these terms demeaning and harmful when applied to consensual sexual exchanges. Throughout this dissertation, I try to mirror the language my participants use to describe themselves and their experiences.

“Sex trafficking,” (when used to refer more narrowly to forced sexual labor and forced labor migration) and the “commercial sexual exploitation of children,” or CSEC (when used to refer to situations in which adults are profiting from the sexual labor of minors) are important social problems, but they are part of different legal frameworks and research agendas that are beyond the scope of this dissertation.

## CHAPTER 2

### PRECARIOUS HOUSING AND WORK AT THE MARGINS

Many scholars' accounts of how people get into and out of the sex trade ignore sex workers' housing and employment histories (Raphel & Shapiro 2004, Raymond 2003, Farley and Barkan 1998). These omissions give readers a skewed picture of the range of formal and informal earning options available to many poor people, and of what motivates people to sell or trade sex. Even more troubling, most policy makers and service organizations focus on preventing transactional sex and punishing or reforming people who engage in it, rather than addressing poverty and economic precarity. A recent review of the goals of "prostitute-serving organizations" in the U.S. reveals that most of these organizations have exiting prostitution as their primary service goal (Weitzer & Oselin 2013). Organizations' focus on getting sex workers out of "the life" (Oselin 2014) marginalizes the more crucial issues of extreme poverty and housing instability. My participants' experiences demonstrate that people who do not want to do sex work but are compelled to in order to survive, will stop doing this work if their economic needs are met in other ways. In this chapter, I argue that understanding the relationships between precarious housing and work is crucial. Sex workers' working conditions are inextricably tied to housing instability and the precarity of low-wage formal economy work. My participants' experiences show how

a) Structural inequalities push people into the informal economy and b) Sex workers' working conditions improve when their basic needs are met.

My research challenges cultural explanations that reduce participation in the sex trade to a lifestyle choice. I argue that the currently and formerly homeless people in my study do not engage in sex work or trades primarily because of “attachment to prostitution and its surrounding subculture” (Oselin 2014: 122), but because it is the most reliable or available way of making money. By highlighting the economic motivations for participation in the sex trade, I draw attention to the ways in which economic and social inequalities push my participants into the informal economy. This challenges scholarly accounts that focus narrowly on sex workers’ individual motivation and desire to work in conventional occupations, rather than on the precarious nature of work in the formal economy, and the reality of race and gender-based labor market exclusion.

Oselin’s recent study of the processes of “getting out and staying out of sex work” finds that “individual commitment” to exiting prostitution is a key determinant of whether someone will be able to exit the sex trade. The process of exiting prostitution, she argues, depends on a process of “distancing” in which sex workers reject the identity of prostitute and take on the identity of a conventional worker (2014: 159).

For example, a woman can view a legal job as a way to elevate her social and economic status, generate human and social capital, and enhance her self-worth and self-esteem. Conversely, if she does not recognize the benefits associated with this conventional occupation, or simply places no value on them, she is less devoted to it and runs the risk of returning to her prior role of prostitution. (Oselin 2014: 159)

Oselin's findings contrast sharply with my own. While she finds that people exit sex work through role distancing, I find that many of my participants stopped doing sex work or reduced the number of clients they saw after they had other sources of income and other ways to keep a roof over their heads, often through government benefits or subsidies. Furthermore, exiting the sex trade was not a linear process. My participants moved back and forth between sex work and other formal and informal jobs, depending on the opportunities that were available to them at a given moment. And while many scholars highlight cultural explanations for sex trade entry, my participants got into sex work not because they failed to "recognize benefits associated with a conventional occupation" but because a conventional occupation, when attainable, had limited benefits. Many participants in my study described conventional work—primarily minimum-wage work with no job security—as stressful and unpredictable. Still in poverty despite working full time, some participants worked in the sex industry and in the low-wage formal economy at the same time. This was not primarily a decision about "role identification"—it was a decision about having enough money to meet basic needs.

Proponents of race and gender-neutral theories of "role identification" and "a commitment to a prosocial, nondeviant self and role" (Oselin 2014: 131) completely ignore race and gender-based exclusion from and inequalities in the formal labor market. While many cisgender participants had extensive employment histories in the formal labor market, many transgender women who participated in my study felt like they had few options outside of the sex trade. This feeling was not due to their

rejection of the “role” of conventional workers: Instead, discrimination created barriers to formal work. Surveys of employers and would-be employees support the point—very well established in social science literature—that racial and gender discrimination in the formal labor market persists, creating group-specific barriers to formal employment, especially for Black people (Pager 2003) and transgender women (Grant et al. 2011).

Scholars who highlight “individual commitment” and “role distancing” also ignore low income sex workers’ formal and informal employment histories outside of sex work, perpetuating the myth of sex work as a “lifestyle” rather than one of many ways of earning money that people might engage in. They also pay inadequate attention to the reality that when “a conventional occupation” is unavailable or does not confer a living wage or other benefits, sex work becomes a more viable option. This chapter argues that sex work is not primarily a “role”—it is a job.

Furthermore, while some scholars argue that sex work is inherently harmful, I found that it provided economic mobility and more rewarding, meaningful work for some participants whose other options were exploitative low-wage work in the service sector, or who were excluded from the formal economy. This chapter challenges scholars of poor people’s participation in sex work to consider the dynamics of housing instability and precarious work in the formal and informal sectors. Scholars need to focus on the dynamics of exiting poverty, not just prostitution.

This chapter introduces a diverse group of people who work in the sex trade. The San Francisco Bay Area is home to a booming sex industry, employing workers

of all races and genders, who provide a wide array of sexual services. As internet advertising has allowed many to work indoors and with relative privacy and security, many of the poorest workers remain homeless or precariously housed, bouncing between Single Room Occupancy (SRO) hotel rooms, shelters, and the streets. This dissertation focuses narrowly on the latter group of workers. For most of my participants, sex work is just one of many formal and informal jobs cobbled together over the years in order to survive. Their other work included panhandling, recycling, drug dealing, construction work, telemarketing, retail, and food service. Their experiences dispel common myths about sex workers: That people in the sex trade are mostly cisgender women who are forced into prostitution by pimps (Raymond 2003), that people get into sex work because they are damaged or deviant (Potterat et al. 1998, Exner et al. 1977), and that sex workers don't know any other way to make money (Oselin 2014).

I join a small but growing number of scholars who are reframing debates about street-based sex work in terms of poverty and precarity and taking sex workers' housing status into account in discussions of working conditions (e.g. Lutnick 2016, Frederick 2014). In addition to housing histories, I add a crucial focus on employment histories and consider the effects of incarceration. The fact that many poor people switch back and forth between formal and informal work and supplement inadequate welfare benefits with paid work is well established by decades of social science literature (Edin & Lein 2007, Newman 1999, O' Connor 2001). Although this is common sense for scholars of poverty, many scholars of sex work, along with

architects of policies and programs “serving” sex workers, have failed to grasp the basic relationships between precarious housing, precarious formal employment, and informal work. This is because many sex work researchers fail to even consider housing and employment history when they design their studies. Many also limit their studies to current sex workers which can have the effect of reifying the sex worker as a type of person who requires intervention, rather than considering sex work as a type of job that many people do as one of many jobs over the course of their lives. Some of these scholars use the term “prostituted woman” even to describe people working independently in the sex trade, further marginalizing the economic motivation and context of sexual labor (see, for example, Jeffreys 1997; Farley & Kelly 2000). In these studies, the sex worker is frozen in time—jobs she (these studies often focus only on cisgender women) did before or concurrently with sex work are never mentioned.

The failure of prominent researchers to account for the ways in which labor market inequalities and housing scarcity create conditions of violence means that their recommendations for policy responses to sex work prioritize policing to “end demand” for sexual services (Farley 2004), and re-education of sex workers to motivate them to leave “the life” (Oselin 2014, Roe-Sepowitz 2014). This scholarship is based on assumptions about the sex worker as a *kind of person*—one who is damaged, flawed, a victim whose participation in her own oppression invites violence—rather than sex work as a *kind of work*, often done in a context of scarcity and structural violence.



This chapter describes the relationships between participants' access to formal employment, government benefits, mental and physical healthcare, and stable housing—or lack thereof—and their working conditions in the sex trade. By presenting narratives showing the interconnections between sex work and other informal work, formal employment, and housing instability, this chapter brings the sociological tradition of focus on the structural drivers of poverty into sex work research.

## **2.1 Precarious work in the low-wage formal economy**

Many policies and service programs are designed based on the assumption that formal employment is a ladder out of poverty. In fact, people working in most low-wage jobs in the U.S. are “at-will” employees who can be fired or have their hours cut at any time, and for any reason. And in many American cities, the cost of renting an apartment is so high that even a full-time job does not guarantee housing stability. Furthermore, employers routinely make discriminatory hiring decisions resulting in lower rates of employment for qualified Black (Pager 2007) and transgender (Fitzgerald et al. 2015) workers.

Despite these barriers, many of my participants had extensive employment histories in the low-wage formal economy prior to entering the sex trade. Jobs they did included construction, food service, retail, and telemarketing. The uncertainty of low wage work meant that none of these “at will” jobs were stable. Housing and wages were precarious, and this meant that the loss of a job could catapult them either into

homelessness or into the informal economy, or both. As Katherine Newman writes in her ethnography of minimum-wage fast food workers in another U.S. city:

The working poor are perpetually at risk for becoming the poor of the other kind: they are one paycheck away from what is left of welfare, one sick child away from getting fired, one missed rent payment short of eviction. (1999 xiv)

Rather than considering the ways in which people move through formal and informal jobs, due to housing instability, precarious work in the formal labor market, and race and the ways in which gender and race shape informal labor market opportunities, much of the academic literature—however inadvertently—frames sex work as sensational or aberrant. This section describes the experiences of Jay, Akasha, and Calvin, who got into the sex trade when they couldn't make ends meet with low-wage service jobs, or because at-will employment provided no security. These accounts of low wage formal work, housing instability, and experiences in the sex trade, demonstrate more nuanced relationships between minimum-wage work, sex work, and homelessness.

### **2.1.1 Jay**

Jay, a white cisgender man in his thirties, got his first part-time job at age fifteen, working at McDonalds. His dad died that same year, of cancer, and he had never met his mother, so he moved in with his grandparents.

Jay was keeping up with his classes and his part time job when he was assaulted by a homophobic classmate who punched him in the mouth, breaking his

teeth. Jay fought back, and his high school expelled him. The severity of the other student's injuries meant that Jay spent a year in juvenile detention.

Upon release, he was placed in foster care, with a devout Pentecostal family. As a gay teenager who wasn't religious himself, Jay said, "I never felt comfortable to live my life. I had to pretend to be something I'm not. I had to put on a certain persona... and it was really hard for me." He started sneaking out nights to go to a gay club, and then he lied about his age so he could work there as a stripper. He also discovered that he could make extra money by having sex with the customers who propositioned him.

The double life got to be too much. At age seventeen, Jay ran away from his foster home and moved in with his 32-year-old boyfriend. "I got into this really dangerous, controlling relationship," Jay remembers. "Like he had to know everywhere I was, you know like he'd call me at school in the middle of the day... My senior year in high school, he'd be calling me at lunchtime, asking 'What are you doing?'" And he knew I was at school, but he was so controlling."

Jay lived with this man for six months while he went to high school and worked part time as a make up assistant at the Clinique counter in the mall. Jay's best friend Tara had already been working at Clinique for three years, and she talked Jay up to the manager. Jay loved this job, because he got free samples of make up and skincare products, and he got to hang out with Tara.

But even as he was doing well in school and at work, Jay faced escalating violence at home. On the worst days, Jay would come to work early, in time for Tara

to paint over the bruises on his face. He sat still while she dabbed concealer, then foundation over his skin.

One day, she interrupted their silent pre-work ritual: “I’m getting really concerned about you.” Their eyes met, and then Jay shut his.

“You know he’s going to hurt you really bad,” Tara said.

A few months later, Jay’s boyfriend beat him almost to death, shattering his rib cage and breaking both of his legs.

In the Intensive Care Unit, Jay thought he was going to die. “I was on a respirator because I couldn’t breathe... Luckily I came out of it, but it took months and months for me to heal.” When Jay was released from the hospital, Tara came to pick him up.

“Is there anyone you can go to? What about your family?” she asked him. Jay shook his head—His family didn’t know he was gay.

“I just want to leave. Just go anywhere and get away.”

Tara said she would buy him a one-way ticket anywhere he wanted to go, as long as he promised not to come back.

It took a few days to get to California on Amtrack. Jay watched the landscape change from the window of the train, and imagined a future. “I came to San Francisco, because it was the golden state of opportunity, not knowing anyone. And I’m thinking, you know, I’m going to come here, I’m going to get a job, I’m going to get on my feet and start a whole new life.”

When Jay first moved to San Francisco in 1998, he says, “I had a lot of people helping me, but in return they wanted to have sex with me, to supply food, to supply clothes, to supply money, things that I needed to help me. So it was all really a trade investment. It was like you’re making an investment in stock. You know, what you put in is what you get out of it. So I have to sacrifice my body, you know, my boundaries, my emotions, and do things sexually that I wasn’t used to doing, and going beyond.”

Jay also got a full-time job as a coffee house barista. He clocked in at six a.m. each morning and finished his shift at two or three in the afternoon. For six months, he worked Monday through Friday. “I really enjoyed the job when it started,” he said.

Jay estimated that during his first year in San Francisco, he worked about fifteen hours a day: Eight as a barista, and then an additional “six or seven hours just working the street to pull a couple of clients here and there.”

Jay viewed sex work as an investment that would afford him upward mobility: He learned that he could make more money selling sex than he could make in the minimum wage jobs that were available to him.

I knew what nights to go out: Fridays, Saturdays, Mondays, because Monday a lot of people have off work, I know this just too well. And I was like, you know it’s easy money... But the thing was, I knew what I had to do, and I knew who to call. I knew who was going to be around on a Friday night, the guy in the blue Camry, he’d park here at this time, at eleven, looking for me. He’d pick me up, I’d go home, I’d stay overnight sometimes, you know he gave me a blow job, he’d get me stoned and then he’d cook me breakfast in the morning, and drop me back off, same location, and hand me \$200 in my hand, and it was done—it was a wrap. I didn’t even have to have intercourse with him.

The longer Jay worked in the sex trade, the more predictable his regular clients became. In contrast, at Jay's coffee shop job, he would show up each day with an anxious feeling in the pit of his stomach. There was so much employee turnover that the manager asked him to work seven days a week instead of five. "I just got so overwhelmed," Jay said. "My assistant managers were walking out, managers were walking out—quitting—there was no accountability. We were short employees, and people were getting hired and just getting their one week little paychecks and then out the door. So I never knew when I came to my job who was going to be there... and the work environment became so shaky, because it was just so unstable. And my life wasn't stable."

As Jay grew to expect the familiar blue Camry on Friday nights, he became increasingly anxious about the parade of new faces, the recriminations, firing, quitting, that awaited him at the coffee shop. Sex work wasn't what Jay expected to be doing in San Francisco, but it was better than minimum wage work, and better than living with a homophobic foster family or getting beaten half to death by a jealous boyfriend. Although Jay knew nothing is for sure, he was more certain that he could keep himself housed doing sex work than by doing low wage formal work.

"I was already stressed out," he explains, "worried about if my hustler boyfriend at the time was going to have money that night and I'm going to have a roof over my head, and knowing I have to go out and make money after working this stressful day." So after almost a year of juggling full time minimum wage work and sex work, Jay quit the formal economy.

### 2.1.2 Akasha

Akasha, a white transgender woman in her forties, first considered sex work as an option after she lost her shared rental housing, unable to make ends meet even as she was simultaneously working multiple minimum-wage jobs. Many of her friends worked in the sex industry, and so Akasha decided to give sex work a try. A friend helped her arrange her first client, who met her at a bar, took her out for dinner, and paid her \$200, without ever even asking for sex. Akasha enjoyed the dinner and was overjoyed by the money. However, she quickly discovered that clients like this one were a rarity—Most would only pay for sex, and Akasha didn't feel comfortable having sex with strangers. She decided instead to try fantasy role-play, and ended up at a BDSM house in Oakland.

I was the only trans woman working at the house. Everyone else was a cisgender woman who worked there. Most of them had more experience in the sex industry than I did. I had a really horrible experience there a few months in with one client that I later learned the other women had strenuously avoided, who was really abusive... I was really injured emotionally and physically from the experience... And when I complained about that to the boss, to the woman who run the house, she just gave me hell about that and I was basically fired. I guess you could say I was not very successful as a sex worker, at least financially, but I learned a lot from it. Most of what I learned had to do with how bad the working conditions were, in particular for women like myself who defined the work differently than others and had a different kind of body and ability than others.

At a series of Bay Area BDSM houses, Akasha struggled to negotiate sexual exchanges. Her employers pressured her to do things that made her uncomfortable; a few even asked her to have sex with them. "Each time the boss did that I had to leave,

because I just felt like it wasn't a safe environment for me, or else I would just get fired for not doing as I was told.”

After living in a series of short-term sublets, and quitting or being fired from BDSM houses across the Bay Area, Akasha ran out of money and ended up homeless on the streets. She found men who would provide her with housing and food, but their expectations about this relationship diverged from her own:

I had several cisgender men take me in as sugar daddies and they wanted me to like dance for them, and they wanted me to give them naked massages, and I wasn't willing to go that far. Within a few days they just locked the door with all my stuff inside and I had to get another friend to get my stuff out of there...

Left without housing, Akasha panhandled, but could not make enough money that way to survive. While she was living on the street, Akasha traded sex to meet needs for food, money, transportation, even though she disliked having sex with strangers.

### **2.1.3 Calvin**

Calvin, a Black cisgender man in his fifties, had steady full-time employment as a construction worker through most of his adult life. He still feels proud of this work, and also of his sex work. He says:

You know, every position has to have workers. I loved doing construction work because I loved walking onto a vacant lot and when I leave, I can turn around and look at what I built. From top to bottom, side to side, inside and out, knowing that I had a lot of blood, sweat and tears in that structure and knowing that that structure is going to be there for years to come and every time I ride by that structure, I can look and it and know—you know, I did that. I did that. I played a part in that.



It was the same thing with sex work. I mean, you know, there's—you know, I met some really good people out there... There was a couple of female clients who would come see me, you know, once a week not only would we perform sex, I mean we would seriously sit and talk, you know. And you know, they really felt—they really felt good when they got done, when we finished. I would leave and they would be smiling and laughing and you know 'oh thank you so much. I really enjoyed talking with you'... it does feel good to know you can help somebody. It really does.

Calvin first realized that he could earn money by having sex when he was in his early twenties. Calvin and a male friend were enjoying their leave while they were in the Navy, meeting women at bars and then taking them to hotel rooms: "We did the two guys and a girl thing with a couple of ladies at one time." One night, Calvin and his friend were having group sex. For Calvin, the purpose of this encounter was to "go after a couple of female girls," but his friend made a sexual advance on Calvin without his consent. "I was drunk as can be, really loaded," Calvin remembers.

When I finally started coming to and realizing what was happening, I jumped up and he was real apologetic... He gave me \$200 and he was like, you know, "please, please, please, you know just don't—you know, first of all, don't hit me, second of all, please just keep this under wraps," you know. He wasn't even on my ship. And you know, \$200—I had the money and I got dressed and I shot out the door. As I'm walking down the street, I'm thinking to myself, hmm. \$200 real quick, you know, it could've been worse. Of course, it could've been better—it could've been the one; it was still a guy, but you know, that was kind of like my first time [getting paid for sex].

Calvin lost his construction job due to a physical injury that left him unable to do the work anymore. This was a significant setback, considering the years he had spent doing manual labor as a construction and warehouse worker. In his formal and informal jobs, Calvin experienced racism. This limited his earnings and advancement. He says:

I enjoy working because I did construction work and I did warehouse work. I love doing that kind of work, so that was very important that I always kept a job. But, you know, on my job, the old racism thing would always show because on a construction site, they see this 6'4," 275 pound Black man, they look at me and they smile and you know, there's a pile of metal and concrete over there and it's got to go way the hell inside the job site, inside the truck, and you need a wheelbarrow and a shovel and you have at it. Let alone, the fact that I've been doing this for a while and I have some pretty good ideas on how to make the job run smoothly, save money, save time. Don't want to hear that. They don't want to hear that. Then, when you do talk about it, you've got somebody who's always listening and they take your ideas and they use them and they get credit for it, you know... it was really shitty... it became a thing of, well, OK, I see what I got to do. You know, I've got to get the credentials in order to advance. When I finally come to that realization and I started getting the credentials on paper, my ankle, it went out on me and that prevented me from going to the job site anymore. The doctor told me, Calvin, you can't do the work you used to do. You know, you can't wear safety shoes anymore, you've got to find a new career... I'm in my mid-40s, how the hell am I going to find a new career?... I had to sit and really think about what it is I could do that I would enjoy that I could make money doing because I refuse to work a job that I don't like. I just won't do it. You know, I'm not going to go to work every day and be there and hate everything about what I'm doing.

Calvin never realized how precarious his steady construction job was until he suffered a disabling injury, which might have happened in part because of his supervisors' beliefs that Black workers should do the heavy lifting, while white workers are in charge of the ideas. He also experienced racism in the sex trade, which proved so intolerable that he had to limit and change the type of work he did. In the formal as well as informal economy, Calvin found that racism limited his earnings and mobility.

After losing his construction job, Calvin briefly tried to make a living as a sex worker. "There was a time when I thought I could do it full time, but then you come

across customers that you really don't want to touch... But you know, you need that money and they see you look at them, and they increase [the payment for sex] 'here's another \$150,' you know." Calvin mimes the bored and exasperated facial expression he uses with these clients: "'Come on, hurry up, hurry up, let's hurry up, yo.' Money, it plays such a major role, whether you've got an addiction, or whether it's just to survive on." He still does sex work occasionally to supplement his income from General Assistance, which pays only \$422 per month. But he stopped depending so much on his sex work income because he couldn't stomach the racism of many of his white clients, who simultaneously fetishized and derogated Black men.

[My white male clients are] mouthy-ass motherfuckers that think they're better than you and they feel like because they buy you a drink or they're paying you for sex that they can talk down to you... I don't give a damn who you are, you're not going to talk to me that way; you're not going to treat me like that... I can't stand anyone, especially someone who is in a situation like that, because you're white and you have a little money, you feel it's ok for you to treat me like I'm dirt... Well, you're down here buying dirt, so how much better are you? ... I hate being stereotyped, especially in a negative way."

Calvin remembers having a conversation about race and class with a white client who had been robbed by a different sex worker, a Black man who he picked up on a street corner in the Tenderloin. Calvin connects the lack of formal economic opportunity for people of color in San Francisco with participation in street economies (even as he judges street-based workers who steal or use drugs harshly). Calvin says:

There's some very racist overtones... No minority-owned businesses anywhere in the Castro [a historically gay neighborhood in San Francisco, now with very high property values]. Rich gay folks in the Castro don't want any minorities having any businesses over there... And how they can justify this is beyond me, especially when you've

got the white gay men who will go down to [the Tenderloin], get the bottom of the barrel, scum ass dope fiends, take them to their home, you know, flash all this money, flash all this shit in front of this guy, they don't need this guy in their house while they run to the store or something. You know—all I can say is, you stupid ass, you know, that's what you get.

Calvin's white client asked him, "Why is it all you black guys are so violent all the time?" After hearing the man's story of picking up a street-based worker in the Tenderloin, he replied, "I really have no sympathy for you... You know what, why don't you go get one of them upper class gay black men, who's got money, who's got an education just like you?" Calvin muses:

Well the reason they don't do that is because it makes them feel inferior, you know. Most gay white men want to feel like they're in control, you know, like they're superior. You know, 'this is my little trophy piece of meat right here, look at him. I dressed him, I got him with me. I take care of him. He does what I tell him to do.' You know, and that shit doesn't wash. It doesn't wash. Not in 2013, it doesn't go that way anymore.

In response to the discomfiting power dynamics with his white male clients, Calvin now seeks mostly older women who treat him more respectfully. "I've always had a passion for older women... its all about how you present it to them-- there was always a couple that would be like, 'You know what baby, look here—I got \$150 in my purse right now, you come satisfy what momma need and then you get your pretty little ass on down the road because I don't need you no more... I would be like, you know, that's just what I wanted to hear,'" he laughs. "You know, do your job and get the fuck on and I was happy with that."

Calvin is couch surfing right now. His most recent formal job was providing in-home care for Bob, a 74-year-old veteran who lived in a Single Room Occupancy

hotel. Bob was a recovering heroin addict “who still doses every day,” Calvin says. Bob also had a bad hip and a myriad of other health problems that make it impossible for him to care for himself. Despite the severity of Bob’s needs, his caseworkers only approved funding a care worker for a short time each day. Calvin says: “basically it worked out to where I could only give him like an hour a day. And, this poor guy needed all day, every day. And the thing is, his caseworker wouldn’t give him any more hours. He stopped caring about his hygiene. He stayed cold all the time, so he stayed locked up in his room and he kept the heat on. He kept two buckets in his room and he used the bathroom and threw garbage in them all the time.”

Calvin understood that Bob’s bad hip made it difficult for him to make the trip to the shared bathroom in the hallway, so he tried to compromise on a more hygienic solution:

I told him, I said, “Look here: Use one bucket for the toilet; one for the garbage,” I says, “because I can’t sort through this stuff you know. I can’t put the garbage in the toilet, so please, use one bucket for the toilet, one for garbage,” but he would never do it. Then, one day I’m in his room and it took me two days to clean his room, actually I mean to get his room bearable. I’m moving bags of laundry and I picked up a bag and there’s a big hole in it and like 11 pink baby mice fall out.

The low pay and the impossible demands of providing in-home support for a man who could not care for even his most basic hygiene needs, in a hotel where management refused to deal with health hazards like mice, wore Calvin down. Part-time care workers like Calvin are unionized, but remain vulnerable to exploitation and unreasonable expectations. “...they can fire you at the drop of a dime and there’s nobody out there to protect you, you know, to investigate. There’s nobody on your

side so you're out there alone, basically and you've got men and women out there who prey on the workers." Calvin frequently spent more than the time he was being paid for accompanying Bob to doctors' appointments, changing diapers. "I really felt for him because he's close in age to my father, you know. My father has Alzheimer's and so my thoughts were, you know, maybe my treatment of this guy I give will help my dad keep some good karma as well from whoever is taking care of him." Calvin finally quit the job, exasperated, after Bob proposed that Calvin split his homecare work check with him.

Calvin is currently pursuing his goal of becoming a truck driver. He completed the required course with flying colors:

Straight line backing where you pull the truck forward so far, bring it back in a straight line, really easy. Alley backing where you'll back the truck up and you'll go at a certain angle like you're going into a dock, actually backing up on a dock and you stop. Real easy. Then, there's a parallel parking where you jackknife the truck between four cones... At school there was nothing to it... I was doing so good where I was showing other guys how to do it. I get to the DMV and I am lost... after the third fail, you have to start all over again. You know I failed that parallel parking three times. But now, I'm ready to go back at it again and I'm going to get it this time.

Many commentators treat sex work as a completely different type of work than low-wage formal work, ignoring its relationship to the structural conditions of the formal economy. But sex work can be a way to supplement or even replace full-time formal work that does not provide security or pay a living wage. People come into street-based sex work, and homelessness, with diverse employment histories in the service industry. My participants worked in a variety of formal economy jobs

including food service, construction, telemarketing, retail and social services, before or during their sex work careers. Like other low-wage workers, they switched between jobs depending on what was available, or supplemented low wages with informal work.

Jay, Akasha and Calvin all experienced the precarious nature of low-wage formal work, from a patient who needed more in-home care than could be provided, to constant turnover among co-workers, to soul-crushing telemarketing jobs that did not even pay subsistence wages, to a good steady job that could end abruptly due to an accident. They had varied experiences in the sex trade, but these experiences were closely related to their opportunities in the low-wage formal economy. All of these participants got into sex work because low-wage work failed to meet their needs, but had varying levels of success in the informal economy. Akasha lost her housing while doing minimum-wage formal work, and then experienced extreme poverty and violence as a homeless sex worker and panhandler. Calvin loved his construction job, but started doing sex work to make ends meet after a physical disability left him unable to do this work. To Jay, sex work felt more predictable and stable than his barista job, which was chaotic and uncertain. The relationship between the precarity of formal work, low wages, and entry into the informal economy is not acknowledged by anti-prostitution scholars, or by policymakers and service providers who doggedly persist in mandating “job training” that focuses on building entry-level skills for low-wage work, and on moving people out of sex work and into minimum wage jobs—even when they already have histories of employment in the formal economy. People

like Jay, Calvin, and Akasha would be better served by policy changes like raising the minimum wage and strengthening the social safety net.

## **2.2 How receiving government aid affects work**

The United States has an exceptionally weak safety net, the result of what Margaret Somers calls “market-driven governance”: privileging a framework of market exchange, in which social inclusion is not an inherent right, but depends on an individual’s ability to exchange something of value (2008: 2-3). Market logics organize social provision: “To force the unemployed to work, incentives are reorganized and restructured to impose scarcity and hunger as natural conditions that can only be eliminated by work” when work may not in fact be available (Somers 2008: 39).

Much scholarly attention has focused on the ways in which liberal individualism deprives poor people of citizenship, since this supposedly neutral standpoint is in practice always a representation of the interests of the dominant property-owning class. Liberal citizenship has been characterized as an equation of citizenship with earning (Shklar 1991) and based on a contractual understanding of citizenship (Fraser & Gordon 1992). These two elements of liberal individualism are particularly embedded in the history of social provision in the United States.

“The emphasis on market rationality in many spheres of life led to government and corporate assaults on unions (seen as antimarket forces) that undermined their ability to struggle for improved wages and working conditions. This was accompanied by the systematic dismantling of social programs—in the name of market efficiency



and individual responsibility—which culminated in the welfare reform of 1996” (Collins and Mayer 2010: xi).

In the prelude to welfare retrenchment, policymakers worried about “perverse incentives,” the idea that welfare would discourage people from doing low-wage formal work. Because the minimum wage was too low for many to live on, even meager welfare payments could result in a higher standard of living for those who were eligible. Rather than pushing for a living wage and adequate health and childcare benefits for workers, policymakers responded by gutting welfare programs and slashing benefits (O’ Connor 2001). The new “workfare” requirements insist on inculcating “job skills” for the low-wage labor market, without acknowledging the reality that in most U.S. cities, minimum wage workers would struggle to support themselves, let alone a family, and ignoring the fact that many welfare recipients already have extensive histories of employment in minimum wage jobs. Following other scholars who have studied the effects of welfare retrenchment on welfare recipients (Collins and Mayer 2010, Edin and Lein 1997), I find that the provision of aid does not discourage work among my participants. Instead, I find that by setting a very low cap on earned income, meager government benefits can push some recipients into the informal economy, while more comprehensive housing and economic support allows others to stop doing criminalized work. My participants received government aid from a variety of sources, including General Assistance (GA), a cash grant of \$65 per month for shelter residents, and \$422 per month for eligible SRO hotel residents, and Supplemental Security Income (SSI), ranging from \$648.50 for recipients living in

someone else's home, to \$1,145 for disabled recipients with non-medical out of home care. Most SSI recipients in my sample received \$973.40, the amount for "independent living status with no cooking facility."<sup>5</sup> SSI is only available for people who have a disability or are age 65 or older, and have less than \$2000 in assets.

### **2.2.1 Beto**

Beto, a gay Latino man in his early thirties, was in San Francisco shelters for almost two years before he got a SRO hotel room through General Assistance Personal Assisted Employment Services (PAES) program. He was able to meet the workfare requirement by getting into a culinary training program for homeless people, which was a perfect fit because Beto has always loved to cook. One of the hardest things about being homeless for him was not being able to cook his own food; not being in control of his own diet. Beto still has a scar, a hole in his chin, from a serious case of scurvy caused by vitamin C deficiency. He does his best to cover it up with strategic facial hair.

The first thing Beto did when he got his own room was to buy a small hot plate, a 10 pound bag of rice, onions, cooking oil. He arranged cooking pots on a luggage rack that he found on the street and mounted on his wall. He dreamed of becoming a well-known chef. But graduation from the culinary academy came with no small amount of disappointment: He was offered a minimum wage job in a kitchen, but declined when he calculated that his earnings as a prep cook would exceed the

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<sup>5</sup> SSI eligibility guidelines are available at: <https://www.ssa.gov/pubs/EN-05-11125.pdf>.

limit for recipients of General Assistance, but would not pay enough for him to afford rent for his SRO. “I’m in this really awkward situation, where a minimum wage job will not pay my way in the city. So I have the option of either having a job and being homeless, or not having a job and being housed,” he concluded. The choice was obvious. Beto had no illusions about stability in the low-wage labor market, and no desire to lose his housing on the chance that a part-time minimum wage job would somehow blossom into more secure full-time work with a living wage and benefits. He told me about homeless friends who lost their General Assistance and their housing after taking temporary full-time jobs working for America’s Cup when it came to San Francisco.

Reflecting on the requirements of his housing program, Beto said:

Well, you know it’s kind of like everything else that has to do with escaping poverty, I think it is just meant to perpetuate you staying in poverty. At the same time... I’m very thankful that I have a room to sleep in, and a bed to sleep on, and a door to close, because I was in the shelters for a year and a half.

He knew lots of people who were working part time and even full time and staying in shelters, and this wasn’t for him. After all the waiting for housing, all the time and energy he spent working the system, he finally had this tiny room of his own, and he wasn’t about to give that up—even if his neighbors were noisy and addicted to meth. Beto scrubbed and swept his room, installed soft lighting, found a plant that could live in his windowsill to brighten the view of a drab concrete wall, and proudly displayed a colorful array of sex toys on his dresser.

He decided to keep working off the books, cleaning a “rich guy’s” house in his underwear in exchange for cash, with the additional perk of occasional time alone in the man’s large, sunlit condo. When his employer wasn’t home, Beto would wander from room to room, stretch out on the huge bed or in the bathtub, run his fingers over the smooth granite countertops, and enjoy the silence.

Just as caps on earning for recipients of government benefits propelled some participants into the informal economy, government checks and subsidies helped others get out, or transition into to less demanding types of work. SSI was jokingly referred to by some participants as a “sex worker retirement plan” and it did help older sex workers to remain housed as they transitioned out of the industry. Marnie, a fifty-year-old black transgender woman, was able to stop doing sex work when she received SSI and subsidized housing. She devoted her time to creating and selling handmade crafts, which she spent many happy hours teaching herself how to create by watching youtube videos, and then collecting fabric from found objects. Her crafts were most popular around the holidays, when she carried them around in a cart, basking in her friends’ and service providers’ exclamations about her talent.

Gigi, a 52-year-old Black transgender woman, spent much of her youth involved in gangs. As a young (and at the time, male-identified) person, she says she did many things to make money that she’s not proud of, including armed robbery, pimping, and selling drugs. After she received subsidized housing and SSI, things changed. She started doing street-based sex work as a lower-risk alternative to her previous earning strategies, and continues to see clients occasionally to supplement

her income. Even though she was still poor, having a fixed income took away the edge of desperation, made her feel more patient. There are downsides to being in permanent supportive housing, she says, especially all the rules, but the housing makes her feel secure, like she has enough, like she doesn't need to take from anyone. "I got tapped into resources. Social Security, I got my social security.<sup>6</sup> So economically, I got in a position where I could say, 'well I don't even need to do anything to nobody. I could go stand in line.' I could stand in line to get food, clothes, condoms," Gigi says.

For people who rely on social services, waiting in line can become a full time job. Lately, Jay has been spending so much time waiting for appointments that he doesn't know when he's going to have time to go out and look for clients. This is stressful, because Jay's ability to pay for housing depends on the extra income. At \$1145 a month Jay's SSI, is enough—just barely—to pay for housing in a SRO hotel, which costs him \$275 a week. Often, especially for participants who had a drug habit, or participants who paid for food and other necessities, SSI checks lasted between one and three weeks, which were spent staying in a SRO hotel room until the money ran out and they were back out on the streets or in the shelters.

Jay's drug use and tumultuous relationships with partners meant that he spent considerable time homeless on the streets and in shelters when he was younger. He got into stable housing soon after he was diagnosed with disabling AIDS. Jay's CD4 count

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<sup>6</sup> Gigi and other participants frequently used the phrase "social security" to refer to Supplemental Security Income (SSI). SSI is different from OAI, which provides a higher income for people who have a history of employment in formal jobs. While OAI keeps people out of poverty, SSI pays as little as \$900\* per month, maintaining poverty but sometimes helping recipients avoid homelessness.

was so low by the time he sought treatment, the doctors thought he might die. When Jay survived, he was presented with additional, HIV-specific options for housing and drug treatment, a legacy of HIV/AIDS activism that has resulted in a more robust social safety net in San Francisco for poor people who are diagnosed with disabling AIDS than for poor people who are not. When Jay looks back on his time homeless before and after he was diagnosed, he thinks that being poor got easier in some ways, and harder in others, as a result of being HIV positive. Jay's assessment is supported by recent scholarship: Darling (forthcoming) describes poor people living with HIV as "biopolitical denizens," afforded special social rights tied to their HIV status, but still excluded from full citizenship in many of the same ways as other poor Americans.

After his diagnosis, Jay received a housing subsidy through an AIDS housing organization, but this did not solve his problems, because many of his neighbors were drug users and drug dealers, which made it very difficult for him to meet his goal of decreasing his own drug use. Over his adult life, Jay has stayed on the streets, in shelters, at residential treatment facilities, in SROs, and in private rentals, bouncing back and forth between being homeless and precariously housed. A lot of this movement has to do with his drug use, and his desire to quit using drugs. Last year, Jay gave up his housing subsidy so that he could rent a single bedroom in a quiet residential neighborhood, in an apartment owned by a young couple with a small child. When he moved in, Jay could barely contain his excitement: "I think it's gonna be really good for me," he gushed. But Jay still had to work to make enough money for rent, and he felt bad sneaking in and out at all hours of the night. Still he was

optimistic. “Girl, I have a three-hundred-dollar client tonight,” he told me ebulliently over dinner at the Saint James Infirmary, loud enough for everyone in the room to hear him and envy his good luck.

The luck didn’t last, though: A few weeks later, Jay went into residential drug treatment just to prevent himself from becoming homeless. “I’ve been clean for three months,” he confessed in a low voice, “but I really feel I need a place to stay to keep myself from using again. Do you think its bad that I lied and told them I was still using?”

“No,” I said, and then carefully: “I think it’s a good idea to go to treatment, ‘cause its, like, preventative.”

His savvy navigation of service bureaucracies and ability to plan ahead helps Jay avoid sleeping on the streets like he sometimes had to when he was younger. In the three years that I’ve known him, Jay has gone from couch surfing, to subsidized housing, to SROs he paid for himself with income from SSI and sex work, to shelters, to residential drug treatment and back to couch surfing again. Most recently, he relapsed on meth, and he is running out of money. He’s not sure how he’s going to make it through the month. A couple of his long-term clients have been low-balling him, offering to pay half of what they have in the past because they can sense his desperation. Jay recently told one of these clients off: “You know what? You can keep your money. Never call me again.” He strode right out of the man’s apartment, and he is proud of himself for refusing to lower his rates. After cutting ties with a couple of his regulars, Jay is trying out a new look, intellectual and sophisticated. He feels

hopeful that this will attract wealthier clients, maybe the tech industry workers who have overrun the city of late. “*That’s* where the money is,” he says.

“You look like a tech worker, or maybe a professor,” I tell him when he asks, and he grins, but his face is clouded with worry. He prefers to earn money doing sex work, but his back up plan is to go back to panhandling, which he finds “somewhat degrading,” because he hates “asking for a handout.” No one knows he’s homeless: Not his clients, not even many of his friends, and he’s afraid that if they see him asking for money on the street, they’ll judge him. Panhandling pays less per hour and is more difficult for Jay than sex work, emotionally, and often physically. He nets the most spare change when he stands outside in the pouring rain, head bowed, looking gaunt and forlorn. People give you more money when you’re drenched—not under an awning or an umbrella, he says. He knows it’s not healthy for him to be outside in the cold all day, but if he does it, he’ll have enough money to get a room for the night.

Jay is better at panhandling than most: He looks perilously undernourished with wet clothes sticking to his thin frame, and he can make his eyes shine with desperation and then with genuine gratitude when he raises his face to passers-by. In the past, he has made up to \$100 in five hours on a rainy day, and he can do it again if his new look doesn’t draw clients.

For many people who climb out of the streets and shelters into supportive housing or SROs, the ladder only has one rung. Government benefits provide security—a step up from the desperate poverty of street homelessness—even as eligibility requirements limit mobility. People like Gigi, Beto, Mimi and Jay are pulled



out of the extreme, desperate poverty of the streets and into the routinized, quotidian poverty of the SROs and subsidized housing, where you usually don't go hungry or without shelter, but you do spend your days waiting in lines for food, for appointments with doctors and case workers. Like Jay and Beto, many participants supplemented their meager income from SSI or GA with informal work: Not just sex work, but also panhandling, recycling, or sidewalk sales. Other participants who enjoyed the relative security of subsidized housing got into a holding pattern, minimizing their informal economy work and relying instead on their abilities, honed by years of practice, to navigate social service bureaucracies.

For a few participants, more generous subsidized housing programs with minimal requirements and no income limits resulted in economic mobility. In what she describes as “the hell winter” after three years of being homeless, Akasha was raped by a client. The experience left her with debilitating fear that made earning enough money to meet her basic needs impossible. Things finally changed when she encountered outreach workers from a program serving homeless youth and sex workers.

They were much more willing to meet homeless people where we were at in a nonjudgmental way and create a welcoming homelike environment and offer peer counseling and different kinds of alternative and holistic medicine along with psychiatry and advocacy for people to get on SSI and to get short-term housing.

The outreach workers connected Akasha with a mental health provider, who diagnosed her with Post-Traumatic Stress Disorder (PTSD) and major depressive disorder. These diagnoses made her eligible for subsidized housing reserved for

homeless people with mental illness.<sup>7</sup> After three years of bouncing between sex work clients' houses, friends' apartments and the streets, Akasha finally got SSI in addition to her own room in a Single Room Occupancy hotel.

When she got housing and SSI, Akasha said, everything changed:

I definitely had a lot of healing to do emotionally from the traumas I'd been through when I was homeless and trying to do sex trades. And that took me *years* and I'm still sort of working on that. I have long-term effects that I'm still dealing with. The immediate effect [of having housing] was that it allowed me the breathing room I needed to rebuild my life. Within about a year and a half [of being housed in SROs] I was back to volunteering and a lot of activist projects, such as at the Coalition on Homelessness where I volunteered for the next five years. That was around the time when I got involved in mental health and tenant advocacy and I also got involved in prisoners' rights, health advocacy... It was generally a very positive period of growth in my life... I was also able to start having relationships based on something other than need—other than the need for a roof over my head. I was able to have close friends and lovers for the first time in a long time...

Subsidized housing and access to mental healthcare allowed Akasha the stability she needed to recover from the trauma of homelessness and sexual assault, and to explore her interests at various non-profit organizations. Akasha parlayed the connections and experience she gained as a volunteer into a social service job, and she now works full time as a policy advocate for a mental health organization, and shares a private market rental with her partner.

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<sup>7</sup> I will discuss the effects of diagnosis in the chapter on the medicalization of poverty. A diagnosis of disabling AIDS or certain types of mental illness can facilitate access to housing, with few strings attached. These diagnoses by medical and mental health professionals are sometimes coveted by homeless participants, understood as necessary in order to access scarce resources. In contrast, in the medicalization of poverty, social workers and helping bureaucracies label poor people as deficient and in need of remediation. Many poor people who are not diagnosed with a disability are subjected to life skills trainings and behavioral reform interventions, rather than provided with housing. These differences are rooted in assumptions about the inability of people with disabilities, and the obligation of able-bodied people, to work.

Kyra, a white transgender woman in her twenties, moved to San Francisco at age 18, after she finished high school in a conservative town. She had to leave her family because her parents wouldn't accept her gender identity. She heard that she could get free hormones in San Francisco, and decided that the city would be the best place for her as she transitioned. After she arrived, she moved around frequently, crashing on the floors or couches of friends and acquaintances. She found out about a youth shelter and put her name on the waiting list. Worried about where she would sleep the next night and how to make enough money for food and other necessities, Kyra started doing street-based sex work.

I was on the shelter [waiting] list at [the youth housing program] for like weeks and weeks. I was able to stay with friends and so I actually I couch surfed for like *the longest*. It was basically off and on for like nine months. It was really stressful and really intense. When I was in the situation I wanted to get into the shelter because at least I'll know where I'm going. But I also didn't have to deal with the different types of bullshit that happen in the shelter...

During the time she was homeless, Kyra educated herself about support services in the city. "I would grab all the fliers at every place I went to and I would be like ok so I'm gonna go see what they have, what they're doing."

Kyra sometimes had sex with clients who she felt were "creepy" or had bad intentions, just because she needed the money. When Kyra finally got into a subsidized housing program, she was able to stop taking undesirable sex work clients and spend more time on her activist and nonprofit work. She secured a paid internship at a local LGBTQI service organization and was able to use her position there for community organizing with LGBTQI homeless youth.

Kyra's youth housing program took thirty percent of her income (with no minimum or maximum monthly earning requirement) and saved it in a savings account, which she was able to access on her 25<sup>th</sup> birthday. Having stable housing through her early twenties allowed her to focus on her future, and devote time to queer youth activism and advocacy. She continued doing sex work, but less frequently. Kyra says, "Having stable housing made it to where sex work was like an additional income source but it wasn't like make it or break it. It was like if I *need* money for something extra I *can* do this, but I could make more choices and be more selective. And that felt good. Instead of like, 'I don't really have good vibes about this person but I feel like I have to do it because of bills.'"

While staying in subsidized housing, Kyra was able to gain extensive experience in nonprofit and advocacy organizations and local government agencies. Because of her experiences doing sex work and her time as a homeless youth, she was familiar with common struggles and available resources for queer youth. At age 23, she was hired as a staff member at SJI, doing intake interviews with youth who had experiences similar to her own. Kyra now rents her own apartment in San Francisco while she works at a different organization developing programming to build the policy advocacy skills of transition-age queer youth. She will graduate from college this spring.

### **2.3 Exclusion from housing and formal work**

Transgender people experience employment discrimination and formal labor market exclusion at higher rates than the general population: Among respondents to

the National Transgender Discrimination Survey, a survey of 7,500 transgender and gender non-conforming people throughout the U.S., the unemployment rate was twice that of the general population.<sup>8</sup> Ninety percent of NTDS respondents were harassed or discriminated against at work, 47% were denied a promotion or fired due to their gender identity, and 26% lost a job due to their gender identity (Grant et al. 2011: 2). Nineteen percent were denied a home or apartment and 11% were evicted due to their gender identity or expression; 1/5 had experienced homelessness and 26% had experienced housing instability in the last year (Grant et al. 2011: 3). Thirteen percent of Black transgender and gender non-conforming participants were homeless at the time of the survey and 48% of Black trans participants had experienced housing instability that year (Grant et al. 2011: 114), and 38% of Black trans respondents said they exchanged sex for a place to stay (Grant et al. 2011: 115). 14.2% of all respondents who had never been involved in the sex trade had experienced homelessness at some point; 48.1% of transgender sex workers had been homeless (Fitzgerald et al. 2015: 5).

Of all NTDS respondents, 10.8% (694 respondents) exchanged sex for money, and an additional 2.3% (135 respondents) traded sex for a place to stay (Fitzgerald et al. 2015: 4). 39.9% of Black NTDS respondents, 33.2% of Latino respondents and 6.3% of white respondents did sex work (Fitzgerald 2015: 4). Thirty-one percent of

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<sup>8</sup> The NTDS, distributed primarily through community-based organizations and online listservs, is likely close to a representative sample of transgender people throughout the U.S., although it may disproportionately exclude people who lack access to the internet or to transgender-serving organizations (Grant et al. 2011: 12).

transgender sex workers had an income under \$10,000 a year; only 22% reported household earnings exceeding \$50,000 per year.

Parental and family rejection were also common problems for NTDS respondents: 57% reported “significant family rejection” (Fitzgerald et al. 2015: 5). Twenty-six percent of those whose families rejected them experienced homelessness; nineteen percent who experienced family rejection “did sex work or other underground work for income” (Fitzgerald et al. 2015: 5). Family rejection is especially devastating in a context of rampant transphobia in homeless shelters and police profiling of transgender people on the streets. This section illustrates how some of my transgender women participants survived family rejection, formal labor market exclusion, and transphobia in homeless services.

### **2.3.1 Ana**

Growing up, Ana’s mom beat her, hoping to make her “son” tougher and less effeminate. When that didn’t work, she kicked Ana out. Ana heard that her dad, who left years earlier, after her mother found him in bed with another man, was now living in San Francisco. She set out to find him.

Ana was born in the U.S., but lived in Latin America for most of her childhood, and as a result spoke very little English when she wound up alone on the streets of the Tenderloin. Instead of feeling afraid, Ana said, “I just felt right away I am free.” She explained, “I didn’t have a childhood, or my childhood was ‘stay in the house, don’t go out because you are very feminine.’”

She was thirteen years old when she arrived in San Francisco with \$400 in cash. At the time, a Single Room Occupancy hotel room cost \$112 for week. She was running out of money when she met a neighbor, Serafina, who was struggling to pay her own rent and would die a few years later of a heroin overdose. “She practically helped me,” Ana said. “It was, I guess, people say, ‘pimp,’ but I call it more like a stepmother, because if it was not for her, I would’ve never knew the body or the money, or [how to save so] you first get your rent money. So, she’s the one who teach me all that, you know.” Serafina found “customers” for Ana, and took a percentage of her earnings in exchange.

Having sex was the surest way Ana, thirteen years old and struggling to learn English, knew how to support herself. She learned how to turn her emotions off, so it was almost like she was a different person when she was working: “Having sex for me, it’s a job. It was not emotional... that’s the only thing that I have a problem right now to adapting myself [since I stopped doing sex work] is that, for me, having sex, I just feel like it’s a job. That I have to get paid for it.”

Police, jails and prisons have been a constant presence in Ana’s life. She has experienced race and gender profiling on the street as well as gender-based violence in jail and prison as violent and traumatic. But Ana’s first arrest as a teenager had an unexpected benefit. At age sixteen, Ana was arrested in a sweep of street-based sex workers in the Tenderloin. In the aftermath of the arrest, officials searched for her father. “For me, it was not bad. They did a favor for me... They found him for me. So, I was happy. I was very grateful too.”

With her dad, Ana experienced a few short months with someone who loved her unconditionally. “My dad was for me, everything,” she says. Ana’s father was very ill with AIDS and died of related complications shortly after their reunion. “It’s been 19 years—19 years that he died and I still miss him. I feel like I’m very lonely because I feel I need guidance and I need advice with somebody and I don’t have that anymore.”

When he died, she says, “everything shut down.” She wound up homeless and alone again. After her father’s death, there are blank stretches of time that Ana can’t account for.

The only thing I remember is in the park, there was the bathrooms, those new bathrooms that you put a quarter in and you have ten minutes. And, behind the bathroom there was a tall, tall grass, so I had a little personal tent. There, I had everything that counted. When I had to go to the bathroom, I would just go to the bathroom. The water runs right away in the sink... I put a little plate on it to catch the water. I used to shave very quick... I do my makeup right away, in 30 minutes I was out of there... I went to work with my luggage and everything.

When she was homeless, Ana never stayed in shelters—she always camped or stayed in the street. “I couldn’t go to the male [shelter],” she explains. “I remember I went one time to female [shelter], and transgender at that time was not very well accepted. So, there was a woman trying to get into it with me, and so, I’m not looking for problems, I’m just trying to—to survive, you know. I didn’t have no trouble in the streets, so I stayed in the street.”

Ana survived on the street as a drag performer and occasional sex worker. Her “drag mother,” an older transgender woman, helped Ana land a job performing in drag



shows on the weekends. On the street, she met outreach workers from Proyecto Contra Sida Por Vida, and started volunteering there, eventually working her way into a part-time outreach job that allowed her to save up enough money to get a room.

For \$900 a month, Ana rented a Single Room Occupancy hotel room downtown. “I remember roaches, roaches for days. One time I got a very bad fever and I went to the clinic. And they checked me. I had dead roaches in my ear. And the other time I was sleeping and a rat was, you know, every night I heard it.” She scratches the table with her nails. “I was just curious to know what it was. I got a flashlight and I go like this—I light in the closet and this big old rat went whoosh!” She screams. “That’s when I decided to put my bunk bed a little higher,” she laughs. Ana and her dog Francisco lived in that room for fourteen years, until her friend Cindy told her about an opening in the co-op, part of a Community Land Trust.

After years of sleeping on the streets and in dirty Single Room Occupancy hotels, she and her dog Francisco finally have their own quiet, sunlit bedroom. Outside, there are wind chimes. Flowers and herbs grow in a large backyard garden. Inside, there is a spacious kitchen where Ana loves to cook. Last year, before her best friend’s gender-affirming surgery, Ana hosted a huge celebration at their house. There was dancing, and a penis-shaped cake cut ceremoniously—with scissors—before it was served to the guests. Friends toasted and gave heartfelt speeches. Ana stayed mostly in the kitchen, laughing as she washed an endless stream of dishes.

### 2.3.2 Pauline

Pauline, a white transgender woman in her fifties, ran away from home at a young age. She explains,

My father was very abusive. He hit my mother in front of me, as well as me, for many years... I am very well educated as far as the street. School wise, I don't have that much education. I learned everything from the boy down the street, which was my very good friend. He was not my pimp. I've never had a pimp in my whole entire life of being a street worker. I started at 12, as a boy and as a girl. Back then it was called drag queen.

During the time Pauline was homeless, minors who ran away from home were classified as status offenders by virtue of being unaccompanied, and there was very little federal funding for homeless youth programs (Fernandes-Alcantara 2014). Running away from home was a crime, and youth would be returned to their families, without consideration of familial abuse or neglect.

After Pauline ran away, she lived in abandoned buildings with other homeless youth. "...A hotel that was ready to be torn down. You know, first and second floor was for the gay boys. The third, fourth and fifth floor, it was for us girls, you know, drag queens or real biological females." One of the buildings, she remembers was condemned, but hadn't been torn down yet: "the apartments was still pretty good, so we lived in there."

Pauline's friends, also runaways, told her how she could make money:

I was taught that just—you know, if somebody approaches, and stops in the car, go talk to them. Handle your business, make your money. You know, whether it be oral or anal... they pay me very well. Back then you could make good money. Today it's kind of hard, but there's still pretty good money out there still.

As a homeless youth, Pauline never stayed in one place for too long. "... I hitch hiked. I went to Chicago. I went to Toledo. I went to the truck stops and hustled in the truck stops... got to eat, got to sleep in a motel, sleep with a man. You know, if he fed me, like they say, wined and dined me..."

Reflecting on her years as a homeless teenager in the sex trade, she thinks that working the streets and the truck stops was usually, but not always, better than being at home—clients were sometimes verbally and physically abusive, just like her father. As a minor cut off from access to mainstream institutions by virtue of her age, her status as a runaway, her gender identity, and her involvement in a criminalized way of making money, Pauline had no recourse against violence. The extreme poverty combined with the criminalization of many transgender women and youth in the sex trade makes them more vulnerable to client violence, and less likely to use condoms that can reduce the transmission of HIV and other STIs (Human Rights Watch 2012).

Pauline says:

I talked to some of my girls... They're out there, that don't use protection because they make more money. You know and—you say, girl be safe, you know, and I said, I know you have to make your money for your hotel room and stuff like that, I said, just be safe, because a lot of those girls are being murdered.

When Pauline thinks about her youth, she remembers her friends dying:

I mean, to find somebody that you knew and basically work the streets with, they'll come up and tell you, you know, 'I have HIV' and then see them two days, 'now I have full blown AIDS.' That quick, and they went that quick. I've seen a lot of my girls and boys go, very quickly.

Also, back then, the children—thank god I didn't go that route, but a lot of the kids, because they were kicked out to the wolves, committed suicide. A lot of the girls committed suicide once they got

the sex change for their man. Their man left them. Left them because they got a sex change. So, then they couldn't handle it and committed suicide. That's happened a lot of the time back in the day.

To survive constant loss, Pauline says, she “took a drink, took a pill... medicated myself, as they say.” Pauline used every drug she could find, “from alcohol to pills, to snorting, to smoking, to shooting up.”

When Pauline thinks about what would have made life safer and better for her, her friends, and other homeless youth she envisions:

A safe haven, housing. A place where youth or young adults can go and know that they will not be harmed. Know that if I walk into the door, you won't take me straight up to your bedroom and make me have sex with you. Things like that. To where they could get their mental health issues started taking care of. Talking to you know, their lawyer, their doctor—you know, having a doctor, a therapist, things like this, you know, because we still have a little child inside of us and they're still hurting through all the abuse. That will never go away. So, just a safe haven... Instead of being incarcerated—instead of being incarcerated or thrown—just abused and things like that, somewhere we could drop in, you know, for a while, halfway housing.

Instead of being offered safe housing and care, Pauline and other transgender women were most often arrested and incarcerated. Incarceration was both a response to and a producer of transgender women's poverty, a process that will be discussed at length in the next chapter.

Today, Pauline has survived multiple incarcerations, client violence, homelessness and HIV. Pauline still does sex work occasionally, but she is much safer as an adult who has a support network, subsidized housing and steady income from SSI. She reflects, “...for many years I took abuse from men... I stand again as a strong transgender woman today. I do not take any abuse from anybody.”

The experiences of transgender women in the sex trade serve as a sharp counterpoint to the susceptibility model's (Kramer & Berg 2003) and cultural deviance theory's claims that people get into sex work because of attachment to "the life" or because "feelings of worthlessness" cause them to act out their histories of past abuse (Oselin 2014: 23). Pauline and Ana both fled abusive homes at a young age. They didn't do sex work because they felt worthless; they did it because they wanted to survive. As runaways, they were already in a precarious legal position. Shelters discriminated against transgender people, and police consistently harassed and arrested street-based sex workers. These youth were homeless because the safety net for homeless youth was thin, and the safety net for transgender youth was nonexistent. They did sex work because discrimination based on their age and gender presentation created insurmountable barriers to formal work. Their fear of authorities—especially police—was justified by frightening sweeps of neighborhood workers and by encounters with undercover officers who had sex with them only to arrest them.

My participants' experiences also cast doubt on theories about "role exiting," psychological detachment from the social role of sex worker (Oselin 2014: 14), as a key determinant of exiting the sex trade. As T., a Black transgender woman who wanted to stop doing sex work after two of her sex worker friends were murdered explained:

I had this belief that because I'm transgender, it doesn't make any difference how pretty I am or whatever, I'm trans. I've got a deep voice; I'm not going to be able to get a regular job. I really believed

that... So, to a certain extent, it seemed like the street was the only option.

Many of my participants sold and traded sex for economic reasons without embracing what Oselin (2014) calls a “subcultural identity” as a prostitute; others proudly declared that they were sex workers even years after SSI and subsidized housing allowed them to “retire.” Regardless of how they felt about the work, poor people in my study who sold and traded sex did so for the same reason they did a myriad of other jobs; indeed, for the same reason most people work: Out of economic necessity.

#### **2.4 Survival and mobility through sex work**

So far, this chapter has established the economic motivations for participants’ movement through different types of formal and informal work in a context of precarious housing and formal employment. This section shows that sex work can be a variable experience. Drawing on the experiences of two people who got into the sex trade as teenagers, this section illustrates how the sex trade is a means of survival for some, and affords economic mobility for others. Matt ekes out a living, often feeling disgusted by his clients. “It is what it is,” he says. Aimee says that sex work is her “chosen profession.” It has afforded her a comfortable life and a nice apartment, and has helped her pay for higher education. These different experiences show how the lived experience and economic rewards of doing sex work, even among people who start out with very limited resources, can be very different.

### 2.4.1 Matt

Matt, a 23-year-old gay white man, moved to San Francisco from the South and ended up homeless. He heard that San Francisco was a “gay haven,” he says. “I knew that San Francisco would be an easy way for me to make money, obviously, and so I came down here to make money.”

“And how’s that going?” I ask him.

“So far so good,” he replies with a shrug. “I mean it’s still kinda depressing, regardless. I mean it’s downgrading to do shit with old men, but it is what it is. Especially if I get a lot of money to do it...I kinda hate it, really, but the money is secretly what makes me happy. Cause at the end of the day it’s to feed my alcohol addiction and to feed my stomach and feed my housing. You know, hotel, alcohol, food. That’s how it goes for me.”

Matt left home as a teen and does not have any formal work experience. His lack of a resume, coupled with a history of getting arrested for poverty-related crimes, makes it nearly impossible for him to get a formal economy job. When I ask him what made him decide to start doing sex work, he says:

It’s easier. It’s so hard to find a job nowadays. If I could really work an eight hour shift, I’d have no problem doing that, you know, but I don’t really have that luxury right now and it’s so hard to find those jobs. It’s so hard to find that right now. The economy’s horrific. I do have a background of misdemeanors. I don’t have any felonies, but still, are they gonna hire somebody with misdemeanors? If you do any type of background check, any type of nationwide background check, those will show up.

All of Matt’s misdemeanors were related to extreme poverty. He said, “Being in that position caused me to have to steal for food. Sometimes I’d steal to get things to

sell to get food and alcohol and drugs, or steal food directly.” When he was caught, Matt was charged with petty theft. He later lied about his social security number when applying for government benefits, because he knew he had an outstanding warrant. The lie backfired: “They charged me with something like getting a fake ID,” he says.

Matt says he doesn’t plan on working in the sex trade forever, but right now it’s the only way he can sleep indoors at night. Matt has researched subsidized housing options. Counselors one of the youth drop in centers he visits tell him that one of the youth housing programs has a year-long waiting list, and another has a two-year waiting list. So for now, having sex with older men who he finds unattractive, in exchange for a place to stay at night and food, or enough money to pay for his hotel room, feels like his best option.

#### **2.4.2 Aimee**

Aimee, a queer cisgender woman in her thirties, was kicked out of her family’s home when she came out at age 16. She moved in with her best friend and her friend’s mom, who provided her with a loving and stable home and the opportunity to finish high school. “I think that if I didn’t have that foundation and that built-in security, I probably would have dropped out of high school; I probably would have ended up in a less secure situation or something unpredictable.”

Aimee graduated from high school at age 17. She realized that she was going to need a way to support herself. “I was really struggling,” she remembers. An older lesbian friend introduced Aimee to sex work. “I didn’t start working until I was 17, and you know I lied about my age, and just kind of saw it as fun, at first. And then



realized, wow, this is the way that I can support myself instead of struggling, trying to do it with all these odd jobs.”

I initially got into sex work as a matter of economic circumstance... I needed a means of taking care of myself. It was just kind of a natural progression for me to find sex work. I just was always kind of comfortable with my sexuality and with expressing myself in that way. I was mentored by a friend so I just was incredibly lucky to have that in my life and she was older than me and she introduced me to sensual massage. So I started off working in Los Angeles and I worked for, it was kind of a high end spa in West Hollywood and in the back they had sort of this private area where there was this sensual massage business happening on the down low. And it was just really small and kind of hush hush. I started off doing that. I also apprenticed in a dungeon in Los Angeles and worked with some women who were pro doms [professional dominatrixes]. I was just kinda shadowing them and learning the craft. So I've been really fortunate to be able to find my way mostly through a group of women who were already doing it, who were embracing me with open arms and kind of teaching me the ropes.

Aimee describes her relationship with older women in the sex worker community as one of mentorship, rather than exploitation: The friend who introduced her to sex work was not profiting from Aimee's sexual labor, and the professional dominatrixes she shadowed were her co-workers. Aimee remembers that she consistently enjoyed doing sex work: “I felt really excited about the work and curious, and I suppose empowered by it as much as I could be at that age.”

While Aimee enjoyed the physical aspects of sex work, she was most fascinated by her clients' personalities and emotional needs. This interest led her to apply to college: “I explored sort of an extension of the work by wanting to study psychology and become a therapist.” Aimee put herself through college doing sex

work, and graduated from a prestigious university with a B.A. in psychology. After graduation, Aimee continued to work as an escort:

I was so engrossed in the work that I didn't end up continuing on and pursuing grad school or anything like that. But that's definitely something I'm still considering. But, you know, I see sex work as my profession, my chosen profession and a career that I've made. I've been doing it for 20 years.

Aimee's experience, education, and social and cultural capital mean that she has a steady stream of high paying regular clients. The consistent, predictable income allows her to live in a spacious rental apartment:

I'm very fortunate to be able to afford my own place. I see my home as my sanctuary. Living in San Francisco, its such a crazy expensive city. The majority of my income goes to my living expenses just because its important to me to have a serene place that I can take respite from the craziness outside. And its kind of like my private little space.

The contrasts between Matt and Aimee's experiences getting into the sex trade as queer youth demonstrate how sex work can be a vehicle for survival, or for economic mobility. Both entered the sex trade as teenagers with no experience in the formal economy. For Matt, the need to survive on his own constrained choice, and made the work deeply unpleasant. For Aimee, the support of friends made the work fun and deeply rewarding. Matt's alcoholism contributed to his inability to save much money, and he remained homeless, while Aimee used drugs and alcohol only recreationally and was able to earn and save enough money to pay for college and a nice apartment. Matt hopes to get out of the sex trade, while Aimee plans to continue doing sex work for the foreseeable future.

Many queer and trans youth leave abusive or unsupportive families and end up in cities like San Francisco. Kyra, Jay, Aimee and Matt all moved to San Francisco as LGBTQ youth, ended up homeless, and started doing sex work. Their diverse experiences show that the relationship between housing instability and informal work is variable. All of them said that doing sex work allowed them to survive and meet their basic needs. While Kyra and Aimee experienced economic mobility and secured stable housing, Matt and Jay continued to experience housing instability. An urgent need for money left some, like Akasha, vulnerable to client violence, or, like Matt and Jay, compelled to sometimes engage in types of sex they did not enjoy, with people they found unattractive. Others, like Aimee and Kyra—after she got into a housing program-- were able to choose more desirable clients. Unsurprisingly, housing stability and a steady income resulted in the ability to be more selective about sex work clients, which resulted in feelings of safety and job satisfaction for participants who chose to continue doing sex work once they were housed.

It is important to acknowledge and analyze a diversity of experiences in the sex trade in order to avoid flattening sex workers' diverse experiences into a monolithic account of victimization or of complete sexual freedom and empowerment (for a critique of the former see Weitzer 2005; for a critique of the latter see Weitzer 2000). By taking into account housing and employment histories, and analyzing the effects of participants' interactions with different types of poverty management interventions, this dissertation opens areas of inquiry that extend beyond the choice/coercion debate that currently dominates so much of sex work scholarship.

## 2.5 Incarceration creates barriers to formal employment

Upon release from jail or prison, many people are denied housing, employment and even food stamps (Gowan 2002, Manza & Uggen 2006, Pager 2007). The relationship between incarceration and poverty post-release is well documented in the literature: Lack of resources and limited eligibility for social support pushes many people into informal, often criminalized, economic strategies upon release from prison (Pager 2007). According to data from the Access and Connections Subcommittee of San Francisco's Re-entry Council, about 25% of people on probation in San Francisco lack stable housing.<sup>9</sup> Andy Chu, the Managing Legal Director for San Francisco's Positive Resource Center, a legal aid organization for people with HIV, described how incarceration frequently threatens his clients' housing:

We have had many clients who lost their SSI due to incarceration. In these situations, they would have to re-apply all over again... SSI clients have no income and usually have to rely on GA after release. However, due to their disability, they are often unable to comply with GA requirements, and have great difficulties getting back on SSI. The result is no income and homelessness. I remember in one case, it took the client almost half a year to get to us so we could help him apply for SSI; he was so mentally disabled he wasn't able to apply for SSI and seek help, and had been living on the streets with no income. In worse cases, people are off SSI for years, never able to get back on because they are out of medical care and have no medical records to support their claims. Ideally, there shouldn't be a new medical determination when a person is incarcerated for 12 months or more... it doesn't make any sense, as if prison can improve someone's health. (Herring & Yarbrough 2015: 51)

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<sup>9</sup> Author's email correspondence with Leah Rothstein, Adult Probation Department (May 27, 2015). See also Herring & Yarbrough 2015: 48.

The loss of benefits and housing during incarceration pushed many of my participants into criminalized work. For example, Bill, a former sex worker living with disabling AIDS, ended up homeless when he could not get his SSI back after he was released from jail. He survived on the streets with a combination of sex trades, panhandling, and recycling. Ana described how missing fifteen days of work due to an incarceration threatened her ability to pay rent. To keep her housing, she had to go back to doing street-based sex work on the same day that she was released from jail. Carmen had a similar experience: She was arrested for prostitution and released from prison with no money, and no other way to support herself.

### **2.5.1 Debra**

Debra, a Black cisgender woman in her thirties, lost her housing and job due to incarceration, and traded sex to survive while she was homeless. Debra has been incarcerated four times, including for Driving While Intoxicated when she was sleeping in her car, pulled over on the side of the road; for assault when she was involved in a dispute with a man and defended herself, and for violation of her probation terms. The last time she was incarcerated, in Texas, she spent two months in jail just waiting for her court date.

Before she went to jail, Debra had a steady job as a housecleaner and was also taking college classes. She was renting her apartment, and had her own car.

When she was arrested, Debra's car was impounded. She couldn't pay the rapidly mounting fine of \$100 per day to get the car back, so she lost it permanently. Without a car, she couldn't get to the houses she was supposed to clean, and the

interruption in her employment meant that she couldn't pay her rent. "Your car is gone, your place is gone," she says. The stress of incarceration caused her to develop insomnia and an anxiety disorder, and these conditions made it impossible for her to go back to work after she was released.

Debra didn't have housing after she was released from jail, so she crashed with a series of acquaintances. She ended up on the streets after a man she was staying with raped her. Shortly after she became homeless, she traded sex for the first time, just to meet her basic needs for food and shelter.

Debra finally got stable housing again when a therapist diagnosed her with an anxiety disorder and post-traumatic stress disorder. These diagnoses helped her apply for SSI, and she was able to use this money to rent a shared room. Before jail, she says, "I was independent, and then I became dependent. They did nothing but make me a dependent."

Debra explains how incarceration can generate poverty, homelessness and crime:

They definitely need to take a look at why the recidivism rate is so what it is for criminals, because—and I'm not talking about my situation. I don't even consider myself a criminal. But, when people are let out of jail, a lot of times they've lost everything. Okay. Innocent or guilty, okay, because aren't they supposed to have served their time? Well, when they're let out, innocent or guilty, they've lost everything and most people, in order to get everything back can, you know—some people make stupid choices in order to get back on their feet...it takes a lot to get a car. It takes a lot to, you know, afford—money for a place to live. And if you don't have family, or you know, a friend or friends to get you—to help get you out of that, you're screwed. And so, it's no wonder that people commit crimes to get money or they steal to get money. Now, I wouldn't do that but I could see why the people

continually commit crimes once let out. Or, burglarize, or you know, they're just trying to support themselves and it's like, no wonder. They're just put in a bad situation after—you know, it's—they need more resources to help people get back on their feet. Otherwise the crime is going to continue, you know, and that's not good for the community. I mean, at least give people back their property, like their car.

Aimee, too, has experienced barriers to formal employment. As a young adult, she was arrested for prostitution by undercover officers in a hotel in New Orleans, where this was a felony. Aimee was working for an escort agency at the time, and assumed that the agency carefully screened clients in advance. She said, "I spent a night in jail because it was a felony and they wouldn't let me out because I had to see the judge in the morning. It was really scary." While Aimee finds sex work enjoyable, lucrative and rewarding, and considers it her "chosen profession," she also wants to branch out into the formal economy. She has the skills and credentials to do so, but her criminal record has resulted in her getting turned down for a number of high paying formal jobs.

Basically the fact that I have this on my record has been really limiting for me in a lot of ways. The last time that I had to deal with it I was applying for a job that was with a company that dealt with travel. The way that they phrased it was because of your record and because it had to deal with an exchange of money we're not able to accept this as something that we're ok with.

In Aimee's case, legal barriers to formal employment influenced her decision to continue to rely on sex work as her primary income strategy. However, Aimee was able to subsidize her education at a prestigious university through sex work, and her substantial cultural and educational capital allows her to select an elite group of high paying clients. While Aimee's job satisfaction as a sex worker is high, her criminal

record has stymied some of her attempts to branch out into formal economy. Despite her high earnings and enjoyment of her work, this narrowing of her options makes Aimee's economic position more precarious than it would be if she did not have a criminal record.

Especially for those who do not end up with a criminal record, sex work can be a vehicle for economic mobility. People with stable housing who do criminalized work indoors are much less likely to be caught by police than those who work and spend time in public space. The relative privacy and safety of indoor work allows indoor workers to make more money, and without a criminal record, they can move more easily into the formal economy if and when they choose to do so.

For example, Blair, a white cisgender volunteer at a sex worker advocacy organization, has never been homeless. She got into sex work in college, and discovered she could earn a lot by escorting, which led her to drop out of college to work as an escort full time for a few years. Blair's escort agency thoroughly screens all prospective clients to prevent sex workers from coming into contact with police and people who have perpetrated violence in the past: All clients of Blair's agency must have at least three verifiable references from other reputable sex workers or agencies. The highest earning participant in my sample, Blair earned between \$6,000-\$12,000 monthly while working as an escort, and recently transitioned to running the business full time.

As a manager, Blair thought that she provided a safe, flexible and supportive work environment for her employees, some of whom were single mothers who needed



flexible work that would allow them to spend time caring for their young children, or furthering their education.

Like Aimee, Blair enjoys doing sex work. She describes her work, both her past job as an escort and her current job managing a small escort agency that employs five women, as very fulfilling: Some of her favorite work-related memories are of a client who was very clearly still in love with his wife, who had died of cancer years ago. This client, Blair said, was very lonely, but was not ready for a new relationship. Sometimes he would just cry in her arms. By listening empathetically to his memories of his wife and providing comfort and companionship, Blair felt she had played a crucial role in the man's emotional healing.

Partly because she has never been arrested, Blair transitioned seamlessly out of the sex industry before age thirty, exactly as she planned. Over the course of my fieldwork, she moved into the management position and then used her substantial savings and earnings from sex work to finish college. As a college graduate without a criminal record, she has access to a wider array of formal jobs. Sex work has afforded Blair, a white woman with educational capital and credentials, upward mobility and stability.

## **2.6 Discussion**

In policy and the popular imagination, there is a clear delineation between hard working formal economy workers in “conventional jobs,” mostly in the service sector, and the people doing crimes on the street. In the real lives of many homeless and

precariously housed San Franciscans, the line between low-paying formal work and informal work, legal and criminalized work, is very thin.

My research shows that many of the poorest people who do sex work also do many other formal and informal jobs over the course of their lives. My participants moved from construction into sex work; from telemarketing into sex work; from sex work into recycling; from sex work into petty theft. Informal work allowed participants to survive homelessness, drug addiction, and mental illness.

Sociologists have long known that most poor people in the U.S. do not get by on low-wage formal labor or welfare alone (Edin & Lein 1997). Yet despite decades of social science scholarship documenting the insufficiency of welfare and wages, many sex work researchers have defined stigmatized informal work as a problem in the narrow terms of individual behavior or interpersonal violence. This chapter has argued that sex work, like recycling, panhandling, and other criminalized *work* is done in order to earn money.

This chapter also challenges scholars to move beyond the false binary of choice and coercion in street-based sex work, and to consider the bigger picture of social and political inequality. Instead of asking limiting questions about how to get and keep people out of prostitution, researchers should focus their inquiry on poverty and inequality. How do formal and informal work, including selling or trading sex, allow people to survive or to exit homelessness? What types of governmental responses reduce or exacerbate poverty?

Because this chapter is a corrective to scholarship that strips sex workers' careers away from the rest of their lives, and then reduces their identities to this one job, I have presented narratives showing the interconnections of housing and different kinds of work in a diverse group of participants' lives. I hope that this will facilitate discussion of the complex and diverse pathways through homelessness and formal and informal work while keeping the focus on structural conditions that produce housing and income insecurity.

This chapter also highlights the diversity of people who sell or trade sexual services at some point in their lives. For many commentators, the phrase "sex worker" conjures images of cisgender women, when in fact sex workers are a diverse group including people of all genders. Recent surveys of research literature on sex work have found ten times more articles focused exclusively on cisgender girls than on other groups of youth in the sex trade (Dennis 2008 cited in Lutnick 2016: 9). The obsessive focus on cisgender "women and girls" in prostitution research and policy debates serves to naturalize efforts to protect and control female sexuality, so criminalization and rehabilitation are more easily understood as necessary and good, rather than as projects that create and manage gendered and racialized populations of surplus laborers.

For many street-based sex workers, the problem is not exploitation, but poverty. In anti-prostitution research and policy debates, the rhetoric of sexually exploited women and girls serves to shift focus onto interpersonal violence, and away from the broader systems that create and administer poverty. Very rarely was someone

else making any money from my homeless and precariously housed participants' sexual labor. This is not unusual, even among the groups of sex workers most vulnerable to exploitation: Recent studies of youth in the sex trade have found that relatively few (between ten and thirty-three percent) are working with a third party, most often a "boyfriend" or friend in their age group (Lutnick 2016: 30). The considerable violence experienced by the poorest sex workers happens in a context of poverty, welfare retrenchment and labor market exclusion. The vulnerability of homeless people who do sex work and other types of informal work is produced through a free market economy that prioritizes capital accumulation by the few over the provision of a living wage or publically funded social assistance. As I will argue in subsequent chapters, the poverty management system has responded to poor people—their identities, their work, their presence in public space—with interventions that allow poverty to continue unabated.

This chapter has argued for more scholarly attention to the context of poverty and precarious work. By highlighting the interactions between housing and different types of work and sources of income, this chapter demonstrates why interventions aiming to improve the lives of poor and homeless people in the sex trade need to respond to poverty, not just prostitution. The following chapters will discuss the effects of three different types of responses to poverty: Criminalization, medicalization, and harm reduction. The following chapter will show how precariously housed sex workers' opportunities and trajectories are profoundly influenced by whether the carceral system and service bureaucracies define them as

criminals who should be punished; patients in need of treatment; or people in need of resources to reduce harm.

## CHAPTER 3

### CARCERAL CLASSIFICATION IN THE CRIMINALIZATION OF POVERTY

To understand criminalization as a process, it is crucial to focus on the labeling of certain populations as criminal and the classification of certain behaviors as crimes (Spade 2011: 22, Becker 1963). This process of labeling and classification happens through laws and law enforcement. Following a summary of how laws prohibiting prostitution, drug use, and life-sustaining activities in public space function to criminalize poverty, I trace the process of carceral classification through the stages of police encounters in public space, arrest, and incarceration. At each of these moments, carceral system involvement deepens vulnerability to poverty and violence.

The scholarship about the criminalization of sex workers has largely failed to take into account the myriad activities, in addition to prostitution, for which extremely poor sex workers are apprehended by law enforcement. There are numerous scholarly accounts of the impacts of the criminalization of sex work, but most scholars have ignored the multiple ways in which poor people working in the sex trade are criminalized. After a brief review of the laws governing prostitution, drug use, and homelessness in public space, I show how these laws and enforcement practices create racialized and gendered forms of vulnerability for my participants. All of the participants whose stories I tell in this chapter have become more vulnerable to poverty, housing instability, illness or violence as a result of being classified as criminals. Drawing connections between my participants' experiences and the laws and enforcement that regulate poor people's activities in public space, I show how law

enforcement, jails and prisons regulate not homelessness and informal work, but also gender, sexuality, race and poverty. I argue that laws and police practices that govern poor people's activities in public space do not only target criminal behavior, but govern and perpetuate the poverty of racialized and gendered groups.

My discussion of the criminalization of poverty focuses on the experiences of a diverse group of participants who interact with police for different reasons, and with different outcomes. Homeless and marginally housed people who live or work in public space are all vulnerable to citation and arrest, but are profiled and arrested differently based on race and gender. None of the men in my sample of sex workers had ever been stopped or arrested for prostitution, but many transgender women were profiled as prostitutes. Many transgender and cisgender women who participated in my study reported being arrested for prostitution by undercover officers, while cisgender men were more likely to be arrested for drug use. More participants of color spent time in jail or prison than white participants.

Comparing the law enforcement experiences of a diverse group of participants who all do illegal work, I argue that criminalization regulates and generates racialized and gendered forms of poverty. The first part of this chapter focuses on my participants' classification as criminals under anti-homeless, anti-prostitution, and anti-drug laws and enforcement. The second part of the chapter shows how race and gender classification happen not only through profiling at the stages of citation and arrest, but also through the process of incarceration. In my discussion of gender-based violence in jails and prisons, I analyze the experiences of transgender women who are

incarcerated in men's facilities. The use of undercover police, gender classification, and solitary confinement generate gender-specific forms of harm for transgender women who work in street economies and limit their life chances at every stage of the process.

### **3.1 Managing poverty: From entitlement to mass incarceration**

Criminalization became a dominant governmental response to poverty in a context of mass incarceration and welfare retrenchment. Incarceration became the dominant system of racial repression and control in the wake of the Civil Rights movement, as conservatives “used rising crime as an excuse to crack down on impoverished black communities” and “purposefully failed to distinguish between the direct action tactics of civil rights activists, violent rebellion in inner cities, and traditional crimes of an economic or violent nature” (Alexander 2010: 42-43). Reagan campaigned on the promise of reducing crime and welfare, and used “racially coded rhetoric” to secure the votes of democrats and gain popularity among poor whites (Alexander 2010: 49). When Reagan announced the War on Drugs in 1982, he tapped into white Americans' racial anxieties: “By waging a war on drug users and dealers, Reagan made good on his promise to crack down on racially defined ‘others’—the undeserving” (Alexander 2010: 49). Between 1980-1991, the U.S. government decided to respond to drug use by the poor through incarceration instead of drug treatment, slashing funding for drug treatment and education programs, and dramatically increasing funding for drug crime policing (Alexander 2010: 50; see also Gottshalk 2015).



Punitive policies extended beyond the arena of law enforcement: playing on the racial fears of working class whites, politicians vowed to eradicate crime and welfare. The Clinton administration enjoyed bipartisan support for the “three strikes” law, and authorized expenditures of over \$16 billion to expand prisons and police forces (Alexander 2010: 56). This unprecedented expansion of the carceral system was accompanied by divestment in housing and entitlements, resulting in the exclusion of increasing numbers of poor people of color from full citizenship.

Alexander (2010) links Clinton’s signing of the extraordinarily punitive “Personal Work Responsibility and Opportunity Reconciliation Act” to the policy of the permanent marginalization of people labeled criminals, noting that the PWRORA included “a permanent, lifetime ban on eligibility for welfare and food stamps for anyone convicted of a felony drug offense, including simple possession of marijuana” (57). The shift to mass incarceration and the withdrawal of social support was not a matter of reduction in the amount of money spent on poverty management, but of re-allocation of resources to prioritize policing and incarceration.

Despite claims that these radical policy changes were driven by fiscal conservatism—i.e. the desire to end big government and slash budget deficits—the reality is that government was not reducing the amount of money devoted to the management of the urban poor. It was radically altering what the funds would be used for. The dramatic shift toward punitiveness resulted in a massive reallocation of public resources. By 1996, the penal budget doubled the amount that had been allocated to AFDC or food stamps. Similarly, funding that had once been used for public housing was being redirected to prison construction. During Clinton’s tenure, Washington slashed funding for public housing by \$17 billion (a reduction of 61 percent) and boosted corrections by \$19 billion (an increase of 171 percent), “effectively making the

construction of prisons the nation's main housing program for the urban poor." (Alexander 2010: 57)

The 1980s and '90s also heralded devastating increases in government subsidies of the wealthy at the expense of the poor. Wacquant (2009: 42) points out:

The US government continues to provide many kinds of guarantees and support to corporations as well as to the middle and upper classes, starting, for example, with home ownership assistance: almost half of the \$64 billion in fiscal deductions for mortgage interest payments and real estate taxes granted in 1994 by Washington (amounting to nearly three times the budget for public housing) went to the 5 percent of American households earning more than \$100,000 that year...Over seven in ten families received mortgage subsidies (averaging \$8457), as against fewer than 3 percent of the families below the \$30,000 mark (for a paltry \$486 each). This fiscal subsidy of \$64 billion to wealthy home owners dwarfed the national outlay for welfare (\$17 billion) food stamps (\$25 million) and child nutrition assistance (\$7.5 billion).

At the same time, the department of Housing and Urban Development implemented Clinton's "One Strike and You're Out" initiative, which evicted public housing residents who had been caught using drugs or even allowing a family member who had a record of possession into their homes. The new HUD guidelines encouraged extraordinarily punitive screening and eviction policies in public housing around the country: The "Quality Housing and Work Responsibility Act of 1998" allowed public housing agencies to "bar applicants believed to be using drugs or abusing alcohol—whether or not they had been convicted of a crime" (Alexander 2010: 145). In 2002, the Supreme Court ruled that public housing "tenants could be held civilly liable for the nonviolent behavior of their children or caregivers" (Alexander 2010: 147). In practice, this meant that residents whose children or

caregivers were caught with drugs—even outside of the housing complex—could be evicted.

The simultaneous investment in mass incarceration and divestment in social welfare happened at the state level as well. Beckett and Western (2001) link increased spending on incarceration to decreased spending on social welfare at the state level. They find that “large penal systems are found in states with weak welfare systems” and argue that “welfare and penal institutions comprise a single policy regime aimed at the governance of social marginality” (33). In California, the 1978 passage of Proposition 13 cut off property tax revenue for municipal governments, which resulted in reduced investment in public services (Martin 2008). California’s poverty rate “rose 67% between 1979 and 1995,” and the lack of workers’ movements combined with voter mandates for the state to “become leaner and meaner,” allowed California’s elected officials to build the state’s prison system (Gilmore 2007: 52-53). Gilmore argues:

The postwar pragmatic care once unevenly bestowed on labor was transferred, with an icing of solicitude, to capital. The state focused on capital’s needs—particularly how to minimize impediments, and maximize opportunities, for capital recruitment and retention... Having been elected under crisis conditions, Governors Deukmejian and Wilson consolidated their administrations around the anticrime theme they had popularized. The state built itself by building prisons fashioned from surpluses that the newly developing political economy had not absorbed in other ways. (2007: 53-54)

California poured money into building the prison system. In the fiscal year of 2010, the total cost of California’s prisons was \$7.9 billion, costing an average of \$47,421 annually per inmate (Henrichson & Delaney 2012). This investment allowed

the state to warehouse people at the bottom of the state's socioeconomic and racial hierarchy: In 2000, only 44% of California prisoners had worked for the same employer for at least 6 months, and people of color were incarcerated at disproportionate rates (Gilmore 2007: 111-12). Through mass incarceration, "the state could round up persons who correspond demographically to those squeezed out of restructured labor markets..." (Gilmore 2007: 114). As of 2007, the California Department of Corrections was "the state's largest department, with a budget exceeding 8 percent of the annual general fund—roughly equal to general fund appropriations for postsecondary education" (Gilmore 2007: 144).

### **3.2 Prostitution laws and enforcement**

Since shifts in the post-industrial economy moved higher paying sex work indoors, the sex workers left soliciting in public are often those who don't have the social or economic capital to avail themselves of higher-paying clients online (Bernstein 2005, 2009). Bernstein argues:

...state regulatory strategies around prostitution are deeply embedded in struggles over the allocation of urban space. Both the state policing of the street-level sex trade and the normalization of the sex business [indoors] reveal a shared set of underlying economic and cultural interests: The excision of class and racial Others from gentrifying inner cities, the facilitation of the postindustrial service sector, and the creation of clean and shiny urban spaces in which middle class men can safely indulge in recreational commercial sexual consumption. (2005: 123)

This relationship between poverty, gentrification and state regulation is an important starting point for my re-framing of the governmental regulation of sex work as a form of poverty management. A (2009) survey of 247 street-based cisgender

women sex workers in San Francisco demonstrates the ubiquity of poverty and criminalization among street-based sex workers. Researchers found that 53% of participants were homeless; 31% received Supplemental Security Income (SSI); and 29% received General Assistance (GA) (Lutnick & Cohan 2009: 42). Thirty-two percent of participants in this study reported that they experienced physical assault while doing sex work, and 29% reported sexual assault (Lutnick & Cohan 2009: 42). Many of the women surveyed also reported violence perpetrated by police: 14% of respondents reported that they had been threatened with arrest unless they had sex with police; 8% were arrested after having sex with police, and 5% were arrested after *refusing* to have sex with police (Lutnick & Cohan 2009: 42).

Under these conditions, the policing of street prostitution is a way of managing poverty through the criminalization of poor people's sexual labor. San Francisco Police Department records of citations and arrests for "prostitution incidents" (excluding the related charge of "loitering with intent to commit prostitution") show that although the overall number of prostitution-related citations and arrests declined steadily between 2009-2013, more citations and arrests during this time period happened in the rapidly gentrifying Mission District than in any other neighborhood (SFPD 2009, SFPD 2010, SFPD 2011, SFPD 2012, SFPD 2013). For example, 13 of 18 total adult bookings for prostitution, and 93 of 147 total adult prostitution citations in 2013 occurred in the Mission district (SFPD 2013). This indicates that the policing of street prostitution, like that of homelessness, is likely influenced by the complaints of affluent neighborhood residents.

### **3.3 Anti-homeless and quality of life laws and enforcement**

With 23 municipal ordinances prohibiting sleeping, sitting, and begging, San Francisco has more anti-homeless laws on the books than any other California city (Fisher et al. 2015: 17). Anti-homeless laws are prohibitions on necessary life-sustaining activities in public space, including sleeping and sitting (ibid). These laws are enforced aggressively, with over 22,000 documented citations for sleeping, sitting, and begging issued between 2006-2014 (Herring and Yarbrough 2015: 2). Anti-homeless laws are a subset of “quality of life” citations, which include anti-homeless laws as well as restrictions on drinking, smoking, dogs off of a leash, and other infractions in public space. San Francisco police issued 51,757 quality of life citations between 2006-2014. In 2009, the National Law Center on Homelessness ranked San Francisco as the sixth worst city out of 224 U.S. cities with regard to its treatment of homeless people, using an index of anti-homeless laws and penalties (Herring & Yarbrough 2015: 12-13).

The San Francisco Coalition on Homelessness’s recent survey of 351 homeless people in public space indicated that a majority of visibly homeless people interact frequently with police: Police approached 74% percent of participants in public space in the past year; 20% were approached four times or more in the past month (Herring and Yarbrough 2015: 1). Seventy percent of respondents were “forced to move from public space,” with even higher percentages among people who slept outdoors: 93% of people who camped and 88% of people who slept on the streets were forced to move in the past year (ibid). Fifty-six percent of respondents were searched by police in the

last year, and 46% reported that their belongings—including identity documents, medications, tents and sleeping bags—were confiscated or destroyed by city officials (Herring and Yarbrough 2015: 2). Most survey respondents—69%— were cited in the last year, and most were unable to pay the fine or resolve their citation (ibid). This automatically results in the addition of a \$300 civil assessment. The accrual of unpaid citations results in the issuance of a bench warrant for arrest, drivers' license suspension, and damaged credit, all of which increase the difficulty of exiting homelessness (ibid).

The San Francisco Coalition on Homelessness found that anti-homeless enforcement disproportionately affected people sleeping on the streets and in camps, as well as people with mental or physical disabilities and people of color (Herring and Yarbrough 2015: 55). Some scholars have suggested that anti-homeless laws, despite their narrow targeting of homeless people, have endured constitutional challenges because the *language* of the laws focuses on behavior—sleeping, resting, and sitting—rather than on homeless identity (Ortiz et al. 2015). In other words, anti-homeless laws ostensibly also prevent housed people, who are not forced to rest in public space, from doing so. This veneer of formal equality in the law helps to justify the criminalization of homeless people who are forced to sleep in public when they have nowhere else to go.

### **3.4 Drug laws and enforcement**

By 2005, the number of yearly drug arrests throughout the U.S. was more than three times the number in 1980, despite a decline in drug use (Alexander 2010: 72). In

1988, the Byrne Grant Program made available millions of dollars in federal grants to state and local jurisdictions that prioritized drug enforcement (Alexander 2010: 73; Gottschalk 2015: 33). After Reagan announced the Drug War, subsequent presidential administrations continued to provide federal financial incentives for local and state prioritization of drug enforcement, from donations of military equipment to law enforcement agencies to asset forfeiture laws that made drug arrests a lucrative way to grow police department budgets (Alexander 2010: 81-83). In California, advocates succeeded in changing the possession of drugs for personal use from a felony to a misdemeanor with the passage of Proposition 47 in 2014. Drug laws and enforcement are perhaps the most-well documented example of how laws and enforcement combine with racially discriminatory effects. From the sentencing disparity<sup>10</sup> that results in Black drug users being incarcerated for longer for using the same drug as white drug users (Alexander 2010), to racial profiling that results in higher arrest rates of Black drug users, even though Black people are less likely to use drugs than white people (Moore & Elkavich 2008), the Drug War is a prime example of racial oppression through criminalization.

### **3.5 Theorizing intersectional vulnerability**

All poor people who live or work in public space are vulnerable to criminalization through the enforcement of laws and local ordinances related to

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<sup>10</sup> Until 2010, the crack to powder cocaine sentencing disparity was 100:1. After Congress passed the Fair Sentencing Act in 2010, the sentencing disparity became 18:1. Because most of the people arrested for possession of crack are Black, the crack to powder cocaine sentencing disparity means that Black people are incarcerated for a much longer time for a comparable offense (ACLU 2016).



survival and informal work in public space, especially laws regulating homelessness, prostitution, and drug use. People of color are more likely to get caught up in the carceral system, not only because of racial profiling, but also because they are more likely to be poor and homeless in the first place.

Black people, only 6% of San Francisco's population,<sup>11</sup> are 24-39% of the city's homeless population, and 56% of the jail population. Latinos are 15% of San Francisco's general population, 26% of the homeless population, and 13% of the jail population. White people are less likely to be homeless or in jail: Whites are 54% of San Francisco's general population, 29% of homeless people counted in the city's last point-in-time survey, and 22% of the jail population (City and County of San Francisco Office of the Controller 2013; United States Census Bureau 2016; Applied Survey Research 2015). A community-based survey of visibly homeless people in San Francisco's central city found that "81% of Black respondents and 84% of Latino, Native American and other respondents of color had been approached by police, compared with 77% of white respondents" (Herring & Yarbrough 2015: 55). The same survey found that 77% of black men participants (N = 97) and 57% of white men participants (N = 78) had been incarcerated at least once in the past (Herring & Yarbrough 2015: 57).

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<sup>11</sup> Developer-driven policies have cut the city's overall Black population by half since 1970, a faster rate of population decline than in any other U.S. city (Fulbright 2008). Most homeless San Franciscans grew up in San Francisco and many have been priced out of historically Black neighborhoods (Herring & Yarbrough 2015).

Many city officials view the disproportionate incarceration of Black people in San Francisco as a consequence of Black criminality, rather than as an effect of the city's own policies of criminalizing poor people's activities in public space. The criminalization of Black people is so entrenched in city policy that the San Francisco Controller's Office assumes the city's jail population will decline in direct proportion to its Black population:

The African American population in San Francisco decreased by 18 percent (59,461 to 48,870) between 2000 and 2010, and the DOF [Department of Finance] projects a continued decline through 2050 to 34,101. These population changes are relevant because, as mentioned previously, adults age 18-35 and African Americans are disproportionately represented in the jail population. A decline on these populations could have a downward impact on the jail population in the future. (City & County Office of the Controller 2013: 15)

Transgender people experience homelessness and incarceration at much higher rates than the general population: 48% of Black transgender respondents and 26% of all trans respondents to a national survey of 6,450 transgender people experienced housing instability in the previous year (Grant et al. 2011: 114). The same survey found that 16% of transgender respondents spent time in jail or prison "for any reason." Transgender women were incarcerated at the highest rates: 21% of all transgender women respondents, 47% of Black transgender women respondents and 30% of Native American transgender women respondents had been incarcerated (Grant et al. 2011: 163).

The disproportionate poverty and homelessness of people of color and gender non-conforming people is only part of the reason why members of these groups are

more likely to encounter police and more likely to wind up in jail or prison. Critical legal scholars and critical criminologists point out that the law is not neutral, and neither is enforcement. What is defined as crime and who is defined as a criminal is socially and politically constructed, a reflection of “consensus only among those who control or wield considerable influence” (Mogul, Ritchie and Whitlock 2011: xvi). The social and political construction of crime and criminality is based on the manipulation of law “to legitimate existing maldistributions of wealth and power” (Matsuda 1995: 64).

Sometimes, race or gender bias is written into the text of the law: For example, legal scholars found that contemporary anti-homeless legislation is similar in language, form, and function to laws that have been declared unconstitutional and taken off the books, including Jim Crow Laws and Ugly Laws (Ortiz, Dick and Rankin 2015); others have analyzed the way that binary gender categories in administrative law exclude transgender people from social citizenship (Spade 2008, 2011).

Sometimes, racial and gender bias happen through enforcement priorities, for example San Francisco’s decision to use federal grant money meant for the enforcement of laws against human trafficking to instead arrest street-based sex workers in response to complaints about prostitution in one neighborhood (Winshell 2011). Even laws with race and gender-neutral language can have discriminatory effects on people of color (Bonilla Silva 2006, Alexander 2010) or transgender people (Spade 2008).

Building on the insights of critical legal scholars, this chapter theorizes the criminalization of poverty as a process of carceral classification that regulates and produces racialized and gendered forms of vulnerability. The cycle of poverty and vulnerability begins with precarious labor and labor market exclusion (discussed in chapter one) that pushes people into homelessness and criminalized informal work. From there, poor people—disproportionately people of color-- who live and work on the street are more likely to encounter policing in public space. Racial and gender profiling and the use of undercover officers to generate crime means that, even in my sample of people who are all selling or trading sex, men are profiled for drug use or sale; transgender and cisgender women are additionally targeted for prostitution; and people sleeping or camping outside—regardless of race or gender—are vulnerable to anti-homeless enforcement. Racial and gender sorting increase vulnerability to violence in jail and prison; post-release, a criminal record, interruption in benefits, and the effects of incarceration on mental health increase the likelihood of homelessness. Table 3.1 describes how laws and enforcement combine to produce stratification.

Table 3.1. Intersectional Vulnerability in the Criminalization of Poverty

Criminalized identity, activity or condition	Laws and administrative policies	Enforcement and implementation
Homelessness	Anti-homeless and quality of life laws, including laws against sleeping, resting, panhandling, and camping in public space; San Francisco has 27 anti-homeless laws; more than any other California city.	Homeless people who camp or sleep outdoors are most frequently targeted for enforcement of anti-homeless and quality of life laws.
Prostitution	Laws against exchanging sex for anything of value. 647(b) Prostitution-related crimes are generally misdemeanors in San Francisco; some participants were charged with felonies elsewhere.	Street-based sex workers (disproportionately trans and women of color) are arrested the most often. Undercover officers target women. Police sometimes use arrest or threat of arrest to perpetrate sexual violence.
Drug use	Laws against possession and sale of drugs. Since the passage of California Proposition 47 in 2014, possession is a misdemeanor.	People using drugs in public space (disproportionately homeless and people of color) are arrested most often. Police profile people of color as drug users.
HIV	HIV-specific sentence enhancements HIV-specific felony laws criminalize non-disclosure of HIV status to sexual partners Prostitution while HIV+ is a felony The CDCR places HIV+ prisoners in solitary confinement	Street-based sex workers are most likely to be arrested and to be HIV-positive; Jails and prisons often place HIV+ prisoners in solitary confinement. Transgender women are disproportionately vulnerable to HIV-related criminalization.
Mental illness	Laws regulating homelessness, drug use, and prostitution	Homeless people in public space are vulnerable to police enforcement.
Non-white race	Laws regulating homelessness, drug use, and prostitution	Racial profiling and selective enforcement by police
Non-normative gender identity or presentation	Carceral classification in jails and prisons; Laws regulating homelessness, drug use and prostitution	Police profiling of transgender women as prostitutes; gender-based violence against transgender people in jail and prison

This table highlights intersectional vulnerability in the criminalization of poverty. The table represents the laws and enforcement practices most salient in the lives of my research participants, rather than an exhaustive list of the laws that contribute to the criminalization of poverty. Homeless and street-based workers are all vulnerable to policing in public space, but the particularities of laws and law enforcement make some subpopulations more vulnerable. For example, T., as a homeless Black transgender woman who does street-based sex work and uses drugs, is vulnerable based on laws regulating drug use, prostitution, and homelessness; and enforcement targeting Black and transgender people. White cisgender participants like Belinda are vulnerable based primarily on laws and enforcement targeting homeless people who sleep outdoors.

The reality of racial profiling is well-documented, as is the disparate impact of drug laws on people of color (Alexander 2010, Gottschalk 2015, Moore & Elkavich 2008), although racist enforcement priorities are rarely codified in the law itself. This table shows how laws and enforcement priorities combine to render groups of poor and homeless people vulnerable to criminalization in ways that depend on their race and gender identities and their activities in public space. While the table shows how laws and enforcement practices regulating different aspects of poor people's identities and income strategies are analytically separable, it also shows how these laws and enforcement practices intersect in each participant's life. This table also provides a different perspective on debates about whether race or class is the primary cause of criminalization. The table helps to make sense of my research participants'

experiences with the carceral system, described in subsequent sections. Based on the table, we can see that for white people who sleep outside, like Belinda and Bill, laws and enforcement regulating homelessness and drug use create vulnerability, even in the absence of racial profiling. In contrast, identity-based discrimination is central to the criminalization of many participants of color, like Ana and Calvin, who are detained due to race and gender-based profiling—even when they are not committing any crime. Others, like T., Pauline, and Carmen, are rendered vulnerable not just because they are breaking the law but also due to biased enforcement.

Even though laws regulating poor people's presence and activities in public space may seem race and gender-neutral, they have a disparate impact on people of color and transgender people. This is in part due to the fact that people of color and transgender people are disproportionately likely to be excluded from formal labor markets and pushed into homelessness and street-based work (see Chapter One), and partly due to biased law enforcement in the form of racial and gender profiling. This chapter argues for an expansive definition of the criminalization of poverty that accounts for intersectional vulnerability. My participants' experiences demonstrate that the criminalization of poverty is the management not just of poor people's presence or activities in public space, but also of race and gender identity and expression. Many of the laws that in effect criminalize poverty don't initially seem to be about regulating poverty at all. But in fact, all of the laws in the table above (and more) have the effect of criminalizing poverty. Similarly, the laws in the table above may not initially seem relevant to the regulation of race or gender. But because

poverty in U.S. cities is racialized and gendered, the criminalization of poverty disproportionately harms people of color and transgender people.

### **3.6 Policing in public space**

Chapter One showed how people move through formal and informal work and homelessness. Poor people of color are disproportionately subjected to criminalizing interventions in San Francisco and throughout the U.S. People of color experience racial profiling (police targeting based partly on their race) which leads to more police contact, especially in the context of disproportionate policing of neighborhoods where most residents are people of color, and many are homeless. Participants who were homeless on the street had frequent police encounters, regardless of race or gender. Participants who were transgender or people of color experienced frequent police profiling; men of color were frequently searched for drugs, and transgender women were profiled as prostitutes.

#### **3.6.1 Anti-homeless enforcement**

Akasha, a white transgender woman, remembers:

My partner was homeless and sleeping outside. I wanted to sleep outside with her to make sure she was safe, and safety in numbers. So we often squatted and slept in between houses or in whatever kind of space we could. We were frequently roused by cops in the middle of the night or early dawn hours and forced to move on. So that further eroded my direct experience of dealing with cops...I saw how selectively the lodging ordinance was being enforced on people who stayed under the freeways in tent cities... Hundreds of homeless people were swept, and the tent city was swept, at the time this parking lot [Now AT&T park property] was constructed, around 2001 or 2002...

As far as cops, I had a long distrust of them from knowing so many sex workers in the mid to late nineties and just hearing their stories... how they were arrested, how they were sometimes forced to have sex



with cops in lieu of being arrested, all the different ways the cops abused their power when you would not have any standing in a court of law.

When asked if police targeted her because she was homeless, because she was trans, or because she did sex work, Akasha said:

I felt at risk for being abused by cops for all of those reasons. After I became housed, if I was staying outside, I was still very vulnerable as someone who appeared homeless. I always felt very vulnerable as a trans person too “cause I was keenly aware that trans people were being abused at SF County Jail, and that we were being discriminated against by SFPD [San Francisco Police Department].”

Jay, a 35-year-old white gay man, has been selling sex and using drugs for years. After he ran away from his homophobic family in high school, he moved in with an older abusive boyfriend who almost beat him to death. Encouraged by a friend who paid for his bus ticket, Jay fled to San Francisco, where he ended up homeless. In and out of shelters, he started doing street-based sex work on San Francisco’s transgender stroll, at first dressing in drag, and then starting to identify as a woman. After living and working as a trans woman from age 19-26, Jay started again to identify as a man. Reflecting on his current and past sex work and drug use, he says:

I’ve never been popped for drugs so I mean I have been fortunate... Over the years, 15 years of doing drugs, honey, I’m very fortunate. And you know, I don’t want to wind up in jail, because my freedom: Like I could get any job I wanted. I have a good credit score, you know, I have a clean record, knock on wood, you know and everything I’ve done, some of it’s illegal--a lot of it’s illegal--but I managed to walk out of it with a clean slate, and I’m fortunate for that, because so many people I know, just one time has made them.

Jay’s good luck has a lot to do with his race. The only time Jay has ever been to jail (if you don’t count the time he spent in juvenile detention when he beat up a

high school classmate who called him a “faggot”) was when he was homeless, after police discovered him sleeping outside. Jay was dressed in drag, coming down off of speed, curled into a little “cubby space” above the train station. He heard someone bellow, “You need to get your ass up!” The voice, and the sharp pain in his side as the officer kicked him, jolted him to his feet. *Fuck you motherfucker*, Jay remembers thinking angrily, before he started to argue. He was arrested.

At the police station, “They took the wig off of course - it was just terrible and I was traumatized and all that, and that was awful.”

The officers led Jay to the “transgender section” of the jail. Looking around, he realized that he knew all of the trans women who were incarcerated there. “And they’re like - What are you doing in here? Like what did you do? Because I was really good about how I handled my shit, and how I did things... And they were like ‘What’d you do girl, like what happened?’ And I wasn’t a girl at the time...”

Since Jay was arrested on a Friday, he had to wait in jail for three days before going to traffic court, which handles San Francisco’s citations for sleeping and resting. In court, Jay was surprised to hear he was being charged with “attempted assault” against a police officer. He was given a public defender “... And so like for me I was really lucky, and of course the judge expunged it, and I was out.” Jay was released from jail while it was still light out, so he had plenty of time to find a new spot to sleep. He chose a train underpass, camouflaged by bushes, where he could hide. “I slept out there many times.”

Some local commentators and pundits believe that policing will push “service-resistant” homeless people into the city’s shelters. In fact, most homeless people who are forced to move by police do not move indoors—in a city with only one shelter bed for every six homeless adults, and limited indoor public space available in the daytime, there is nowhere to go. Most frequently, homeless people move around the block or to a nearby location, and in cases of particularly intense policing in one neighborhood, they move to another outdoor location (Herring & Yarbrough 2015).

### **3.6.2 Police profiling**

Calvin, a cisgender Black man, doesn’t use or sell drugs, but is nonetheless stopped constantly by police. Calvin says that San Francisco police use surveillance and the threat of arrest to enforce racial boundaries.

It’s like, you know, they’ll see me walking and they’ll pull up alongside, real nice and slow. I’ll look at them and they’ll look at me, you know, and—it’s like you know, it’s their way of letting me know, I know who you are and I’m watching you.

Or you know, they’ll see me and decide for just for no reason just to stop—they’ll see me talking to a really nice looking white woman for example. They’ll stop and get out the car and run my name.

I used to ask them, you know, “why are you stopping me? Have I done anything wrong? Was I jaywalking, you know, do you want to search me? I have no drugs on me, no paraphernalia, you know, what is it that you want from me?”

...I have never been to the penitentiary. I have no felonies on my record. They look at me like, you know, who the hell are you? And I said—that’s when I say, “What? Why are you looking at me like that’s something I should’ve done,” you know. I said, “most Black people where I come from [a small Midwestern town] that I know don’t go to the penitentiary, they don’t have a record, they are educated,” you know. And, I would start hitting them with—I would start tearing into them and that’s not a good thing. You don’t make them look small because they will beat you small. One way or another, if not physically,

you know, mentally, they'll hound you and they'll hound or whatever, you know.

Calvin says that police frequently search him for drugs, but he is confident they will never arrest him for anything related to his sex work.

I had an incident where I had condoms on me. They were searching me. They were looking for dope though—they thought I had dope. So that's why they stopped me. And, one of the officers, he pulls out the condoms and he's like, what is this? I said, "excuse me?"

"What are these for? What are you doing with these?" I looked at him and then I looked at his partner ... I said, "come on man," I said, "I might get lucky. I'm trying to practice safe sex here. What's the big deal with me having condoms?" He goes, "oh you might get lucky, huh?" I go, "Well hell I look better than you—I'm sure I'm going to get lucky." Calvin laughs, "He turned beet red in the face... I said, I need to shut up and let these guys finish what they were doing because he was starting to get pissed off... His buddy had a hard time not laughing. As I was walking off, he was like, "I can't believe you would ask him such stupid fucking questions." He was like, "come on man, you're acting like a rookie." I increased my pace and got up on out of there.

While Calvin was able to draw on ideas about masculinity and the acceptability of recreational sex for men to explain his possession of condoms, police officers throughout the U.S. frequently use possession of condoms as cause to arrest transgender women on suspicion of prostitution. (Human Rights Watch 2012). Until 2013, the use of condoms as evidence of "an act of furtherance" of prostitution was legal in San Francisco, and it remains legal in Oakland and most other U.S. cities. In a 2012 survey by the PROS Network, 75% of transgender respondents reported that fear of police made them decide not to carry condoms (Fitzgerald et al 2015: 10).

Historically, the use of condoms of evidence of prostitution has been applied selectively to transgender women, deepening their vulnerability to HIV and other

sexually transmitted infections. The San Francisco Department of Public Health estimates that one in three transgender women in San Francisco are HIV positive; a 2010 study on HIV prevalence found 40 percent of transgender women participants were HIV positive and four out of five study participants had annual incomes below \$21,000 (San Francisco Department of Public Health 2010: 66). Seventy-one percent of transgender women diagnosed with HIV in San Francisco in 2010 were African American (ibid). The criminalization of street-based sex work has increased poor transgender women's vulnerability to HIV infection.

The use of undercover officers to target poor people of color generates crime, resulting in the disproportionate incarceration of transgender women and people of color. Street-based sex workers are especially vulnerable to being caught by undercover officers. Carmen, a 40-year-old Native American transgender woman, did street-based sex work from the 1990s to 2014 in Phoenix, Hollywood, and San Francisco. She sometimes traded sex for food, drugs, or a place to stay. When she did get paid in cash, she remembers earning \$40-50 for a blowjob and \$100 for sex. She usually earned about \$200 a week, but a lot of this money went to pay for drugs, so she supplemented her income with petty theft or "boosting"—mostly just make-up "to keep my look," she said.

Carmen has stayed on the streets, in shelters, couch surfed, and lived at residential drug treatment facilities. She estimates that she has been arrested between thirty and forty times for a variety of offenses related primarily to "quality of life" enforcement, but also for drug possession and prostitution. Most of the time, police

charged her with disorderly conduct, public intoxication, public nuisance, or loitering. She has also been arrested and incarcerated on charges of drug possession and drug trafficking. Like T., Pauline, and many other transgender women, Carmen was arrested and incarcerated for prostitution after she got into an undercover officer's car. The longest she was ever in prison was 19 months. Her other sentences were shorter: 30 days, six months, a year.

Prison officials, she says, "were trying to throw me into general population with men, where I didn't want to go." There was always "an inadequate supply of food" in prison, and she was denied hormones. The court process was slow, so she was incarcerated for months before she was even brought before a judge or convicted of a crime.

In the men's prison, Carmen continued to do sex work in exchange for food and cosmetics. This is an irony of the incarceration of trans women on prostitution charges: Many participants who did time in men's prisons told me that they had to sell or trade sex while incarcerated in order to meet basic needs for protection, food, and cosmetics. For many transgender women, prison constrains sexual choice and requires transactional sex for survival.

Not once in the over thirty times Carmen has been incarcerated did prison officials ever attempt to connect her with housing, benefits, or other services upon release. After she got out of jail or prison, Carmen never had enough income to meet her basic needs. She went right back to sex work and boosting to support herself.

In addition to being arrested after having sex with an undercover officer, some participants described having sex with a police officer in order to avoid arrest, and being sexually harassed or assaulted by police officers.

T., a Black transgender woman who did street-based work in the Tenderloin explains:

You can have a girl out on the corner in the Castro [a wealthier neighborhood] but because she looks different than the one that's down here in the Tenderloin, the one in the Castro doesn't get bothered [by police]. You know, she's a professional. The cops want to date her... the cops really want to date her, the ones in the Castro. They'll take them out to dinner and all this. The ones down here, the cops will pull you over and they'll pull you over, put you in a car, pull up in some alley and say, well if you do la, la, la, la, [a specific sex act] I'll let you go. That's happened to me, right here in San Francisco.

Melissa, a 28-year-old white cisgender woman, has been arrested for prostitution and possession of drugs. She remembers fending off police officers' sexual advances on a number of different occasions. She says:

There are so many crooked cops out there. I've been harassed by them on some really shady levels...If I were to report them, it's like my word against theirs. And I'm like a drug addict street prostitute—and to them I'm like the lowest of the low. There's no way in hell that his whole life and his career is gonna be taken away from him on my word. So its kinda like why put myself out there in that position, but its like I think what they do and how they treat people is worse than anything, but I just-- I don't know. I really don't know how to address that.

Calvin says:

And then police, you know, they're raping the workers too. You know, they're just flat out raping them and robbing them and nothing is being done about it, because you know, you're a whore. [Sarcastically] You're accusing an officer of the law of doing something wrong. You know, while you were out *whoring*, this officer stops you and now

you're going to bring up these *false charges* on him. You know, so—  
[laughs].

Calvin's observation, that criminalization and stigma create conditions for police to perpetrate violence against sex workers with impunity, is supported by other participants' experiences.

Lanie, a white cisgender woman in her forties who is homeless remembers sitting alone in an alleyway in the Tenderloin when she was approached by two male officers. They "searched" underneath her bra and rifled through her belongings. Lanie was pregnant at the time, and one officer told her that she should be sterilized: "I don't want to pay for your kid." Lanie said that she was going to have an abortion, and the officer told her that paying for that would be a waste of taxpayer money, too. After looking up her record and seeing that she had a prior prostitution arrest, "They said don't touch this pen because you probably have a disease." Although the officers did not arrest her that day, they continued to harass her until she started crying. "It was verbally abusive. It was very judgmental. They were kicking my stuff around. They were really horrible."

Lanie moved to San Francisco from Los Angeles, where she had been arrested twenty-five times in only three years, and charged with three felonies. She says, "In L.A. they make you plead guilty." Because she is banned from most formal avenues of employment, she continues to work in the informal economy, where she routinely encounters police and risks re-incarceration.

Pauline, a white transgender woman, says that police harassed and arrested her for a constellation of reasons over the course of her life. She believes her frequent



arrests had as much to do with her appearance as with her presence in public space and her criminalized work.

It was how I looked. It was because I was out there on the street as far as sex work. The first encounter when I got arrested, I had given an undercover cop—which I did not know he was undercover, I had gave him oral sex. As soon as I was finished—at first, no money exchange was mentioned. Then, after that, I kind of mentioned—I said, ‘Well you know, um... a donation would be nice,’ and that’s when he pulled out a badge and said, ‘You’re busted.’ I said, ‘Are you f-ing kidding me, I just gave you some head, and you’re going to bust me.’ They handcuffed me. They hit me—not really hard, but hard enough with the billy club and stuff like that. Called me every name under the sun, like I said, you know, like, ‘Faggot, you’re not a woman,’ you know, all this sort of stuff, you know.

True enough, I was doing something against the law, but that’s still the injustice and the cruelty that you get from some of these officers, once they get a badge, its totally unnecessary. You know, even if you sneeze you may get shot, you know. Let’s keep it on the real, even if you sneeze you may get shot. Its ridiculous.

Pauline continues:

As far as the sex workers: Police, stop harassing us. OK, I guess I’m out there and I’m working, ok fine, but if I’m civilized and not acting like a fool and carrying on and hollering and hooping and all that, then leave me the hell alone. I’m not bothering you. I’ve got to make my money to survive. Are you going to give it to me? I don’t think so. You going to arrest me though and you’re going to harass me and maybe criticize me and abuse me too... leave us alone. Stop every moment harassing us.

Police profiling and the violence it allows are not the result of just a few crooked cops. Instead, they are the result of the massive allocation of resources at the federal, state and local levels, to the criminalization of poverty. Laws against sleeping, resting, and other life-sustaining activities in public space; laws forbidding drug use and the exchange of sex for money or other items, and the decisions of federal, state

and local government to invest in these laws, renders the most marginalized groups of people even more vulnerable. The misogyny, transphobia, racism, or class bias of individual police officers cannot explain the persistent patterns of criminalization detailed in this chapter. As Mogul, Ritchie and Whitlock argue:

The ‘bad apple’ theory—the idea that a few rogue individual are responsible for poisoning the barrel, and that their identification and removal is the simple cure—cannot account for the historically pervasive, consistent, and persistent systemic violence that characterizes the criminal legal system. The barrel itself is rotten—that is to say, foundationally and systemically violent and unjust. (xx)

What this means is that the problem of violence extends far beyond the level of interpersonal interactions between police and people who live or work on the streets. This violence, the most immediately apparent manifestation of the harms of criminalization, is rooted in the political and economic prioritization of criminalizing interventions. At the national level and in California, the State has invested heavily in the carceral system, at the expense of social provision.

### **3.6.3 Criminalization of drug addiction and mental illness**

According to the National Coalition for the Homeless, between 20-25% of people without stable housing have been diagnosed with mental illness (2006). Anti-homeless and quality of life laws and their enforcement mean that homeless people who have addictions or mental illness are extraordinarily vulnerable to law enforcement contact and arrest. In the Coalition on Homelessness’s (2015) survey of homeless San Franciscans, 42% reported that they had a mental or emotional disability. Of these participants, 85% had been approached by police in the last year;

of those approached 80% were cited in the last year (Sparks 2015: 60). San Francisco's most recent point-in-time count of homeless people shows that there were more homeless people in jail than in hospitals and resource centers combined (Applied Survey Research 2015: 20). The incarceration of poor people with mental illness is increasingly common throughout California and the U.S., and studies have consistently found more people with mental illness incarcerated than in treatment facilities (Torrey et al. 2010, Lamb et al. 2004). Seventy-one percent of people incarcerated in San Francisco and 45 percent of California state prisoners are diagnosed with severe mental illness (Sparks 2015: 61). This indicates that criminalization—not treatment—is the dominant response to poor people's mental illness.

Unaddressed mental illness and drug use increase vulnerability to homelessness, and homelessness makes people vulnerable to stressful and traumatic events that threaten mental health. For some of my participants, homelessness, mental illness or substance use, and participation in criminalized informal work become a self-perpetuating cycle. In a context of rapid divestment in voluntary mental health and drug treatment services, working poor people with mental illness or addiction are disproportionately likely to lose their housing and employment. Unable to meet the demands of low-wage formal work and with few resources, many homeless people with mental illness or drug addiction are swept into the informal economy. Their homelessness and visible presence in public space also makes them more vulnerable to policing and incarceration. This section draws from the stories of Belinda and Bill to

show how anti-homeless and drug laws and enforcement trap people in a cycle of criminalization and poverty. In Belinda's case, repeated interactions with city officials enforcing quality of life and anti-homeless laws exacerbate her mental illness and fear of authorities, result in a bench warrant for her arrest and create unresolved court debt. Although she is never incarcerated, Belinda's experiences with police increase her feelings of vulnerability. Bill, targeted for drug enforcement because he is homeless in public space, becomes caught in an inescapable cycle of incarceration, surveillance, probation and parole violations, re-incarceration, and homelessness. Both of these stories show how categorizing poor people who use drugs or have mental illness as criminals threatens their well-being and entrenches their poverty.

#### **3.6.3.1 Belinda**

"You're the first person I've talked to this week," Belinda tells me one night. Belinda is a white cisgender woman in her thirties. Over the years she has spent homeless in San Francisco, she has become increasingly isolated. Repeatedly turned away from shelters due to a visible skin infection, Belinda sleeps outdoors. She trades sex for money and sometimes food, and is ticketed frequently not for her illegal work but for her presence in public space. She interacts almost daily with police, and very rarely with service providers. Belinda often receives multiple citations each day, which means she is vulnerable to arrest on a bench warrant that is automatically issued after 30 days of the issuance of the original citation (see Herring and Yarbrough 2015: 39 for an explanation of this process).

One time I was with my boyfriend in the park. His shit was everywhere-- like bags and stuff-- but they thought it was my stuff. So they gave me a ticket. Then they handcuffed me and threw me against the wall. Right then, I felt this energy, like if I just tried hard enough I could break out of the handcuffs, like the incredible hulk or something. They charged me with resisting arrest and assaulting an officer.

Belinda is barely five feet tall and weighs maybe 130 pounds.

“They said I kicked him, but I didn’t kick him. I think I probably tripped over his leg or something,” she says. “I was really scared, because they put me in an unmarked car. How was I supposed to know if they were real cops?” I was screaming, “Help! Somebody help me.”

Belinda is also afraid of the Department of Public Works, which routinely confiscates and destroys homeless people’s tents, sleeping bags, and belongings. Although (or perhaps because) there are at least 2,633 unsheltered single adults and 33 families living on the streets with nowhere to go, the DPW spends \$3 million dollars each year evicting encampments.<sup>12</sup> Watching DPW tear down homeless camps and throw tents, sleeping bags, and any other belongings they find, into a trash compactor, Belinda thinks how easily a person or a pet could end up in the trash compactor. What if they were still in the tent or sleeping bag? The DPW workers don’t check—they just throw everything away. Belinda has nightmares where she wakes up in the trash compactor too late, terrified and certain that she will be crushed along with the tents and backpacks. One of her biggest fears—even when she is awake—is that she will be thrown away.

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<sup>12</sup> Mattier and Ross, “Clearing SF Homeless Camps an Exercise in Futility.” *San Francisco Chronicle*. March 8, 2015.

Lately, Belinda has sought increasingly isolated locations to sleep, where she will not be found by police, the DPW, or abusive ex-boyfriends. With nowhere else to go and limited contact with service organizations, Belinda is stuck in a cycle of police citation and displacement.

Until a few years ago, Belinda was living like many working class Americans in a rental apartment, earning just enough money to pay the bills.

Growing up, Belinda was always a good student. In high school, she liked science and art classes the best. She planned to become a doctor. She took Adderall so that she could finish all her homework and then stay up all night drawing. This is how her drug addiction started, although the Adderall didn't feel like a problem at the time—she was a successful student with good grades, and even won her school's senior essay contest. Belinda had a steady boyfriend and got pregnant shortly after she graduated from high school. She got a part time entry-level job working for a technology firm, her boyfriend got a full time job at a grocery store, and they moved into an apartment together. Belinda's boyfriend worked from 9am to 5pm, and Belinda worked from 5pm to 10pm, and then did her community college homework while her daughter slept.

In addition to Adderall, Belinda started using, and became addicted to, opiates. She remembers being dope sick at home alone with her daughter during the day. Sometimes Belinda would pass out, leaving her daughter to fend for herself.

This continued for years: Belinda was working from home, using stimulants when she needed to be up. But after Belinda found out her boyfriend was cheating on

her, she sunk into depression that broke the fragile hold she had on her life. She used drugs more frequently, missed deadlines.

My quality of work declined very rapidly because once I found out he cheated on me... the nights where I was thinking like, is he cheating on me, is he okay, and so I wasn't working that well... So I lost my job, my boyfriend and my apartment in a week." Belinda also lost custody of her daughter, who she thinks of often. "She's with my ex-husband and like, his family is a little bit more wealthy and they have like, access to things that I don't. So I kind of just like left her there. And plus I was like, really sick with—I was addicted to opiates...

With no apartment and no family support, Belinda said, "I just took the opportunity, like that, since all those ties were keeping me there, to just move."

Belinda wound up at a homeless shelter in San Francisco. In response to questions about whether shelter staff attempted to sign her up for benefits, Belinda shook her head adamantly. "I didn't get anything but yelled at," she said. "That was also one of the reasons I didn't end up staying. They yelled at me like all the time." The constant yelling in the shelter, to hurry up, or in response to her request for a "late pass" to stay out past 6 p.m., made it an unappealing option.

Occasionally, pimps would canvass the shelter lines, approaching a few homeless women and asking if they'd like to make some fast money. So when one of these men picked her out of the shelter line, she took the opportunity. This arrangement sometimes worked out well for Belinda, who was glad to have a break from the constant commotion and yelling at the shelter. But the respite from homelessness was short-lived: "One of the problems is that I fell in love with one of the pimps. He's like, really hot... And I would just mainly work just to—you know, so

I could make him happy and spend time with him.” She remembers, “I lived with him for a little bit, with him and his wife, but she was a sex worker too and... I didn’t know any better, but you know, I would give her the money. I would give her everything instead of just a little bit.” In exchange, Belinda received food and housing: “They provided everything, but—it was really frustrating because they also had a baby and I was like, okay, do you want me to be a babysitter or do you want me to, you know, be a hooker, like which one? So it didn’t last very long, but that was my first experience.”

After Belinda decided that this arrangement wasn’t working for her anymore, she left, and ended up homeless again. Her memory of the extended period she has spent on the streets since then is foggy, but she recalls living under the freeway with a boyfriend during the winter of 2012. During this time, her mental health started to deteriorate:

I started having these memory problems where I would fall asleep and wake up—like I would fall asleep at almost anywhere. Most likely the bathroom, any time I sat down, I fell asleep. Wake up forgetting I had a boyfriend. So then I would go do—you know, trade sex for drugs or whatever and then I would—suddenly remember, like afterwards, like oh crap, what about my boyfriend, you know. I was actually and still am, very in love with him... I don’t know, maybe my brain was so overwhelmed by everything... I think it was like, PTSD or something.

Belinda also started to have disturbing visions. She remembers looking at her boyfriend, and seeing someone else:

One day his face changed and he started to look more like my grandma, who I guess, maybe she was trying to tell me in her own little way that she was dying. Because she died like, this past June. It was like my



little six month warning, like “hey I’m going to die, you know, you better, you know, come see me,” but she—it really freaked me out...

When one of her ex-boyfriends started stalking her, Belinda went to a domestic violence shelter in a supposedly confidential location. The ex-boyfriend found her almost immediately. She started to feel afraid of staying in one place, felt like she needed to move around. Since then, she sleeps somewhere different almost every night. Right now, Belinda is staying alone, sleeping in parks and alleyways. After staying outside for so long, staying indoors makes Belinda nervous. “I’ll get anxious—its probably the fact that I don’t have any—I’m exposed to like all the elements and all the people; like I’m outside all the time. Even if I’m inside, I feel like I’m outside, or like if I’m inside, I’m worried that there’s going to be a fire...”

Sleeping alone and moving around all the time leaves Belinda more vulnerable to violence. After being robbed multiple times, Belinda decided to stop using money all together, and instead to trade sex to meet her basic needs.

Trading sex, she says, is “something I try to avoid, but it’s necessary so I keep a very small circuit of clientele. The ones that I do have, you know, they—it’s not like they need it every day, maybe once a week, but they come and find me. And if I don’t—it’s almost like they’re addicted to it, because it’s like, if I don’t do it then they get very offended. They get personally offended. And I don’t need any more of the drama. So, I’m not expanding, you know, I’m trying to make myself a little bit harder to find.”

Unlike some other participants who experience sex work as rewarding and fulfilling, Belinda dislikes trading sex. However, her unaddressed mental illness and

substance use, coupled with her lack of housing, make her too unstable to seek, let alone obtain or keep, employment in the formal economy. Trading sex is a way for Belinda to meet her most basic needs for food and protection in order to survive, and to get drugs that soften the edges of untreated mental illness and trauma.

Also significant about Belinda's experience is her exclusion from the shelter system, in the past due to the many alienating and aggressively enforced rules, and presently because her untreated skin infection puts her in a category of people denied shelter services due to their contagious conditions. Living on the streets with minimal access to showers, let alone running water, is not conducive to the treatment of her skin condition, so she joins hundreds of other homeless people whose health is too precarious for admission to a shelter, but not dire enough to access emergency room care.

Despite her unaddressed mental illness and drug use, San Francisco—through its budget that prioritizes policing as a primary response to poverty—has categorized Belinda as a criminal. Belinda's increasing isolation means that she interacts more frequently with police than with service providers. Instead of having access to the things she needs, Belinda, like thousands of other homeless people staying on the streets throughout the U.S., is vulnerable to confiscation and destruction of her belongings. Instead of investing in helping her get more resources, the city invests in destroying the belongings she has; instead of funding mental health services, the city invests in policing that deepens her experience of trauma on the streets.

### 3.6.3.2 Bill

Bill, a 40-year-old white man who combines occasional sex trades with other informal economic activities, estimates that he has been arrested over 60 times, mostly in San Francisco. “That includes three prison terms and working violations on the prison terms, going back to prison for a technical violation: Not reporting [to my probation or parole officer], or not reporting on time, or having dirty urine” (Herring and Yarbrough 2015: 52). Bill had a lot of contact with police due to his homelessness, and was often stopped and searched, and then arrested on charges of drug possession.

It seems like they targeted me as far as the War on Drugs goes to be like the enemy of the state. They sought to persecute me, busting me for drugs and selling drugs and parole violations again and again and again... What I was doing to my body, using drugs, all of a sudden became something they were really concerned about, something they wanted to lock me up for. And that’s what they did, again and again.

“When Bill finally completed his probation, he was unable to find housing or employment with a criminal record. Now, Bill makes his money recycling and doing odd jobs when he can. None of his informal jobs pay enough for him to have anything close to stable housing, so he waits in line at soup kitchens and sleeps outdoors or occasionally in friends’ SRO hotel rooms” (Herring and Yarbrough 2015: 52). Bill said:

It pretty much ruined my life altogether to tell you the truth, just getting trapped in that system. Some of the best years of your life get eaten up by that criminal justice system. I don’t know how it would have gone had it gone the other way. You know, what opportunities I missed because of that... Just the people you meet and the friends that you make, versus the friends that you don’t make. The sort of opportunities that would open up to you versus the sort of opportunities that you

don't get... It definitely messes with your self-esteem. (Herring and Yarbrough 2015: 52)

“Bill’s prolonged contact with law enforcement officials, prisons and jails has deepened his poverty. With no re-entry support, Bill continues to live and work on the street, where he is likely to come into contact with police and be pulled back into the vicious cycle of homelessness and incarceration” (Herring and Yarbrough 2015: 52).

Sometimes kicked awake by police, always with unpaid tickets and rapidly accruing court debt, Belinda and Bill continue to fend for themselves outdoors. On the streets, Belinda’s mental health deteriorates rapidly. The death of family members, the demands of street life, the increasing drug use that make both of these things more bearable, take their toll. Belinda interacts frequently with police, who wake her up and move her along, who sometimes cite or arrest her. But she almost never interacts with service providers. With the exception of occasional emergency medical treatment, all of the city money that is spent on Belinda is spent on policing or camp clearance. In fact, for the past few months, the only government workers who have spoken to her are police or employees of the Department of Public Works. Bill’s situation is similar: After he lost his SSI due to his most recent incarceration, his physical health deteriorated. Being on the street makes it difficult to manage his addiction and his AIDS, but the city funnels its resources into police officers who roust him and tell him to move along, and probation officers who catch him on technical violations to throw him back in jail. Bill’s experience demonstrates the devastating consequences of the criminalization of drug use.

Belinda's story demonstrates how the criminalization of poverty can have damaging effects even for homeless people who are never incarcerated: Tickets for sleeping or camping outdoors add up, generating legal entanglements and debt. At the same time, the policing of homelessness in public space deepens her anxiety and fear of authorities and exacerbates her mental illness. It is not an accident that Bill and Belinda are so much more likely to encounter police than to be offered housing, mental health, and drug treatment services: San Francisco employs 24 "Homeless Outreach" police officers to respond to 911 calls related to homelessness, in addition to the regular police officers who also interact with homeless people on a daily basis (Herring & Yarbrough 2015: 30). The annual starting salary for a San Francisco police officer is \$80,574, which means that the annual cost of paying 24 police officers to criminalize homelessness full-time is approximately \$1,933,776 in officer salaries alone.<sup>13</sup> According to San Francisco's Budget and Legislative Analyst:

The City incurred approximately \$20.6 million for sanctioning homeless individuals for violating quality of life laws... the Police Department accounts for approximately 90 percent of these costs, with 60,491 quality of life incidents involving the homeless from January 2015 to November 2015. Of the 60,491 incidents, 0.2 percent (125) resulted in arrests and at least 8.3 percent (4,711) in citations. (Campbell et al. 2016: 2)

San Francisco's decision to respond to homelessness by hiring more police rather than investing in health and housing services has made criminalization the dominant response to poor people's drug use and mental illness.

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<sup>13</sup> Author's own calculations, based on the annual starting salary of \$80,574 for a SFPD officer, available at: <http://www.sf-police.org/index.aspx?page=1655>.

### 3.7 Carceral classification in jails and prisons

After participants encountered police in public space as a result of being transgender, being people of color, being homeless, selling sex, or using drugs, some were incarcerated. Chapter one illustrated the ways in which incarceration creates barriers to housing and employment, by cutting off income from employment or government benefits; and creating legal barriers to housing and formal employment, as well as causing psychological distress that is, for some people like Debra, debilitating. But the harms of incarceration are not limited only to its aftermath. Jails and prisons engage in a process of carceral classification, racial and gender sorting through the rules and bureaucratic processes of incarceration. The violence of carceral classification begins with police encounter and arrest and continues through incarceration as prisoners are sorted into categories based on gender, race, and HIV status. These classifications limit their well-being and sometimes also their chances of survival. Carceral classification is the systematic denial of life chances to people who are categorized as criminals and caught up in a cycle of police contact and homelessness, or incarceration and poverty. Classificatory violence is not random or individual—it operates at the level of populations. A specific type of classificatory violence is what Spade (2011) calls *administrative violence*, which describes the ways in which the use of binary gender categories excludes and marginalizes transgender people.

Carceral classification goes beyond profiling. The cycle of criminalization and poverty begins when poor people—disproportionately transgender women and people

of color—are pushed into criminalized work in order to survive. High rates of homelessness, participation in criminalized work in public space, and gender presentation that does not conform to dominant social norms makes transgender women frequent targets of policing.

### 3.7.1 Ana

Police have been a constant presence in Ana’s life ever since she moved to San Francisco alone at the age of 13. As a transgender girl working to keep a roof over her head, Ana had many encounters with police. The first time a sweep happened, she had only been in the city for three weeks. She remembers,

Police blocked the street...with a paddy wagon on either side. All the queens that were between [the two streets where we usually worked], all that got blocked. Everybody that looked like a prostitute, they were picked up, all picked up. So, I managed to get inside a trash can. They didn’t take me. I hid in the trash can for almost three hours. I didn’t even breathe. I didn’t care it was stink, I just stood over there. I stood over there. When I saw the sun coming out, that’s when I left—I went home. Thank God they didn’t take me to jail.

Sweeps like this were common in the nineties, during Ana’s youth. “Police harassing everybody, I thought that was normal, so I didn’t take it personally,” she remembers. When asked who went to jail during sweeps, Ana says emphatically:

Everybody. Everybody. Everybody that’s on that block, everybody went to jail. Everybody. Everybody. It doesn’t matter if it’s a lady with a little kid or whatever, everybody went to jail in the paddy wagon. Uh huh. So that’s what I remember in those times.

Some of Ana’s experiences with police were exceptional: She was the only one of all my participants who ever experienced police intervention as a pathway to safety or security. Her arrest as a teenager led to her reunion with her father. And five years

ago, San Francisco Police again rescued Ana after a client kidnapped her for 36 hours, trapping her in his house and raping her.

But even more frequently, Ana has experienced police, jails and prisons as sources of violence, and incarceration has deepened her vulnerability to poverty and threatened her physical and mental health. The first time she was in jail, for fifteen days, Ana almost lost her housing as a result. It all started when Ana invited another transgender woman to stay in her SRO hotel room. The woman, a friend, would have been homeless otherwise. Ana spent the weekend at a volunteer retreat with the Transgender Gender Variant and Intersex Justice Project, while her friend—unbeknownst to Ana—spent the weekend burglarizing homes in a rich neighborhood. Police told Ana that she was an accomplice because the friend had been staying in her room, even though she had no knowledge of the robberies. “When they found [my friend], she never opened her mouth to say that I was not part of it. No, she kept her mouth shut... So, they gave me three years probation... I felt that it was not right. It was not fair. But what can I say?”

When Ana was released from jail, she had lost fifteen days worth of income. She didn't have enough money to pay for her room, but she was determined not to end up homeless again. The same night she got out of jail, Ana went out on the stroll: “I went to work and I did the money the same night to pay my rent... In one night, I made \$400.”

Ana's last arrest was in 2005, for prostitution. She completed her probation, and was finally happy with her life: She was re-building her relationship with her



mother, who she has started calling weekly on the phone and is planning to visit. Ana's mom finally accepts her for who she is, and Ana forgives her for the abuse growing up: "She was only 14 when she had me," Ana explains. "A child."

Ana never liked doing sex work and was glad that her SSI and low rent afforded her the ability to get out of the sex trade. She went to protests: For sex worker rights, for Black Lives Matter, against discrimination in the city's shelters. She kept busy volunteering for TGIJP, sewing, and spending time in her large vegetable garden with Francisco as she recovered from a leg injury and filled out paperwork related to her application for gender-affirming surgery.

All of this changed when Ana was incarcerated again, after she was arrested simply because the name and female gender identity on her California ID card did not match the name and gender in a law enforcement computer database. At the time of her arrest, Ana was doing nothing illegal—officials detained her simply because they did not believe that she was a woman. This is not uncommon: Many transgender women are arrested because of gender profiling and incarcerated due to a mismatch between the name and gender listed on their state ID cards, and the information in computer databases. Beauchamp ties increased surveillance and criminalization of gender non-conforming bodies to legislation passed during the War on Terror. The 2005 passage of the Real ID Act classified identity documents as "important as weapons" for terrorists (2013: 50).

In the context of US nationalism that seeks to eradicate the foreign, the Act is most overtly directed at the immigrant and the terrorist, certainly not imagined as exclusive categories. To eliminate these figures, the

Act increases state surveillance of identity by requiring and storing a single identity for each individual. But maintaining a singular, consistent, and legally documented identity is deeply complicated for many gender nonconforming people: for example, common law name changes mean there is no court order to be filed with a Real ID card. Similarly, different state agencies define “change of sex differently” [based on surgical procedure or other criteria], making a single gender marker on a Real ID card impossible. (Beauchamp 2013: 50)

This legislation helps explain the computer-assisted surveillance of Ana’s legitimate California Identification card and of her gender identity and presentation by officials who did not believe she was a woman. The figure of the potential terrorist is racialized as non-white and gendered as non-normative. This figure threatens the literal and symbolic borders of white America by troubling racial and gender boundaries.

Alongside more overt statements like the DHS Advisory, the Real ID Act and SSA no-match letters function as significant state practices and policies that link gender ambiguity to national security threats... concealment is strongly associated with the category of transgender, a perception fueled by cultural depictions of trans deception and by the medico-legal system that aims to normalize trans bodies by simultaneously tracking and documenting gender changes. (Beauchamp 2013: 51)

After Ana was finally released from prison, she felt unbearably anxious and depressed. Her viral load, undetectable before she was incarcerated, soared. She thought of suicide. Each time she considered ending her life, she looked down at her dog Francisco, and decided not to go through with it.

The experience of incarceration was traumatic for all of my formerly incarcerated transgender participants, each of whom experienced gender-based and sexual violence in jail or prison. T., a Black transgender woman, was arrested after she

was approached by an undercover police officer in San Francisco. It was daytime, and T. was not doing anything illegal—she and her husband were just walking together in a low-income neighborhood. Following her conversation with the undercover officer, T. describes how “jump outs,” other undercover officers, tackled her to the ground and handcuffed her as her husband looked on in shock. T. waited for hours in a tiny, windowless room at the men’s county jail. Finally, a corrections officer appeared. He handed her a bag. “Take off all your clothes and put them in this bag,” he said.

“For what?” T. asked.

“We have to fingerprint you,” he replied.

“You have to fingerprint me *naked*?”

Another officer laughed, and the first repeated, “I said take off your clothes.”

So I took off my clothes, took off my wig, everything, and they marched me out of the little room, over to the desk and there was a whole row of cells, with nothing but dudes... Then, they literally—they marched me from one end of the hall, down to the next. Just parading me...they didn’t have to make me get naked. They weren’t supposed to do that. ...it’s like you can know your rights and still, you know your rights but they’re cops. And they don’t care if you know your rights or not, you’re still going to jail and whatever they say is basically what goes. It’s your word against theirs.

Other transgender women described similar experiences of prison staff forcing them to remove their clothing in front of men, and experiences of verbal and physical violence. Janetta Johnson, now the Executive Director of TGIJP, spoke about her own time in prison at a public event hosted by the California Institute for Integral Studies, as Ana sat in the audience nodding vigorously:

I remember before the judge sentenced me, I told him, “I realize that you’re sentencing me to six years in prison. You’re also sentencing me to sexual abuse. I think there should be other alternatives to me having to be a victim of sexual abuse.”... He just shook his head and said, ‘I’m sorry. I’ll try to get you into a safe place.’ He didn’t give a shit. Another safe place. Prisons aren’t safe for anybody because the system is set up to pit everybody against each other so that everybody can keep everybody in line. They keep everybody separated and divided.

Janetta says, “I was housed in a men’s facility. I was also housed in what they call protective custody, which basically means that you’re housed in a location where they house people that are sex offenders... A cage is a cage is a cage. It doesn’t matter which cage they put you in.” Janetta was threatened with sexual violence each day she spent in prison, and quickly learned that reporting these threats to prison staff would land her in solitary confinement.

Incarceration also imperils physical health. Maria, a Latina transgender woman, was denied HIV medications for the duration of her incarceration, even though she told prison officials that she is HIV-positive and had her medication and prescription with her at the time of her arrest. Instead of being provided with her medication, she was placed in solitary confinement, and her HIV status was noted on a sign affixed to her cell for all to see. Denial of Maria’s HIV medications in prison was not a fluke or an accident. Her experience is just one example of a pattern of deliberate denial of HIV medications in federal detention facilities (Velasquez-Potts 2015: 121). In 2007, the AIDS-related death of transgender Latina Victoria Arellano, who was incarcerated in an ICE detention center, brought attention to how “historically racialized and sexualized groups are subjected to ever increasing violence and criminalization by the state” (Velasquez-Potts 2015: 121).

Citing the U.S. Center for Disease Control's definition of "bio-terrorism," Velasquez-Potts suggests that the carceral system views HIV positive people as "walking bio-weapons" (2015: 122). In fact, HIV-positive people have been prosecuted and incarcerated under terrorism statutes throughout the U.S. (Center for HIV Law and Policy 2015). In California, prostitution is a misdemeanor. However, prostitution while HIV positive is a felony, regardless of the likelihood of transmission (Hasenbush et al. 2015: 5). This means that even HIV-positive sex workers who have a low viral load and use condoms are vulnerable to heightened penalties. HIV criminalization can also fuel police harassment: Shawna, a street-based sex worker who I met doing street outreach in the Tenderloin, told me that San Francisco Police knew her HIV status and threatened to arrest her and charge her with a felony if they saw her working out there again. In California, "95 percent of all HIV-specific criminal incidents" involved sex workers or people suspected of doing sex work (Hasenbush et al. 2015: 2). HIV positive prisoners across the U.S. are frequently placed in solitary confinement as a matter of prison policy (Velasquez-Potts 2015: 125). "Solitary confinement like that of HIV segregated prisons is a tactic of the state to manage and surveil bodies," and the solitary confinement of transgender prisoners prevents them from communicating with people other than correctional officers and isolates them from other prisoners (Velasquez-Potts 2015: 127). Isolation increases vulnerability to physical violence perpetrated by officers. A number of transgender women participants described being physically assaulted by guards, sometimes because they refused to identify or present as male.

Pauline, who was raped by correctional officers during her incarceration, says:

As far as us trans women, oh my God, the abuse we have to go through. Through the men, through society. Just wondering, again, where our next meal or our next dollar is coming from... We're being murdered. We're being raped. We're being put—if someone harms us and I harm you back...because you put your hand on me or hurt me, then I'm sent to the penitentiary for this crime. But meanwhile, you did all this to me but I defend myself and I'm the one sent to prison.

Transgender women are often punished for defending themselves against attacks, as documented by the high-profile case of CeCe McDonald, a Black transgender woman who was incarcerated after she fought back against racist and transphobic attackers (McDonald 2015: 1). But Pauline's statement about her experience also illustrates why many transgender activists regard opposing all incarceration as central to the movement for gender justice: Incarceration jeopardizes not only freedom, but also bodily integrity.

On May 12, 2016, approximately fifty members of TGIJP and SJI packed a San Francisco courtroom in support of a Black transgender participant who was incarcerated in the county jail. She was arrested after her husband found out that she wanted to annul their marriage, and he retaliated by calling the police to have her probation revoked, claiming that she threatened him. TGIJP and SJI staff responded by circulating a petition for her release with the slogan *#survivedandpunished*, showing that her husband was using the police to punish her for annulling the marriage.

Advocates, including many formerly incarcerated transgender women, waited for more than an hour for her hearing, watching countless defendants shuffle in and

out of the courtroom in orange sweats and handcuffs, only to have their hearings deferred until next week or next month, listening to the judge read names and repeat “failure to report for probation; bench warrant issued.” When she finally appeared, she smiled radiantly at her supporters. She changed her plea from innocent to guilty when the judge offered her a sentence of 18 days in jail with credit for 18 days time served, along with 36 sessions of court-mandated anger management, a stay-away order from her husband’s business, and electronic monitoring via ankle bracelet for 30 days. “Yes ma’am,” she said in a respectful tone that barely concealed her jubilation when the judge asked if she understood the rights she would be waiving if she accepted a plea deal. If she had not waived her right to a jury trial or changed her plea to guilty, she could have languished in jail for months waiting for a trial. As her public defender pointed out, a longer incarceration would have threatened her hard-won subsidized housing, which she had only recently secured with the help of SJI staff after months of staying on the streets and in shelters. With the guilty plea, she was released the same day.

At the rally on the courthouse steps following the verdict, Janetta told the crowd of supporters:

I think this is a wonderful example of how we need to stand up and advocate for ourselves and stop the abuse within the transgender community, because everybody knows when you attack a transgender person, you could always plead, “I didn’t know,” or “that’s not really who that is.” There’s always some drama around violence against transgender people. So we won a small victory today in supporting [her] in getting out today so we’re very happy and excited that she gets to have some privacy, because you know inside they invade every bit of privacy. I can only imagine that she’s very happy and excited that

nobody gets to physically touch her body when she doesn't want to be touched, or look at her body when she doesn't want to be looked at, and she gets an opportunity to eat what she wants...

For many transgender women, gender-based profiling resulted in incarceration that seriously damaged their physical and emotional health. But racial and gender profiling is not the whole story. The gender-based violence against transgender women in prison is not only the result of hatred and transphobia by prison staff. Rather, federal law and prison policies categorically create conditions of violence against transgender prisoners. My participants were classified as criminals because of a constellation of laws and prison policies that equate transgender identity with criminality, classify HIV as a potential weapon of bioterrorism, and incarcerate people based on the resemblance of their names to those of "known criminals," a racially discriminatory practice.

This chapter has argued for an expansive definition of the criminalization of poverty that accounts for intersectional vulnerability. I have argued that the criminalization of poverty is the management not just of poor people's presence or activities in public space, but also of race and gender identity and expression. Many of the laws that in effect criminalize poverty don't initially seem to be about regulating poverty at all. But in fact, all of the laws listed in the table at the beginning of this chapter (and more) have the effect of criminalizing poverty. Similarly, the laws discussed in this chapter may not initially seem relevant to the regulation of race or gender. But because poverty in U.S. cities is racialized and gendered, and because law



enforcement is biased, the criminalization of poverty disproportionately harms people of color and transgender people.

### **3.8 The politicization of violence in research about the sex trade**

Anti-prostitution scholars insist that stricter laws regulating transactional sex and increased penalties for their violation will protect women and girls from interpersonal violence, which these scholars identify as the central problem facing people involved in the sex trade. This perspective, which sex worker activists refer to as “white feminism,” ignores the experiences of people of color and transgender people who often experience policing and the carceral system as sources of violence rather than protection. This perspective also fails to recognize how criminalization targets poor people and reproduces poverty. This chapter has shown how poor people’s income strategies as well as their race and gender identities come to be defined as criminal, and how this classification affects their lives. This chapter has also demonstrated that researchers and policymakers should focus on the legal and extralegal production of violence by state and market forces, rather than only on interpersonal violence.

Violence against poor people in the sex trade is endemic. Violence is also at the center of debates about the law, law enforcement, and law reform. Scholars’ explanations of violence in the sex trade too often speak past each other, with one side drawing from what Weitzer (2005) calls “the best available examples” of privileged high income sex workers earning lots of money through commercial sex, and the “anti-prostitution feminists” focusing narrowly on violence perpetrated by clients and

pimps. Anti-prostitution feminist scholars maintain that transactional sex is inherently violent and harmful, and that prostitution is a violent patriarchal institution that perpetuates male dominance (Dworkin 1997; MacKinnon 1989; Barry 1995; Jeffreys 1997). This pitched debate focuses on the *amount* of violence sex workers experience, with some researchers showing that sex work is often safe and enjoyable (see Weitzer 2005: 946), and others giving examples of extreme violence (Raphael & Shapiro 2004; Farley 2004). Criticism of both camps focuses on flawed theory and methods (Weitzer 2000, 2005), but does not question whether the debate over the extent and prevalence of interpersonal violence in the sex trade is worth having. I argue that we should focus on the causes of and solutions to violence, rather than debating its prevalence.

Anti-prostitution researchers, most notably Melissa Farley, use stories of client violence against “sexually exploited women” to call for increased investment in law enforcement, assuming that police can rescue and protect people involved in the sex trade. This perspective ignores violence perpetrated by police, while highlighting violence perpetrated by clients. While I find a more diverse range of experiences with clients (likely because I asked my participants about the best as well as most difficult or worst aspects of their work), I am not arguing about whether clients sometimes rape, rob, kidnap, or otherwise harm sex workers—the fact that some clients commit these acts of violence is well established in my own and others’ research. What *is* disputed is the reason why this violence occurs, and what should be done to end it. Ana says: “I think [prostitution] should be legalized because we go through so much shit. We go through a lot of discrimination and—and if they only knew that we’re only

doing this to survive. I don't enjoy it. I don't—I only do it for what, to eat, have a place to live and to have-- at least to have-- a little extra money in my pocket.”

Violence, even violence perpetrated by individuals, cannot be divorced from its structural context. In social science and legal studies, “structural violence” refers to the ways in which systems and institutions produce oppression and marginality (Galtung 1969; Farmer 2006). This framework emphasizes the importance of contextualizing experiences of violence, including interpersonal violence perpetrated by sex work clients or police. Recognizing the existence of structural violence means asking difficult questions: What social, economic and political conditions circumscribe group-specific experiences of violence? Which institutions and systems produce the conditions for violence to take place? Legal scholars’ critiques of the “perpetrator perspective”—the focus on violence or discrimination motivated by racial hatred-- in discrimination law (Freeman 1996; Spade 2011: 82) can also be applied to laws regulating transactional sex. The perpetrator perspective individualizes violence and focuses on punishment. One problem with a focus on punishment is that it does not prevent violence (Spade 2011: 82). Another problem with a focus on punishment is that it diverts attention from “the failures of our legal system and, specifically, the violence of our criminal punishment systems” (Spade 2011: 82). Instead of addressing systemic harm, the perpetrator perspective seems to justify ever-increasing investment in finding and punishing “aberrant individuals with overtly biased intentions. Meanwhile, all the daily disparities in life chances that shape our world along lines of race, class, indigeneity, disability, sexuality, national origin, sex and gender remain

untouchable and affirmed as non-discriminatory or even fair” (Spade 2011: 85).

Critics of the perpetrator perspective argue that harsher penalties ignore the role of the carceral system as a source of violence (Spade and Willse 2000) and that calls for harsher laws and penalties erroneously “casts the law in particular and the state more generally as neutral arbiters of injury rather than as themselves invested with the power to injure” (Wendy Brown 1995: 27, cited in Spade 2011: 35).

Applying these scholars’ critiques to scholarly and policy responses to sex work, I argue that advocates of criminalization individualize the problem of violence against sex workers by focusing narrowly on interpersonal rather than state-sanctioned violence, and by funneling resources to systems that harm many of the people working in the sex trade. As Spade argues:

In a context of mass imprisonment and rapid prison growth targeting traditionally marginalized groups, what does it mean to use criminal punishment-enhancing laws to purportedly address violence against those groups?... The neoliberal reframing of discrimination and violence that have drastically shifted and undermined strategies of resistance to economic exploitation and state violence produce this narrow law reform agenda that ignores and colludes in the harm and violence faced every day by queer and trans people struggling against racism, ableism, xenophobia, transphobia, homophobia, and poverty. (2011: 89)

This chapter has traced the process of carceral classification through police encounters, arrest and incarceration. I argue that carceral classification is in itself a form of violence: Policing, jails and prisons systematically deprive people of life chances at the population level. Poor and homeless sex workers’ experiences with

police, jails and prisons often cause them to sink deeper into poverty, and increase their vulnerability to physical and mental illness.

Laws regulating homelessness, drug use and transactional sex in public space funnel resources into policing and prisons in the name of protecting the people most vulnerable to victimization. Ironically, the laws prohibiting prostitution and the enforcement of these laws fail to protect people in the sex trade. Instead, they are rendered more vulnerable to violence during the process of arrest and incarceration, and more vulnerable to poverty upon release. Similarly, anti-homeless and drug law enforcement fail to police homeless people into services. Instead, they further marginalize homeless people, especially people with mental illness and drug addictions.

This chapter has shown that policing and incarceration are deeply harmful responses to poverty. Ending the criminalization of poverty would drastically reduce the vulnerability of homeless and street-based workers to violence and illness. California has taken some positive steps toward reducing criminalization: The recent passage of Proposition 47 resulted in a reduction of the state's prison population. San Francisco's jail is at only 57% of full capacity, and in 2015 activists defeated a proposal to construct a \$278,000,000 new jail.<sup>14</sup> In 2013, activists succeeded in changing local legislation to decriminalize the possession of condoms. Despite these positive developments, we are a long way from ending the criminalization of poverty.

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<sup>14</sup> Cost estimate from SF DPW Hall of Justice Replacement Project (accessed June 9, 2015): [www.sfdpw.org/index.aspx?page=1818](http://www.sfdpw.org/index.aspx?page=1818)

What if federal, state and local responses to poor people's presence and activities in public space prioritized housing and treatment for drug addiction and trauma? What if Lanie, Carmen, and Ana had instead encountered trauma or addiction specialists? What if Belinda, Akasha and Jay had received housing instead of citations and arrests? Imagining the answers to these questions requires that we re-imagine state and local budgets to divest from the policing of poverty and invest in other solutions. The following chapter will explore the effects of the classification of poverty as a medical or therapeutic, rather than criminal, issue.

### **3.9 Acknowledgments**

Part of "Bill's Story," featured in Chapter 3, was published in "Punishing the Poorest: How the Criminalization of Homelessness Perpetuates Poverty in San Francisco," which I co-authored with Chris Herring.

Bill was part of my independent dissertation research and Chapter 3 of this dissertation contains a longer version of Bill's narrative, based on my interview with him at the Saint James Infirmary in 2013. Parts of Bill's narrative that were previously published are demarcated by quotation marks and in-text citations. The citation for the co-authored report which features a shorter version of Bill's narrative is: Herring, Chris and Dilara Yarbrough. 2015. *Punishing the Poorest: How the Criminalization of Homelessness Perpetuates Poverty in San Francisco*. Coalition on Homelessness. Retrieved May 30, 2016 (<http://ssrn.com/abstract=2620426>).

## CHAPTER 4

### THE MEDICALIZATION OF POVERTY: HOW SERVICE BUREAUCRACIES ADMINISTER IDENTITY AND REFORM

#### 4.1 Introduction

*Spring, 2013:* Melissa was handcuffed to a bed at the San Francisco General Hospital. Two uniformed police officers, both men, guarded the door. When they got tired of staring at her, they started talking to each other, joking and laughing as Melissa's mind raced. She was homeless, she was addicted to heroin, and—she had very recently learned—she was pregnant.

Melissa found out she was pregnant in jail. After she told jail medical staff about some symptoms she had been having, they tested her for what she thought was just a urinary tract infection. Jail staff told her that because withdrawal from heroin could be very serious for a baby, she would have to go to the emergency room. And also, she thought privately, jail employees were “covering their ass,” because it would be a liability if she had a miscarriage in jail.

... It was just a lot of overload information. I'm finding out I'm pregnant, an addict, I'm homeless. It was a lot... it was really scary for me, and its like I can't even call my family or friends. Here I am sitting in a kind of emotionally overloading situation, and they're just kind of staring at me and making silly jokes to themselves, and its like yeah I do realize that I'm in custody but I'm also a human being, you know?

The doctors at the hospital determined that Melissa would need methadone treatment, and communicated this to jail staff. The guards brought her back to the jail, where medical staff verified that she was pregnant. She was then taken back to the emergency room, where the on-call doctor greeted her return with an exasperated sigh.

“We know she’s pregnant,” the doctor said. “We sent you back to put her on treatment in jail.”

The doctor explained that it was now too late in the day to get Melissa on treatment at the hospital—the guards would need to wait with her through the night so that she could be admitted and start methadone treatment at General Hospital the following day. Shortly after this was conveyed to jail officials, all charges against Melissa were mysteriously dropped and she was released from police custody-- and from the hospital.

So [the guards] woulda had to wait with me in the hospital all night and onto the next day. And so they ended up dropping my charges and releasing me from the hospital—which was great. But now, being that I was no longer in custody, and dismissed me from the hospital because I was no longer forced having to be there to get treatment, they told me to go get treatment on my own.

Melissa was happy to be released from police custody, but felt ambivalent about her discharge from the hospital:

It was important for me to be in the hospital, because they wanted me to be on treatment. But now that I’m not in jail, its not a liability to the jail, *now* come back on my own time tomorrow morning. I didn’t expect them to keep me there overnight, but maybe they could’ve gone more out of their way like, “This woman, she’s pregnant, she needs help, she’s an addict, she’s probably gonna go use tonight. What can we do to help her right now, to keep her from not using tonight?” Whereas they’re like “oh come back”—What if I never came back?

When Melissa was unchained from the hospital bed and told she was free to go, she was still homeless, still addicted to heroin, and still pregnant. She had not received methadone treatment.



I didn't have nowhere to go. I was happy that I didn't have any more charges and I was getting released from jail; I could at least go call my boyfriend and go get some emotional support from friends and stuff, but like they sent me basically back out to the wolves, you know what I mean? Some people may never have went back to treatment. Some people could have just stayed on, kept on partying, whereas they knew what situation I was in—They could've maybe tried more to help me, I think.

Melissa found a place to sleep that night and returned to the hospital the next day. A hospital social worker helped her apply for General Assistance and get on the waiting list for a homeless shelter bed. Melissa said, "Right now, it's going to be impossible to have stable housing in San Francisco. You have to show income, a bank account—I have nothing... I have legal issues too, so I can't really apply for SSI and all that. Because I have a possible warrant and stuff."

The shelter was full of people Melissa knew, people who use drugs or sold drugs, all together in cramped quarters. Melissa had promised herself that she would stop using heroin, and knew she wouldn't make it in this environment. She slept outdoors for a while, until she could earn enough money to afford a SRO hotel room. The SROs were still filled with drug use, but at least she could control everything about her own tiny room after she closed her door.

Its like I'm not using [heroin] currently while I'm pregnant. If I wanted to completely follow the straight and narrow, and just walk the line that they want me to walk, through, I would be completely screwed. Their GA [General Assistance], homeless GA, which I just recently have been applying for this week, and tomorrow morning I will be approved for, homeless GA is 59 dollars. That's what you get. What is that gonna do?

With no legal way to make money, Melissa switched from sex work to shoplifting because she felt it carried a lower risk for her baby. "You know, its like I

really wanna be done with it all, and just steer clear [of illegal work]. But I really can't right now. Like I can't live off 59 dollars a month and my food stamps and I just-- I'm trying, but it's kinda slow moving."

The hospital social worker helped Melissa get on a waiting list for subsidized housing for pregnant women, but this would not be available until her baby was born. In the meantime, Melissa will have to get by with very little support. She says she wants to stop doing criminalized work, but right now she doesn't see any other options.

There are benefits available to pregnant women but like "Oh we'll get you into housing by your due date." And that's November. So right now I'm still continuing to [do illegal work]. I've stopped doing a lot of things I did to make money... Basically right now I'm doing my other hustle, which is stealing from grocery stores and then I sell that. It's still illegally making money, basically, but I'm trying to pick what could be the least harmful. I'm not trying to put myself or the baby in any harm either. And so I did have to cut a lot of things out of my life, just "cause like disease, and it could be dangerous, so, and I wanna have a healthy baby, so."

Melissa's criminal record, combined with the inadequacy of cash benefits available for homeless people in San Francisco, leaves her stuck earning money illegally, for now. Within these constraints, Melissa looks out for her health and safety as well as possible, avoiding situations that could trigger her desire to use heroin, making appointments with doctors and social workers, and choosing the least risky earning strategy in her repertoire. Outstanding warrants for her arrest in other California counties create legal entanglements that keep the possibility of other benefits out of reach, as she is unable to apply for certain types of social support.

Melissa's experience of being arrested, found to be pregnant, taken to the hospital in handcuffs, and then released without treatment, shows how carceral and medical classifications can be flexible. Melissa was arrested as a criminal, taken to the hospital and detained there as a criminal-patient, and then released when she was re-categorized as a liability—when her care would be too costly. Melissa experienced this bureaucratic abdication of responsibility as both freeing (literally) and dehumanizing. After being handcuffed to a hospital bed, shuttled from the hospital to the jail and back again, she was released without ever seeing the inside of a jail cell. Due in large part to her pregnancy, Melissa was ultimately redefined as a patient rather than a criminal. Even though the hospital did not initially give Melissa the treatment she needed, being defined as a patient, rather than a criminal, opened up opportunities for her to return for treatment.

Because Melissa's heroin use was redefined as a health issue, she was able to access resources that helped her get out of homelessness and stop doing criminalized work. None of this would have happened if Melissa's drug use had remained strictly a criminal matter. Instead, like many other homeless mothers caught up in the system, she would have lost her baby to the foster care system while she remained incarcerated. Melissa's story shows how the classifications of poverty management bureaucracies can shift in a matter of moments, with life-changing consequences. When Melissa returned to the hospital the next day of her own volition, hospital social workers referred her to local agencies including a harm reduction heroin users' group for pregnant women, and a housing program for homeless mothers. In harm reduction-

based treatment (discussed in the following chapter) rather than jail, Melissa was able to reduce and eventually stop using heroin. Melissa earned enough money through petty theft to stay in a SRO hotel room for most of her pregnancy. Because she was never caught and arrested for stealing, she was able to stay on the waiting list for subsidized housing. She gave birth to a healthy baby, and they moved with her partner into a subsidized apartment near the community college where she eventually went back to school.

The previous chapter showed how being classified as a criminal produces vulnerability to poverty and violence. This chapter explores the effects of the ways in which service bureaucracies and government agencies sometimes classify poor people's identities and practices in medical terms, and how these classifications affect their lives. This chapter traces how homelessness, sex work, drug use, mental illness, and HIV are classified as treatable individual problems (medicalized), sometimes instead of, and sometimes in addition to, crimes.

In its original conceptualization by medical sociologists, *medicalization* refers to the definition of a social issue in medical terms, or to the expansion of medical categories through the proliferation of diagnosis and treatment (Conrad 2007: 4). Defining an issue as medical is not inherently bad or good, although much of the scholarship on medicalization has focused on the "overmedicalization" of social issues (Conrad 2007: 5). As Conrad, the medical sociologist who originated the concept of "medicalization" writes:

Critics have been concerned that medicalization transforms aspects of everyday life into pathologies, narrowing the range of what is considered acceptable. Medicalization also focuses the source of the problem in the individual rather than in the social environment; it calls for individual medical interventions rather than more collective or social solutions. (2007: 7-8)

Scholars of poverty and homelessness have borrowed from medical sociologists' concept of "medicalization" to refer to a somewhat different process. The *medicalization of homelessness* does not involve the intervention of medical professionals, but describes how policymakers and service providers have categorized homelessness as an individual condition that can be remedied by pseudo-therapeutic intervention (Mathieu 1993, Lyon-Callo 2000, Gowan 2010, Wasserman & Clair 2010). When I use the phrase "medicalization" throughout this chapter, I refer to the classification of homeless people as in need of treatment, rather than to the expansion of the jurisdiction of medical professionals that is described by medical sociologists. In some of the cases I will discuss, medical professionals are involved, for example the medicalization of HIV and mental illness. In other cases, for example the medicalization of homelessness and sex work, medicalization does not involve the intervention of medical professionals. Instead, homelessness and sex work are categorized as individual conditions to be remedied by self-help or pseudo-therapeutic intervention. The low-resource version of medicalization is the expectation that poor people will exit poverty by regulating their own behavior.

In this chapter, I distinguish between the effects of medicalization in *interaction* between service providers and participants, and the use and effects of medicalization as a poverty management *policy*. This chapter addresses two separate

but inter-related questions: 1) How does medicalization work in interaction between poor people and service providers or organizations, and how does this affect their lives? and 2) How does medicalization function as a policy response to poverty, and what are the effects of responding to poverty through a proliferation of individual treatment interventions? I argue that sometimes, medicalization confers access to resources, for example when participants living with HIV or mental illness are defined as patients, rather than criminals. Due to federal guidelines that prioritize supportive housing for people with HIV, mental illness, or a “dual-diagnosis” (mental illness and substance use), the labeling and diagnosis of a medical condition can open access to housing and care that was previously unavailable. Sometimes, but not always, these labels come with stigma and expectations of behavioral reform. For poor individuals, being defined as a patient can open up access to resources that are unavailable to poor people who have not been diagnosed with a condition that is considered treatable. However, the process of diagnosis and labeling can also perpetuate stigma and pathologize the identities and practices of poor people of color and gender non-conforming people.

This chapter also provides empirical specification of Spade’s (2011) theory of administrative violence, analyzing how binary gender classification in homeless serving and government agencies excludes people with non-normative gender presentation from access to resources. Spade argues:

Navigating benefits systems, shelter systems, essential medical services, and entanglement with the criminal justice system that is now a central aspect of low income existence in order to survive is

increasingly tied to the ability of each person to meet highly gendered and raced behavioral and expression requirements... all the essential services and coercive social control institutions (jails, homeless shelters, group homes, drug treatment facilities, housing for the mentally ill) that increasingly dominate the lives of poor people and disproportionately of poor people of color use gender segregation as part of the gendered social control they maintain. (2006: 224, 227)

Building on feminist analyses of welfare requirements, Spade calls attention to the gender segregation of most institutions and programs that respond to poverty (2006: 220). He argues, “interventions that would appear to remedy the exploitative and damaging outcomes of the economic system have often been structured to control gendered behavior and expression” (2006: 221). Although *administrative violence* refers more narrowly to the formal bureaucratic regulation of gender identity, it is also a useful lens through which to analyze the regulation of gender identity and expression in interactions at service organizations. Throughout this chapter, I use the concept more broadly to describe the regulation of gender not just through legal and bureaucratic classification, but also through social interaction. While Spade focuses on formal regulation through the codification of gender classifications in law and written rules, applying the concept more broadly shows how bureaucratic gatekeepers also use unwritten informal cultural categories to regulate access to resources. Expanding the concept of administrative violence to discuss cultural processes of classification in interaction allows us to see how staff members at service agencies—bureaucratic gatekeepers—use cultural categories to determine who gets access to resources.

Scholars of medicalization and administrative violence are not yet in conversation, but I argue that these processes construct one another in ways that shape

my participants' lives and opportunities. This chapter shows how the medicalization of homelessness, sex work, and drug addiction combine with bureaucratic systems that enforce rigid gender separation in order to administer gender identity and reform homeless people, drug users, and people engaged in street economies. Previous analyses of the medicalization of homelessness have not accounted for the ways in which service bureaucracies administer not just poverty but also identity. General studies of the medicalization of homelessness fail to account for the complex ways in which service bureaucracies administer race, gender and moral or behavioral reform; as well as the ways in which outcomes can diverge depending on the identities or practices that are defined as treatable issues. My study of homeless people who have worked in the sex trade allows more complete theorization of the medicalization of poverty in terms of ascribed identities and practices. By considering multiple vectors of medicalization in poor and street-based workers' lives, including homelessness, sex work, drug use, mental illness and HIV, we can understand how certain identities and practices come to be labeled as medical, and how categorization as patients in need of treatment or reform affects people's lives. This chapter shows that as a policy response to poverty, medicalization fails to address the structural causes of poverty. Individual-level interventions, even those that provide treatment and care to particularly vulnerable sub-populations, do not change the conditions of an exploitative low-wage labor market, scarcity of affordable housing, inadequate investment in social support, and the lack of a safety net.



## 4.2 Medicalization of homelessness

The 1980s and '90s saw attacks on the American welfare state, including public housing (O'Connor 1999, Beckett & Western 2001). At the same time, deregulation, consolidation of wealth, and rising income inequality precipitated a rise in extreme poverty throughout the U.S. (Spade 2008). As government increasingly failed to meet Americans' most basic needs, nonprofit organizations transformed into a "shadow state" tasked with providing services previously considered the responsibility of the government (Gilmore 2007). The devolution of government responsibility meant that organizations became increasingly reliant on corporate charity and foundations (Spade 2008: 55-56). As the responsibility for social welfare shifted from federal government to private foundations, many service organizations focused on individual treatment rather than social change as the key to ending homelessness.

Service agencies have responded to the problem of scarcity by re-defining economic and political problem of homelessness as a personal deficiency or illness that requires treatment. Scholars refer to this redefinition as the *medicalization of homelessness*. The medicalization of homelessness is predicated on assumptions that addiction and mental illness—not economic inequality-- are the primary causes of homelessness (Mathieu 1993). Within this framework, homelessness itself becomes an illness or pathology that must be cured through individual treatment (Wasserman & Clair 2014: 1177).

The push to focus on changing homeless individuals, rather than resisting the root causes of homelessness in society at large, resulted from federal policy that prioritized rehabilitation and treatment at a time when the country's affordable housing stock was dwindling. Partly, this was due to a Clinton-era federal policy called the "Continuum of Care," which emphasized movement through various stages of treatment before homeless people were considered "housing ready" (Schwartz 2010: 250).

Within ten years of the 1987 passage of the McKinney Act, thousands of new positions for service providers, "trained in the language of disease and dysfunction," opened in U.S. cities (Gowan 2010: 49). The Clinton administration's "Continuum of Care" plan required these new homeless service professionals to document and record homeless clients' "capacities in terms of mental health, substance use, life skills, parenting, budgeting and overall 'housing readiness'" (ibid). Service agencies identified substance use, disability or mental illness, and skill deficiencies as reasons that individuals were not "ready" to maintain housing or employment and proposed to resolve these problems through treatment or rehabilitation of homeless individuals (Schwartz 2010: 250). The "dominant assumption" of homeless organizations during this time "was that a large proportion of the homeless population... had such severe social, psychological and medical issues that they were not 'ready' for permanent housing" (Schwartz 250). The job of service providers was to provide structure and stability, treating homeless clients' pathology or illness and teaching life skills that would allow them to "graduate" to permanent housing (ibid). While the original intent

of the Continuum of Care was to provide housing in addition to treatment services, the housing component of the continuum was deeply under-funded (Barrow & Zimmer 1999). The result was that homeless clients whose shelter time limits expired often “graduated” to the streets or to other unstable living situations. Homeless services staff responded to the lack of housing options with efforts to make their clients competitive in the low-wage job and private housing markets. These interventions often took the forms of diagnosis and treatment of perceived illness or deficiency (Gowan 2010).

*Housing First*, which supplanted *Housing Readiness* as the federal approach to homelessness, was an important articulation of the Obama administration’s belief in housing as a human right. However, this policy has not been followed up with adequate resources to result in a transformation of the dominant approach to homeless service provision. This is painfully evident in San Francisco, a rapidly gentrifying city in the grip of a severe housing crisis.

Federal funding requirements and impossibly high housing costs in U.S. cities continue to push many service organizations, especially those serving the homeless, to identify and treat pathology and ignore the causes of social inequality. Organizations become more concerned with maintaining funding to keep their doors open than with solving social problems. Even following the implementation of *Housing First*, the structural conditions that produced medicalization as a dominant response to homelessness persist. In San Francisco, Gowan argues:

Through gentrification and redevelopment, the reduction of public housing, and quality of life policing, neoconservative politicians have reversed the three-decade abandonment of the central cities to “tax-and-

spend” democrats, forging a new pro-urban conservatism that reappreciates the city and claims it back from the deviant and unruly. Within this context, the push toward authoritarian medicalization of the homeless serves a dual strategy: First, the focus on overcoming the self-destructive delusions and denial of the sick justifies the steady progress of quality-of-life policing and vehicle confiscation against those living outside... cleansing valuable urban space for more profitable uses. Second... it creates a chasm between homelessness and mundane poverty. High-profile initiatives like Housing First and Homeless Connect demonstrate compassionate action in aid of the most needy without disrupting continued divestments in more broad-based programs and goods. (2010: 272)

Scholars agree that the homeless service industry’s emphasis on poverty as an indicator of illness that requires treatment is the primary driver of an increasingly individualistic and disempowering understanding of homelessness. Medicalization shifts focus away from structurally produced inequalities and identifies individuals as a primary target of intervention. The medicalization of homelessness—as a government policy and as an approach to service provision-- focuses on remedying individual deficiency or illness while ignoring social inequality (Mathieu 1993; Lyon-Callo 2000, 2004; Gowan 2010).

Not only does medicalization provide the language to justify divestment in affordable housing and privatization of public goods and services at the municipal level, it also provides language to silence dissent among members of the most adversely affected groups. According to scholars of medicalization, one way that homeless service providers suppress dissent among homeless clients is by treating clients’ criticism of institutions or systems as pathological. The literature gives a number of examples of providers who view homeless resistance to social inequality as symptomatic of mental illness (see for example Lyon-Callo 2000; Gowan 2010;

Wasserman & Clair 2010). In the medical model, "The homeless person is diagnosed as misplacing attention on 'political' matters and not on real individual issues. Often, these 'political' concerns are understood as symptoms of mental illness and paranoia" (Lyon-Callo, 2000: 339). This focus on diagnosing and treating individual reasons for homelessness redefines the political problem of racialized poverty as a treatable individual disorder:

Through their experiences in shelters, many homeless people [become] more likely to engage in self-blame and self-governing than in collective work against structural violence... People who come to believe that the solution to homelessness lies in treating or reforming the self are unlikely to engage in collective action. Within that discursive framework, collective action makes little sense because it does not involve working on individual issues. (Lyon-Callo 2000: 332, 338)

Scholarship about the medicalization of homelessness would be enriched by attention to the ways in which poverty management practices create and reinforce gender inequalities. Feminist theorists' analyses of sexist and heterosexist welfare requirements provide a useful starting point for analysis of the ways in which poverty relief requires conformity with traditional gender roles (Nadasen 2009; Mink 1998; Sparks 2003). Black feminist theorists have argued that coercive welfare policies are built around white supremacist assumptions about morality, womanhood, and motherhood (Collins 2009).

In a context of resource scarcity like in San Francisco and many other U.S. cities, hundreds of homeless people are warehoused in a single shelter. In these cases, front line service staff work to manage large populations by enforcing strict rules.

Many of these rules are biased against people whose gender identities and expressions do not fit into binary categories. In a national survey of transgender people, 29% of respondents who tried to access homeless shelters “were turned away all together, and 42% were forced to stay in facilities designated for the wrong gender” (Grant et al. 2011: 106). Of those who stayed in shelters, 55% were harassed and 25% were physically assaulted (ibid). The discussion that follows traces the connections between medicalization and administrative violence through the experiences of gender non-conforming participants.

A number of my participants remember avoiding or being removed from homeless shelters and transitional services due to endemic gender-based violence. Ana says:

When I was homeless, it was—it was so hard to spend the night in a shelter. One, you have to look like a real girl. If you don’t look like a girl, then you have a problem with the females over there. So, it was hard. Because I couldn’t go to the male one... I remember I went one time to the female, and transgender at that time was not very well accepted. So, there was a woman trying to get into it with me and so, I—I’m not—I’m not looking for problems, I’m just trying to—to survive, you know. I didn’t have no trouble in the streets, so I stayed in the street.

Jay, who now identifies as a cisgender man, but lived and worked as a transgender woman in the late nineties, remembers:

...I had nowhere to go. And I refused to stay in a shelter, I was really stubborn about the shelter system, because at the time I identified as a woman, and I was transitioning, and I was on hormones. And so for me it was really hard at the time back in ’98 to do that and be fresh to San Francisco, not knowing anyone, not knowing - I knew the dangers that were there, identifying as male to female and transgender. And so for me I had a really hard time, starting off with that, because the fact you’re being - not just I was being discriminated because of being

homeless, but also my sexual orientation and how I identified at the time in my gender... as a trans woman I did not feel safe in the shelters at all, no.

More recently, San Francisco's homeless shelters started housing people according to their current gender, rather than the gender assigned at birth. This policy change has allowed more transgender women to access the shelter system. T., a Black transgender woman in her fifties, says:

Shelters in Los Angeles were totally different from here [in San Francisco]. Shelters in Los Angeles, it was like boys and girls side. Had to be on the boy's side. Shelters here, literally this was my very first experience for almost everything. I mean, we got to use the women's restrooms without a problem, the staff was just phenomenal...the staff there, to us, literally was fantastic. I never had an issue. I never had an issue with any of the women. I kind of think that was also because of the way I carry myself. And, for me, I made some decisions when I went in there. I was like, okay, I'm here—because I thought they was going to station me with the men, but once I found out that they were stationing me with cisgendered women, I made some decisions. I have not had my bottom surgery yet. So, I'm like, okay well I'm not going to offend any of these women by going in there and taking a shower at the same time they're in there taking a shower. So, I would either—I would take my showers early in the morning, right before breakfast, or late at night.

I've heard about different issues that some of the other girls have, you know, but for me, I look at it like this. I—I understand that everybody—a lot of people are in different stage of transition. For me, it was about accepting this person, wherever they're at. I really get that. However, I can also be honest and say that, if I had a guy come in and look like my husband and he tells me, you look like that, you sound like a dude, all that, you walk like a dude and you tell me, well I'm really a trans woman and I want to be stationed with the women—I'm not going to lie, it would tinge me a little to have to take a shower with you. And, the reason I say that is because being here, I literally ended up meeting some people that are really new in their transition. Some of them still got beards, mustaches all of that, but they identify as being trans women. It's like, for me, if that's who you say you are, then I need to believe you and I need to treat you accordingly.

T.'s narrative indicates that San Francisco has made progress in providing shelter to transgender people, but that they still experience significant hardship, including the threat of interpersonal conflict or violence if they fail to conform to gender norms. When I reflected that staying up late or getting up early to shower when no one else was around sounded like a lot of extra work, T. said that it was, but:

I didn't expect them to change their rules or anything just because I was there. And, I wasn't the only trans woman there, but because—like I said, because I was there and I had heard and seen some of the issues that other trans women were having, I'm like, you know what, I'm going to make this easy for me. I'm going to stay out of staff's face, to the best of my ability, you know, and do what I need to do to get up on out of here. That was really me and his determination. Because P. [my husband] know... I don't like shelters, I don't. But, it was like, I'm going to be in here before I lay down on the street. That was one of the things that, you know, I'm not going to do that. So, if I want a roof over my head, be in here, stay out of the staff's face...

Sometimes, though, it is impossible to avoid conflict. Sally, a 50-year-old white transgender woman, confronted administrative violence in a number of bureaucratic contexts, including the General Assistance office and homeless shelters. I observed that about half of the time, General Assistance and homeless service workers used male pronouns to refer to Sally, even through her California ID and legal name indicate that she is a woman. Gendered expectations about how she should act and the biases of shelter staff made it difficult for her to maintain access to shelter services, even though transgender women are now housed with cisgender women in shelters throughout San Francisco. Sally was denied shelter services as a result of interpersonal conflicts or rule infractions multiple times. I attended six hearings in which she



appealed these denials, and observed that many of the “Denials Of Service” (DOS) were related to her gender identity and expression.

The following excerpts from my field notes detail the events surrounding Sally’s hearing after a Denial Of Service at New Neighbor shelter:

New Neighbor Shelter is a square, nondescript building. People mill in front. As we near the entrance, Sally veers away into the street. “Stay *off* the sidewalk,” she tells me sharply. “It’s not safe.” Puzzled, I oblige, careful to also avoid oncoming traffic.

A few meters away from New Neighbor’s front entrance, a man leans against the wall muttering, angry but unintelligible, until he begins to yell: “Faggot!” He screams the same word, over and over. We walk quickly, not looking anywhere but straight ahead, until we are inside.

At the door, Sally tells the security guard we’re here for her shelter hearing. The guard doesn’t search my backpack, but looks carefully through Sally’s purse.

Janetta, from TGIJP, and Lucy, Sally’s case manager from Saint James, are sitting in plastic chairs pushed up against the wall across from the island where front desk staff sit to check people in. I introduce Sally to Janetta.

When Jon, the shelter-client advocate arrives, one of the shelter staff ushers him into the next room and closes the door. After they confer, she opens the door again with a smile and invites us back. We sit down on one side of the table, all facing the door, which is again closed so that Jon, Janetta, Lucy and I can we can talk with Sally privately before the hearing. Jon passes around the written warnings so we can all see them.

Sally tells us what happened: For more than three months, she had been using her lamp for hair removal in the “quiet room,” a communal space within the shelter. When she uses tweezers or does electrolysis in the bathroom, sometimes people “bump into” her on purpose. Suddenly, shelter staff are telling her that she is not allowed to use her lamp in the quiet room. She has violated this rule too many times, and the staff want to evict her from the shelter.

Jon sighs and spreads the rule violations out on the table. “I don’t see why they don’t just let you use your lamp in the quiet room,” he says.

The reason becomes clear when New Neighbor staff come into the room.

The residential counselor says: “Whatever she doin’ with her face, maybe other clients don’t want to see.”

The shelter manager says that it is impossible to accommodate everyone, explains that others, including someone with an electric wheelchair and a respirator, need to use the electrical outlets.

Lucy asks: Can the shelter honor the medical excuse that she has?

Janetta adds: What would it be like for the shelter to make a reasonable accommodation for transgender people?

The manager keeps bringing the conversation back to what he calls “real” medical needs like the wheelchair and the respirator.

Janetta says, “Based on the fact that you have no idea what it’s like to be trans, you’re determining what’s medically necessary and what’s not.”

The manager keeps saying that if he lets Sally use the quiet room for hair removal, then everyone will want to use it for everything. Jon and points out that Sally has a doctor’s note, which is the crucial difference.

The manager keeps bringing the conversation back to equal treatment of all residents: “At the end of the day I’m accountable to 334 residents.”

As we walk down the hill after Sally’s hearing, I remember that I need to give Sally a copy of her consent form, so I stop in the middle of the sidewalk. “That’s not safe,” Sally exclaims as I open my bag to dig the paper out and hand it to her. She and Janetta move so their backs are to a wall and they can see everything around them. “It’s a trans thing,” Janetta tells Sally, who is staring at me incredulously. I start

walking again, backpack still open, but Sally waits, vigilant, until I have closed my bag and am looking up again. “Are you done?”

Sally leaves for an appointment, and Janetta and I make our way to City Hall for a public hearing about conditions in San Francisco’s shelters. During the time allotted for public comment, Janetta speaks about the conditions for trans women in shelters. The director of New Neighbor shelters is sitting in the row behind us, and asks if Janetta would like to meet with her sometime. Janetta’s testimony, which focuses on a pattern of gender-based discrimination and violence in the shelter system, results in Sally’s being allowed to continue using her lamp after the director personally intervenes with the staff at New Neighbor.

Sally is kicked out again just a few weeks later, after New Neighbor’s security guard confiscates her pepper spray, which she carries with her at all times for safety. When Sally protests that she is not safe outside and she needs her pepper spray whenever she leaves the building, staff call the police, and two officers drag Sally out of the building. She sleeps that night curled up on the steps of a church, and the next night in an acquaintance’s van.

The surveillance and regulation of gender expression and gender-appropriate behavior in homeless service agencies happens through informal interactions as well as through formal rules. From binary gender categories on General Assistance forms, to staff assumptions about how women should look and act, medicalization and administrative violence combine to create rules and practices that exclude transgender participants from access to services. When shelter staff are unable to change shelter

clients' behavior to conform to gendered expectations in interaction and formal rules that are set up for cisgender people, they sometimes call the police.

### **4.3 Medicalization of sex work**

In the case of organizations that serve sex workers specifically, medicalization often takes the form of therapeutic and skill-building interventions that aim to move sex workers into the formal, licit economy (Oselin & Weitzer 2013). While therapy is essential for many survivors of violence, many purportedly therapeutic interventions perpetuate stigma and blame, and some service interventions reinforce criminalization. In this section, I analyze how sex work and non-normative gender expression are classified as problems in need of treatment at Serenity Village,<sup>15</sup> a residential treatment program at a confidential location in San Francisco for women “escaping prostitution.” The following discussion demonstrates how non-normative sexual and gender expression are medicalized, and how failure to reform behaviors and practices deemed problematic by service providers can push people to the edge of patienthood, where they are in danger of being defined as criminals instead.

#### **4.3.1 Serenity Village: Medicalization through behavioral reform**

Serenity Village is a refurbished multi-level home on a quiet tree-lined street, with a large sunny kitchen and bright airy rooms throughout. There is a bowl of brilliantly colored fruit on the kitchen counter, and the walls are painted in soothing pastel tones. “It’s so beautiful here,” I say to Sally, who has been staying here for three

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<sup>15</sup> Serenity Village is a pseudonym.

months after a year and a half of bouncing between different homeless shelters. “Like a beautiful prison,” she replies wryly. Sally chafes at the many rules, often arguing with staff over her computer and phone privileges (repeatedly revoked) her desire to drink wine, and the challenges of communal living.

Serenity Village does not require law enforcement referral. Other homeless service providers can refer clients to the program, and there is a long waiting list for the seven rooms, each of which houses two women. The organization takes an addiction treatment approach to prostitution, framing sex trade involvement in the language of addiction and recovery. Sex trade involvement is assumed to be inherently harmful. Indeed, some of the women who live in Serenity Village have experienced harm in the sex trade, and the confidential location and strict limitations on visitors help to protect them from violent former clients or pimps. In contrast, Sally hasn’t done sex work of any kind for years. She is just here because she is homeless, and Serenity Village is “transitional housing,” which would satisfy her doctor’s requirement that she have stable housing where she can recover before she is allowed to schedule gender-affirming surgery through San Francisco’s free surgery program.

Like other programs that seek to control clients’ behaviors until clients can successfully monitor, govern and transform themselves, Serenity Village responds forcefully to breaches of the organization’s standards of comportment. Self-control and self-governance through behavior change are important goals of the program. A sign on the door of the case manager’s office sums it up: “You’re not working unless you’re working on yourself.” Clients must attend mandatory therapeutic groups and

community meetings, and must do their assigned household chores. They must submit to weekly urinalysis drug tests throughout their stay, with the knowledge that a positive test will result in the loss of their housing. The organization's manual explains the "steps" of the program. For the first month of residence, clients are not allowed to use any phone or computer, and are not allowed to leave the building. "They don't explain why," Sally tells me when I ask. "They just say, 'that's how it is.'" For Sally, the Internet is a crucial way to connect with the outside world, especially since she struggles to make friends with the people around her. When she is told that Serenity Village staff will lock her computer away for a few weeks, she is angry and distressed. Finally, after much internal debate, the case manager tells Sally that she can store her computer in her storage space at a public storage facility she that rents off site. That way, at least she can use her computer when she leaves the house. Following the month-long probationary period, Serenity Village residents are eligible to move to Phase One. As the handbook says, "During Phase One your focus will be on attending your day treatment program, being an active member of the community, identifying your issues and modifying your behavior." In order to move to the next phase after two-three months, residents must attend three "self-help meetings" each week and abstain from prostitution. If, at any time, they are caught with "unauthorized prescriptions or paraphernalia," "appearing intoxicated and refusing a drug test" (residents can be tested at any time at staff discretion and "will be asked to leave" if they refuse), or "engaging in prostitution," they will be removed from the program and lose their housing. These rules outlined in the manual that is provided to every resident

demonstrate the emphasis on behavioral reform and treatment, on self-regulation and moral reform, with an emphasis on abstinence, especially from prostitution.

After she “graduates” from “the demonstration phase” by successfully staying inside the house without access to a phone or computer, Sally is allowed to venture out, but only if she is accompanied by another resident. This arrangement becomes a point of tension between Sally and her roommate, as they want to leave at different times, and each feels stifled by the other’s ill-timed desire to go out or stay in. Sally gets into heated arguments with her roommate, staff and other residents over mundane rule infractions: Why are staff and clients allowed to smoke cancer-causing cigarettes in the courtyard near her window, but she can’t drink red wine, which is healthy? Why (after their computer privileges are finally instated) does her roommate want to use the computer to watch movies at night while Sally is trying to sleep? These disagreements escalate in close quarters, exacerbated by Sally’s bellicose style.

After Sally and another resident bump into one another on the stairs, Sally is accused of intentionally ramming her shoulder into the other resident. When staff confront Sally, they think she seems belligerent. They issue a Denial Of Services (DOS). Sally appeals her eviction through the city’s shelter arbitration process, represented by her shelter client advocate from the Eviction Defense Collaborative. Even though Serenity Village staff want Sally out, she is allowed back in, on the condition that she completes a five week anger management program run by the sheriff’s department. Sally finishes the program, but staff don’t see a change in her

behavior: She continues to argue about the program's many rules and to struggle with communal living.

“That’s ridiculous. I was just talking the way I normally talk,” Sally huffs in the Serenity Village case manager’s office following yet another argument with staff and residents. She is curled into a chair in the corner, legs tucked beneath her, glaring. We discuss the difference between how people might perceive her volume and tone of voice, and how she might adjust the way she communicates in order to get along better with the other clients and staff. I offer that even if she hasn’t done anything wrong, she could strategically change how she acts in order to get what she wants. Sally concedes half-heartedly that maybe she could try, and the Serenity Village case manager seems pleased.

Serenity Village is a program for women only. All of the staff I met were cisgender women, and the residents included transgender as well as cisgender women. The program emphasizes safety. Many residents have experienced physical and emotional violence, and a few have only recently gotten away from people who harmed them. For this reason, Serenity Village is in a confidential location, with a heavy metal gate and a buzzer with an intercom at the door, along with cameras that allow staff to monitor the sidewalk in front of the door. The staff’s preoccupation with Sally’s anger and the way she expresses herself is due in large part to the ways in which expressions of anger, including tone and volume of speech, might remind other residents of past trauma. However, it is also likely that gendered expectations about acceptable affect and presentation shape Serenity Village staff and client interactions



with Sally: Women should not take up too much space. They should speak softly. They should be patient. They should be nurturing and caring; should prioritize others' feelings and needs. Sally expresses none of these qualities. Her tone is frequently abrasive, and she has a sarcastic sense of humor. She has a rigid sense of right and wrong and has trouble seeing things from anyone else's point of view. She is quick to anger, and she never tries to make herself smaller than she is: She stands tall and squares her shoulders when she walks. When she feels slighted, she retaliates, sometimes resorting to name-calling.

Sally is kicked out of Serenity Village for good after she initiates an argument over use of the bathroom. Another resident is using the only bathroom with a shower, but, Sally insists, is not actually taking a shower. Why can't she go in the other bathroom, so Sally can take a shower? Sally knocks on the door repeatedly and gets no response, so she goes to her room and waits. Then she returns and knocks on the door for minutes on end with her hairbrush, yelling for the person inside to hurry up.

According to the staff incident report:

Client Sally is on the second floor banging and pounding aggressively on the bathroom door yelling at the top of her voice for [client] to get out of the bathroom. I approached the client and asked Sally in a very respectful manner to please refrain from banging on the door in that way and to have patience for the person utilizing the shower who has only been in there for five minutes. Sally got very hostile and aggressive yelling and taking a threatening posture and gesturing wildly, flapping and waving her hands and pointing and flinging her bath brush toward my face in a manner where I felt threatened and unsafe. I asked Sally if she could lower her voice, and Sally continued to take a very threatening stance. I tried to de-escalate the situation but she refused to. I disengaged from the conversation for safety, and then

Sally exited to her room and slammed the door. I documented and called my manager and the on-call staff for support.

The manger and director, off site at the time, return to Serenity Village. They call Sally into their office and tell her that she is being issued an immediate Denial of Services (DOS). Sally yells at the staff member who told her to wait for the restroom, “You’re a liar and a criminal!”

The director tells Sally to leave immediately. According to the director’s written incident report,

She refused to be issued a DOS and said that she was going to remain in the house until arbitration. We told her that it was an immediate DOS and that she would have to leave. She refused and yelled, “then we’re going to arbitration!” I informed her that we have to call the police if she refused to leave and she said, “go ahead, call the police.”

We called the police around 12:10 and they showed up about 5 minutes later. We informed them of the situation and that we are asking Sally to leave. Officer [name] tried to talk to her and get her to leave. The police asked if we had any keys to open Sally’s room, and we were unable to locate the keys. After 30 minutes, I asked [staff member] to take the door off the hinges. When the door came off, Sally pushed the door against the four officers on the other side and kept aggressively pushing it into them. The officers had called for back up. About 10 police cars showed up, and they eventually got Sally to leave and made her put her hands behind her back.

Officer [name] asked if I wanted to make a citizen’s arrest. I responded affirmatively, since Sally was hostile and had been aggressively hostile towards the police. I was concerned about the safety of the staff and residents.

Even in her description of Sally’s forcible removal from her room by twelve police officers, Serenity Village’s director paints Sally as the sole aggressor. The statement that an unarmed person could be “aggressively hostile” toward armed police officers who were forcing their way into her bedroom demonstrates the depth of staff’s

conviction that a client's failure to effectively "manage" her anger warrants police intervention.

In the three years I have known her, Sally has never physically harmed anyone. Yet all of the Serenity Village staff incident reports use the words "threatening," "aggressive," and "hostile," to describe Sally, and focus on fears about the safety of staff or other residents. These descriptions accurately convey staff's feelings about Sally. But these feelings are also shaped by gendered expectations about appropriate displays of emotion and ways of interacting. Would a petite cisgender woman's incessant knocking on a bathroom door, or demands that the bathroom's occupant hurry up have escalated to the level of police intervention? Would her demands be construed as threatening, or just perceived as annoying, inconsiderate and disrespectful? Would twelve officers be summoned to break down her door and lead her out of the building in handcuffs?

White womanhood as a social and historical construct marshals racialized and gendered tropes of innocence and virtue to marginalize racial and gender Others (Collins 2001). Women whose bodies do not evoke the myth of white womanhood, including women of color and transgender women of all races, are more often treated as threats (ibid). For people in homeless shelters and transitional living programs, being perceived as threatening, and being unable to alter this perception, can mean losing the roof over their heads.

Serenity Village's Operations Manager's statement says:

The police were unable to get her to answer them; however, as they were on the fire escape they let us know that she was packing her stuff. They gave us the option of them leaving or us removing the hinges to allow them entrance, at that point I removed the hinges from the door to allow the police access and escort her out of the building. The police talked to Sally through the door letting her know that they were not hear to harm her, they only wanted to escort her from the building.

At Sally's arbitration, Serenity Village's director says that seeing police in the building and seeing ten police cars outside was traumatic for many of the other residents who had negative experiences with police in the past. Nonetheless, the director blames Sally.

Sally has failed to behave in an acceptable way; to monitor herself; to control her anger; to "work on yourself" in the way that you are supposed to in a place like Serenity Village. Why, when police told Serenity Village staff that they saw Sally packing her belongings in her room and offered that they could leave, did Serenity Village staff ask police to break down the door and lead Sally out? No one asked this question at Sally's arbitration because the answer was clear: Staff felt threatened.

At Sally's hearing, Sally's shelter-client advocate inquires about Serenity Village's conflict de-escalation training for staff. He suggests that the situation could have been resolved without evicting Sally or calling the police. But Serenity Village's perspective prevails.

"Why didn't you let the police in?" The arbitrator, a volunteer lawyer, asks Sally in a condescending and accusatory tone. Tears well in Sally's eyes as she tries to explain what happened; she brushes them angrily away when they reach her cheeks. I imagine how terrifying it would be to remain alone in a bedroom while armed police officers broke the door down. The sob in Sally's throat chokes the words, but she says them with as much defiance as she can muster: "If they were going to kick me out, I wanted it to be a big deal."

“Do you understand how your behavior was perceived as threatening?” the arbitrator asks her.

Sally’s failure to submit to all of the house rules and to engage in successful behavioral reform meant that she lost her housing. “You hated it there,” I reflected as we walked to the bus stop after her hearing. Sally agreed, but hastened to add that this wasn’t the point. While Sally is happier staying at the city’s small LGBT emergency overnight shelter, which finally opened in 2015 as a result of activists’ demands, she won’t qualify for gender-affirming surgery until she can document that she has a more permanent place to stay during her recovery. Since she was kicked out of Serenity Village, Sally no longer has an acceptable address to list on her application for surgery. At Serenity Village, the medicalization of sex work was a means for the allocation of scarce resources, but it came with stigma and with the implication that failure to reform behavior that the organization and its representatives deemed problematic would be met with criminal penalties. Women who had been involved the sex trade could access a beautiful sunlit home, healthy meals, and staff attention at Serenity Village, but only if they were willing and able to change who they were and how they acted. Those unwilling or unable to submit to anger management, drug tests, confiscation of telephones and computers, or to abstain from selling sex or using drugs; those who broke the rules, who didn’t work on themselves, could no longer access the resources that Serenity Village provided.

#### **4.4 Medicalization of HIV and mental illness**

In response to federal guidelines prioritizing housing for special sub-populations, including “chronically homeless” people, many U.S. cities are focusing

more of their resources for housing single homeless adults on people with “severe” or life-threatening illnesses. A diagnosis can sometimes help homeless people gain access to housing and care, but this by no means guaranteed. With extremely limited resources, the Department of Public health’s homeless outreach workers are instructed to triage homeless people into services and housing based on the severity of their need. As scholars of “social triage” have pointed out, triage is not only a prioritization of medical need or urgency—it is also a bureaucratic response to scarcity (Darling, forthcoming).

Barry Zevin, the medical director of the Department of Public Health’s Homeless Outreach Team, says that the HOT team’s primary goal is to prevent death. “We have taken the sickest people and provided them with supportive housing,” Zevin told the *San Francisco Examiner*. “This is quite calculated. We sit and have these discussions when we decide who is going to get the housing slot.” Priority goes to homeless people on the street who have been diagnosed with AIDS, “severe” mental illness, life-threatening heart disease or cirrhosis of the liver. “They are at very high risk of dying in the next year or two and we’ve got to get them indoors,” Zevin says (Sabatini 2016).

Despite the prioritization of people with severe mental illness and AIDS, homeless people die on the streets of San Francisco every year. Between 2014 and 2015, the Medical Examiner’s Office reported 41 homeless deaths on the city’s streets (Sabatini 2016). This is because, irrespective of the public health establishment’s

attempts to triage homeless people living outdoors, the city simply does not have enough housing for homeless people-- even those with life-threatening illnesses.

In a June 6, 2014 memo to San Francisco's homeless service agencies, entitled "Suspension of new referrals to Direct Access to Housing Program," the program's director explained:

The Department of Public Health- Housing and Urban Health section reopened the Direct Access to Housing (DAH) pool for new referrals in January 2014. Since that time, DPH placement has received and forwarded over 700 new referrals to our DAH Access and Referral Team (DART) for the DAH supportive housing program. Over the same period, the DAH portfolio of 1,700 units averaged approximately 25 vacancies per month. Clearly, the demand for supportive housing continues to greatly outstrip the available supply. In order to meet our goal of assessing and matching the needs of each individual with an appropriate building option, we have to suspend new referrals to the DAH program effective immediately and until further notice.<sup>16</sup>

In a context where need far outstrips availability of resources, the gatekeepers must prioritize housing and treatment for people who fit their criteria for urgent need. A medical diagnosis makes access to these resources more likely.

#### **4.4.1 Jay**

Jay remembers when he was first diagnosed with HIV, in 2008. He had been feeling sick, like he had the flu. When he collapsed, his partner carried him down the stairs and took him to the hospital in a cab.

I had full-blown AIDS. I had two weeks to live... They told me I was going to die... they said there was no way I'd make it. I had—my lover at the time that passed away last year... my partner, bless his heart. And my best friend of fifteen years at the time by my side, and I said,

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<sup>16</sup> Available at: <https://www.sfdph.org/dph/files/huh/DAH-CommunityAnnouncement.pdf>  
Accessed 4/10/16

‘you know what, I’m going to make it through this.’ At the time, I had green bowel coming out, I was wearing diapers, I had no way to take care of myself at the time, and I was very sick... And I’m a survivor. And I don’t give up, no matter what with my health. I do adhere to my medication; I take it every day. I’ve been undetectable for the last six months. You know and I’m very, very grateful for the new medications that have come out recently.

The bureaucratic and legal categorization of Jay’s AIDS as a medical problem rather than a criminal one means that he gained a sense of control over his life and health. He credits his survival not only to his medication and access to care, but also his own tenacity, his refusal to “give up,” and his decision to take his medication every day, regardless of his housing situation, his use of illicit drugs, or other things happening in his life. This sense of control and agency is possible only because Jay has access to medical treatment. When he got a medical diagnosis, this opened the door to eligibility for housing through the federally funded Housing Opportunities for People With AIDS.

Jay’s partner and best friend took care of him, and his medical case manager helped him deal with the mountains of paperwork he needed to complete in order to gain access to health insurance and eventually a housing subsidy. The protracted legal and bureaucratic process of documenting his HIV, certifying it as a disabling condition, and accessing resources cycled Jay through various organizations throughout the city.

A social worker came in... and they were sitting there with my partner at the time, which he already did all of this... And the process was really quick, I think really fast, I mean some of it’s a little fuzzy, because of my health at the time, but within less than a couple weeks, I went in and had a doctor’s appointment. I got hooked up with medical care, the insurance part was fun [sarcastically]. I wasn’t on disability at



the time, when I was diagnosed, so I was still—I was on SSIP, GA, that's the Social Security Income Pending. I had an advocator [a hospital employee charged with helping newly diagnosed patients navigate the HIV care bureaucracy] at the time. So I was having a really hard time. I wasn't housed and I was living with my boyfriend at the time... Once the whole health thing came through, I still waited a year and a half to get SSI and SSDI, like I went through hell to get it... I had to see a nurse, a doctor. I had to have blood work done, all kinds of shit. I was like wow, I don't know if I'm going to be able to make it much longer. And that part was hard... I went through any agency I could find...

Jay got connected with the Saint James Infirmary, Shanti, the San Francisco AIDS Foundation, Magnet, Project Open Hand, Tom Waddell clinic—any agency he could find that offered HIV-specific services.

I was like wow, there're services for people who are positive, and I started using these services. And then having the support of my partner at the time... I was able to do it... it took months for my health to improve. My T cells, when I went in the hospital were like 79, I was 76 pounds, my stomach was like a balloon and I had green bowel coming out. So for me to be here today, I feel grateful, very grateful.

Jay had a CD4 count of 100 and a viral load of 130,000 when he got out of the hospital. In order to be eligible for benefits, he had to document his disability while taking sixteen different HIV medications and with an income of only \$430 per month. He got medical case management through two different hospitals. It took eight years from the time of his diagnosis for Jay to get subsidized housing through the AIDS Emergency Fund. Although it was a long and arduous process, Jay says that since he was diagnosed, it has been easier for him to get housing. He now receives \$993 a month from SSI. The last SRO he stayed in cost \$275 per week, he says, making it impossible to afford on SSI alone. His payment would be reduced if he disclosed that

he was staying in a homeless shelter, so he has to use someone else's address "to keep the money coming."

Jay still does sex work now that his HIV is under control. But he feels like he has to be more careful now. "I feel that I always let people know my status and my health, because I think that's really important. You know, I am undetectable for HIV right now, but at the same time, even when my health is 100 percent, I still have to protect other people, because its only fair to me... The reason I had stopped working in the sex industry is because I do have health issues, and I do believe that I need to be very careful with that, because I don't want to get someone else infected, you know."

In the last chapter, we saw that being arrested for prostitution while HIV positive enhances criminal charges from a misdemeanor to a felony, and that when poor people living with HIV are categorized as criminals, this endangers their health and their lives and pushes them deeper into poverty. Unlike Maria, whose HIV status was used by guards to harass her and who was denied medication in prison, and Shawna, a street-based sex worker, who was threatened by police officers who knew her HIV status, Jay's HIV has been treated exclusively as a medical issue.

Where Jay gets his healthcare now,

The clinic is amazing, all the staff are professional... And it's quiet, the waiting room is quiet. There aren't screaming people... it's calm... and they're efficient. My medical care is exactly what I want in a medical care system. I feel like my health in the last six months has done a 180 and improved like 50 percent... I have no viral load. I mean, I've never had that in my life with my health.

Because his HIV has been defined as a medical rather than as a criminal problem, Jay is surrounded by service providers who monitor and track his well-being, making him feel valued and cared for. The HIV service providers Jay has encountered, including housing programs for people with HIV, use a harm reduction approach to HIV prevention and care, discussed in depth in the following chapter. Briefly, this means that Jay's housing is not contingent on abstinence from drugs, and that his providers have recognized the structural barriers to Jay's health (lack of stable housing, income and insurance) and worked to help circumvent them.

The definition of a condition in medical terms can take two general directions: The first is an exclusive focus on behavioral health, which often results in a stigmatizing redefinition of social problems in terms of individual shortcomings. The second, which Jay has experienced, focuses not just on individual health promotion practices but also on structural barriers to health, and the need for social change. A harm reduction approach means that Jay's HIV, rather than his sexuality or his identity, has been defined as a medical problem. Historically, this has not been the standard response to HIV, even in San Francisco.

In the early days of the AIDS epidemic, medical researchers and professionals called what we now know as HIV, "Gay-Related Immune Deficiency." Their construction of gay "lifestyle" as "medically problematic" was based on entirely on stereotypes (Epstein 1996: 50-51).

While it cannot be doubted that doctors were genuinely concerned with treating the venereal diseases of gay men, the issue was framed in particular ways that influenced medical perceptions of homosexuality.

First, the key phrases that were used—“homosexual hazards,” “gay bowel syndrome,” “homosexuality as a risk factor”—posed the problem essentially as one of identity and ‘lifestyle,’ rather than contraction of specific infections. (Epstein 1996: 51)

While medical professionals and researchers now understand how HIV is transmitted, the legacy of medicalized understandings of identity and lifestyle persists in social service delivery. Some interventions focus narrowly on behavioral health. Providers often convey that patients need to take responsibility for their own health, by using condoms, by sticking to a medication regimen, by avoiding certain sexual practices. Public health researchers have found that interventions with sex workers that focus too narrowly on behavioral health without attending to dynamics of power and oppression can feel blaming, and are less effective at promoting the desired health outcomes than harm reduction interventions (Swendeman 2009).<sup>17</sup>

#### 4.4.2 Sandra

Sandra is a Black cisgender woman who has been working in the criminalized informal economy since she ran away from home at age seventeen. As a child, Sandra felt like she had to protect her younger sister: “I just took all the abuse, the punishment, all that. I took it to cover my sister... My sister never got hit with a belt or nothin’ because I saved her.” When she finally ran away, Sandra supported herself through sex work. Sandra has a history of arrests for selling “fake” drugs (for example

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<sup>17</sup> The stereotype of sex workers as “vectors of disease” is so prevalent that Jay says: “I didn’t get it from doing sex work—HIV—I want to make that clear for the record... I didn’t get it until I was with my lover... I knew he was positive for like four or five years. So I knew what I was getting into, but I also was using protection... I didn’t seroconvert from him. The person I with *before* him had gave it to me and I didn’t know. I wanted that on record- because there’s a lot of misconceptions. And I was having unprotected sex with the other person before him, trusting that he was using protection, which he wasn’t.”

substances that resemble crack but are not), holding drugs or money for boyfriends who are dealing, and prostitution. Her history of arrest, hospitalization, and sentencing to mandatory drug treatment, demonstrates the complex effects of the categorization of extremely poor drug users as criminals and patients at the same time.

For many women, the danger of sleeping alone on the streets is much greater than the danger of supporting themselves through street-based sex work. There are hundreds of people on the waiting list for homeless shelters in San Francisco, and a safe respite might only become available in a moment of acute crisis, if at all.

Sandra says: “I been slept on the streets, woke up with a man’s dick in me-- which I didn’t know the person-- and I told the police: I was like ‘I got raped,’ and they didn’t believe me...how do you deal with that?” A history of being categorized as a criminal meant that police were unlikely to perceive or treat Sandra as a victim. As a homeless woman with a history of arrests for prostitution and drug-related crimes, Sandra did not receive protection or support from police who doubted her credibility.

After the sexual assault triggered an acute psychiatric crisis, an outreach worker who had been visiting Sandra on the street offered to help her get psychiatric care at what Sandra calls “the rubber room, the crazy house” at San Francisco General Hospital. Sandra explains, “I felt safer there. After I got out of it I felt like I could just breathe. I wasn’t cluttered in by people who just wanted to take take take take.”

Sandra was only able to get psychiatric care and a place to sleep indoors after an outreach worker observed and documented her psychiatric breakdown. Until this moment of medical diagnosis, a safe place to sleep—which would have prevented her

from being raped by a stranger in the first place—was out of reach. As chapter two showed, homeless people like Sandra and Belinda frequently interact with police and jails, cycling between incarceration and the streets. While Belinda was never incarcerated, her constant contact with police on the streets exacerbated her mental illness. Sandra, living in similar circumstances, got a respite from the streets when her mental illness was diagnosed and documented by an outreach worker.

After she was released from the mental hospital, Sandra stayed in shelters and SROs. She was again arrested, this time for drug use. Sandra was sentenced to mandatory drug treatment, which she says helped her feel equipped to stop using drugs. She says,

I brought myself out of it because when I went to the pen I seen women my age and they tell me about they grandkids it's like, I can't do it no more. I went into the program they had there and I went to [the drug treatment program]. And I relapsed and then I went back to face my consequences." Sandra continues with a proud smile, "They gave me a kind of difficult task to do, but I did it anyway. I made a collage with all the possibilities that I could have, the future I could have, and the past and the present. I had to get up in front of 30 people? No, it was a hundred some people? And I had to get up in front of them and explain why I wanna come back in the house, why I want to get my graces back. It was a challenge for me and I felt good about it.

Although she said that being sentenced to mandatory treatment saved her from spiraling deeper into drug use, Sandra also noted that her criminal record made it nearly impossible for her to get more permanent housing.

Sometimes it made me feel angry and made me want to go back and use because sometimes I'd go to get a place and they said its full... and I'm like "OK, I'm not dealing with this, let me go just take one [a hit]. And I've done that a couple times, what's the point in it? Nothin'. So I

try to stop completely. I been doin pretty good,” she nodded and smiled, “I been doin’ damn good, I been OK.”

Sandra has lived most of her adult life on the legal and bureaucratic border between criminal and patient. She has been incarcerated multiple times for myriad poverty-related crimes. As someone with a diagnosed mental illness, she was treated as a patient, rather than a criminal. As a drug user, her arrest and sentencing to mandatory drug treatment meant that a space was reserved for her at a free drug rehabilitation center: She could bypass the long waiting list for drug treatment and go right into the treatment facility, where she would have free meals and a roof over her head. The waiting lists to access no-cost residential drug and alcohol treatment centers in San Francisco are extremely long, so by the time someone who is homeless gets a space, it is often impossible for treatment center staff to locate or contact the person. In contrast to the reserved spaces for people released directly from jail to treatment, the process of voluntary admission to a free drug treatment facility requires multiple days of showing up for intake appointments and phone calls, which can be prohibitive for drug users with no stable housing.

For first-time drug offenders in San Francisco, a court referral is the surest way to gain access to free residential treatment. In contrast, homeless people who are not involved in the criminal legal system do not have access to beds reserved for “diversion clients.” Instead, poor people seeking access to voluntary residential drug treatment languish on impossibly long waiting lists. Diversion programs can have positive outcomes at an individual level for people like Sandra, who benefitted immensely from her time in court-ordered treatment. However, at the municipal level,

diversion programs can exacerbate the problem of scarcity. In the absence of significantly increased investment in free, voluntary residential treatment programs, court-ordered treatment increases carceral control of scarce resources.

#### **4.5 Medicalization of drug addiction**

Sandra and Melissa's experiences show how drug use can be classified as a criminal or a medical issue, and often both over the course of someone's life. Some drug users experience primarily criminal interventions, while others experience only medical interventions. Bill, introduced in the previous chapter, and Jay are both white men who have done sex work and panhandled. Both men are HIV positive, both long-term drug users, and both have been homeless on the street. But Bill is caught in a cycle of homelessness and incarceration, unable to get SSI and stay on medication because his criminal history interrupts and precludes this. In contrast, Jay's drug use has been defined as a medical rather than a criminal issue. For this reason, he and Bill have had very different life trajectories.

Jay says:

I've never been popped for drugs so I mean I have been fortunate...Over the years, fifteen years of doing drugs, honey, I'm *very* fortunate. And you know I thought about it too, I don't want to wind up in jail, because my freedom; like I could get any job I wanted, I have a good credit score, you know I have a clean record, knock on wood, you know and everything I've done, some of its illegal—a lot of its illegal—but I managed to walk out of it with a clean slate, and I'm very fortunate for that, because so many people I know, one time has made them.



Instead, Jay's drug use has been categorized as a medical problem. This means that he goes to drug treatment instead of jail. The skills he learns in treatment help him to reduce his drug use and protect his health. He says:

I took really two good coping skills away from the program when I left. One is to avoid people, places and environments where people are using drugs around me. That's one I use every day right now, and it's keeping me clean. The second one is setting boundaries and telling people no. And that's a hard one for me, because I'm a very willing person. But I've been like no, no, no, no.

In contrast, T. estimates that she has been in drug rehab facilities 63 different times. While she was doing street-based sex work and homeless in Los Angeles, Tameka cycled through jails, psych wards, shelters, and drug and alcohol treatment programs. She went to treatment programs only when she needed food and a place to sleep, and felt too exhausted and resigned to do anything else. She explains:

After getting out [of prison], that first time, I was still very heavily on drugs so I was in and out of drug rehabilitation programs and some of—well, most of the ones that I went to in Los Angeles, back in the early '90s, would—didn't allow me to actually be T... I had to go in basically as a—what we call a gay boy: I had to dress like a boy.

In exchange for temporary access to food and shelter, T. had to endure the staff's denial of her gender identity, and insistence on treating her like an alcoholic. It was the same each time: Tameka would arrive at the drug rehabilitation center dressed in her regular clothing: Form-fitting jeans or a skirt, a wig, eyeliner and lipstick. The staff would interview her about her substance use and her motivation to change. At the end of the interview, they would say, "okay we'll accept you but—but, you can't have this, none of the makeup."

She was hungry, and she was tired, so T. stripped away these markers of her identity. “I had to go in there being somebody that I despised. And—and, let me take that back—it’s not that I despised being who I was—I know who I am and you’re making me—one, you’re making me dress and act, and all of this, like this boy that I’m not. And, two, the other thing for me was, I’m coming into recovery under a lie. I know I’m not an alcoholic.”

Rigid gender segregation in the drug rehabilitation programs meant that T. was housed with the men. She was strictly forbidden from using make-up or wearing women’s clothing (which encompassed most of the clothing she owned). Mis-gendering, coupled with the knowledge that rehab would do nothing to help her get housing in the long term, made her leave the programs soon after she started “eating and gaining weight.”

The main problem with drug treatment was that it denied T.’s gender identity and focused on changing her behavior without providing resources that she needed in order to get out of poverty. Staff focused narrowly on what they viewed as “problem behaviors,” and promised that by fixing herself, T. could fix her life. The rehab centers approached not only T.’s drug use, but also her gender identity and expression as an area for treatment and intervention. Unlike Sandra, a Black cisgender woman who benefited from drug treatment, T. could not make it through rehab because the programs were set up in ways that enforced gender binaries and stigmatized transgender identity and expression. She needed treatment for her drug addiction, but she got a pseudo therapeutic moral reform intervention that targeted her identity.

#### 4.6 Conclusion

Like the medicalization of homelessness, the medicalization of prostitution in service organizations is a response to scarcity: Without adequate ability to provide housing or other resources, program staff often focus on inculcating skills and behaviors that they hope will allow homeless people and sex workers to compete in the low-wage labor and housing markets. This approach ignores the structural forces that produce stratification and surplus labor in U.S. cities.

This chapter has discussed what happens when people are defined as patients rather than criminals. Although criminalization and medicalization are analytically separable, they often work in tandem. For example, in San Francisco, homeless people savvy enough to navigate the court bureaucracy can document that they have received twenty hours of homeless services per citation in order to avoid paying fines, and in many U.S. cities people arrested for drug use or prostitution are sometimes court-ordered to treatment. Framing homelessness and street-based sex work as treatable individual disorders legitimates the close connection between policing and the provision of individual treatment. Framed as the “only way” to find victims of sexual exploitation or get “service-resistant” homeless people and drug users into treatment, the policing of poverty is touted as a solution to, rather than a cause of, the vulnerability of homeless and street-based workers.

While the medicalization of homelessness and sex work provide rhetorical support for increased policing and political cover for decreased investment in housing, the medicalization of drug use, mental illness, HIV sometimes funnel limited

resources to populations whose drug use, mental illness or HIV have been redefined as medical, rather than criminal, issues. For members of priority sub-populations, being categorized as a patient rather than a criminal can open up access to resources that would otherwise be unavailable. As an individual-level intervention, a medical diagnosis or label can help connect people with services. But at the level of local and state policy, a discourse of public health and safety often covers up the problem of scarce resources. The medicalization of homelessness, drug addiction and sex work defines homeless people, drug users and sex workers as in need of treatment. This definition comes with stigma, and with the implication that if you fail to “work on” your identity and behavior, you will again be apprehended as a criminal. Furthermore, the marriage between policing and treatment of drug use, homelessness, and prostitution in the form of some “diversion” programs consolidates carceral control of scarce resources that would otherwise be allocated to the provision of voluntary services. In other words, medicalization does not grow the pie of available resources—it just slices it in different ways. Medicalization is an individualizing approach that at best fails to acknowledge, and at worst, obscures or even reinforces, the structural causes of poverty.

## CHAPTER 5

### HARM REDUCTION AS A STRUCTURALLY TRANSFORMATIVE RESPONSE TO POVERTY

#### 5.1 Introduction

The geography of poverty and informal work in the Tenderloin is racialized and gendered: White homeless heroin users in the plaza; Salvadorean teenagers selling drugs a few blocks away; Black crack dealers a little further up the hill, along with older Black men hustling needles, DVDs, shoes, clothing; trans Latina sex workers on the sidewalk close to a local trans bar; homeless women trading sex when there's no other currency left. A few nights a week outreach workers from local harm reduction organizations move through these spaces, distributing condoms and clean syringes.

Between 10 p.m. and 1 a.m. on Fridays, outreach workers from the Saint James Infirmary distribute harm reduction supplies to homeless people and especially street-based sex workers, inviting them to SJI for services. At U.N. Plaza, before the police start late-night sweeps, we hand out safer injection supplies to small groups of heroin users.

A few blocks up, there is a frenetic energy as crack dealers and users hurriedly exchange the drugs for cash across from a sidewalk vendor who sells used clothing, shoes, DVDs, and sometimes packs of clean syringes from the needle exchange. “What you got?” someone will ask after we introduce ourselves. We recite the list and when we say “brillos!” people crowd around. On this block, everyone wants brillo. It's a better filter in crack pipes than aluminum foil—easier on the lungs, and we have small pieces packaged with a crack pipe cover and chapstick to prevent hepatitis.

Near a food pantry that closes early each evening, a man leans against a tent in the middle of the sidewalk. I give him plastic wrapped packages of 27-gauge syringes, cottons and alcohol pads. He's worried about his partner who's been using too much—he's almost sure his partner will overdose on heroin tonight, and wants to know do we have any Narcan. You can get your own overdose prevention kit at the needle exchange, I tell him. He knows—he's done this before. He has saved four people from overdose in four months, he says proudly, as I hand over my Narcan.

Further up the hill, close to midnight, trans Latinas stand in groups of two or three, with expertly applied liquid eyeliner, short lycra skirts and long, shiny hair. We wait at a distance if a client is approaching, careful not to interrupt. Most of the sex workers on this block know us by now—they smile, “gracias mami,” take tubes of silicone lube and then go back to watching the street.

Activists have fought hard for outreach workers to be able to walk through the Tenderloin with messenger bags full of syringes, fix kits, crack pipe covers, brillo, condoms and lubricant. These supplies are made available by the San Francisco Department of Public Health, the result of years of struggle by poor drug users, sex workers, and queer communities most dramatically affected by the sudden and devastating proliferation of HIV, AIDS, and Hepatitis C. Free access to safer sex and drug use supplies means that poor people more frequently have protection from sexually transmitted and blood-borne infections. And the dissemination of Narcan to heroin users has dramatically reduced the number of deaths from heroin overdose throughout San Francisco.

At the same time, keeping people alive is not—will never be—enough.

At the top of the hill, we meet a woman who tells us she was just in a fight. Her stringy blond hair hangs over her face, which is still bleeding. She was staying with a friend at a nearby SRO hotel. Kicked out after the argument, she has nowhere to go.

“Do you have any food?” She asks hopefully. “Sorry,” I say, because we ran out of granola bars two hours ago. “Just the health supplies.”

She takes a few steps away and then turns back. “I’ll take some condoms then, and needles too,” she says, resigned. “It’s the only way I’m gonna get through tonight. I’m gonna have to suck someone’s dick to get some food to eat.”

“I’m sorry to hear that,” my outreach partner murmurs as I hand her the condoms and syringes.

As a policy response, harm reduction has decreased the likelihood of illness, incarceration, and death for homeless people who use drugs or sell or trade sex. Limited decriminalization of health-protecting behaviors like carrying condoms or clean syringes means that sex workers and drug users are less likely to be jailed for possession of safer sex or drug use supplies. And the city’s investment in making harm reduction supplies available to poor people is helping to reduce the prevalence of HIV among trans women<sup>18</sup> and overdose deaths of heroin users, predominantly homeless and marginally housed (Enteen et al. 2010). The importance of reducing vulnerability

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<sup>18</sup> Santos et al. (2014) estimate that 39 percent of transgender women in San Francisco are HIV-positive.

to premature death among people experiencing extreme poverty—disproportionately transgender and people of color—cannot be overstated. But how does it feel when city officials pat themselves on the back for stemming the tide of death and disease, yet stop short of providing housing, healthcare and drug treatment? The same way it feels to hand someone a mint-flavored condom after they've asked you for food.

This chapter discusses harm reduction as a social movement, a practice of service provision and a policy intervention. Based on a case study of the Saint James Infirmary, I discuss harm reduction as a politicized approach to service provision, as well as a resource for anti-criminalization activism and policy advocacy. Chapters 3 and 4 discussed criminalization and medicalization as dominant policy responses to poverty and homelessness. In this chapter, I argue that harm reduction, often overlooked by scholars of poverty and social policy, is a third type of response to poverty. But unlike criminalization and medicalization, harm reduction does not take for granted or perpetuate the conditions that cause poverty and vulnerability.

The first part of this chapter shows how harm reduction as a practice of service provision challenges medicalization and administrative violence. While the medicalization of poverty perpetuates stigma and blames individuals, harm reduction points to the structural sources of poverty, refuses to categorize people as deserving or undeserving of care based on their identities or behaviors, and fights stigma.

The second part of this chapter shows how harm reduction is a resource in the fight to decriminalize poor people's presence and survival strategies in public space. While criminalization perpetuates racialized and gendered forms of poverty and



vulnerability, harm reduction promotes policies of decriminalization that would improve the lives of the most vulnerable groups of poor people.

## **5.2 What is harm reduction?**

Harm reduction is an approach to service provision that recognizes the need for structural transformation, and intervenes in individual lives by providing resources to reduce the harms associated with drug use, sex work, or other criminalized activities. Although harm reduction emerged from the drug users' rights movement, the philosophy has been applied to service provision and policy advocacy in other areas as well. Harm reduction challenges both criminalization and medicalization by treating drug use as a normal, rather than deviant, practice and recognizing that therapeutic interventions often "serve the needs of" the providers rather than drug users themselves (Wieloch 2002: 48, also DeLeon 1996, Matteson & Hawthorne 1996). Adopting tactics from AIDS activism, harm reduction "challenges dominant medical models of service-provider-as-authority" (Wieloch 2002: 49). In addition to challenging stigma and affirming drug user expertise, the radical faction of the harm reduction movement has employed civil disobedience to challenge drug policy. Liberal harm reduction activists have pursued more limited goals such as advocating for wider availability of drug treatment and outreach to drug users (ibid).

Current scholarship on harm reduction is increasingly preoccupied with whether the formal adoption of harm reduction principles or harm reduction-based treatment models has de-radicalized the movement (Roe 2005, Moore & Fraser 2006, Smith 2012). Some scholars argue that the institutionalization of harm reduction as

public health policy de-politicized the movement by shifting the focus away from structural determinants of harm like drug laws and onto individual practices (Moore & Fraser 2006, Smith 2012).

Critics of liberal harm reduction as an approach to service provision argue that, in the absence of active resistance against political, legal and economic causes of harm, provision of medical resources becomes yet another way to surveil and govern marginalized populations (Smith 2012; see also Foucault 1977, 1991, Miller 2001, Fischer et al. 2004). For example, Roe (2005) cautions that the adoption of harm reduction models of service provision does not necessarily translate into promotion of social justice. Beginning from the premise that the “medicalization of social and political problems plays” an ever-increasing role in “governance at the margins of the neoliberal state,” Roe points out that official acceptance of harm reduction has most often “coincided with the need to reduce expenses in health and legal services” and cautions that the institutionalization of harm reduction may be just another way to manage the poor without ever addressing the root causes of poverty (2005: 243). Through a Foucauldian lens, these scholars view the public health establishment’s appropriation of harm reduction as a shift from coercive state power to self-regulation in a process that absolves the state from responsibility for the structural roots of harm (Miller 2001, Mugford 1993, Moffat 1999, Roe 2005).

In contrast to scholars that focus on the depoliticizing effects of service provision, a small but growing number of studies demonstrate how nonprofit service organizations that grow out of social movements can maintain their radical

commitments (e.g. Spade 2008, Majic 2011). These hybrid service and movement organizations are often peer-led, with more democratic decision-making structures, and continue to mobilize members of oppressed groups to fight against social inequality even as they provide services. At non-profits that grow out of social movements, radical priorities are reflected in mission statements, hiring and fundraising practices, as well as in the ideologies, discourses and practices of daily life at the organizations (ibid). Majic suggests that “nonprofits like SJI and CAL-PEP may provide sites for fostering and encouraging further political participation by marginalized populations” (2014: 90). While these organizations do not always mobilize sex workers to participate in the movement for sex workers’ rights, they do provide a space free of stigma and judgment. Majic (2013) finds that maintenance of activist commitments and practices occurs through “oppositional implementation,” in which activists take advantage of “trends toward government-nonprofit policy coproduction to implement a mission and method of service delivery that directly reflects oppositional political goals” (27). This allows activists who have formed health or social service organizations to provide services and social justice advocacy at the same time (Majic 2013: 28-30).

This chapter builds on these findings to specify how SJI in particular and harm reduction organizations in general not only encourage the development of political consciousness, but also contest local policies and service practices that perpetuate poverty and vulnerability. I argue that a harm reduction approach lends itself to oppositional implementation because harm reduction practice opposes criminalizing

approaches to sex work and drug use. While acknowledging the danger of a discursive shift from economic justice to individual health outcomes, I argue that the partial institutionalization of harm reduction is a partial but crucial victory in the struggle against structural sources of poverty and harm. The non-judgmental ethos inherent in even mainstream iterations of harm reduction combats the impetus to medicalize social problems. By contesting stigma, even mainstream harm reduction takes a significant step toward combating repression. Furthermore, the partial institutionalization of harm reduction principles can create tensions between different parts of the poverty management system. San Francisco provides an example of a city in which two government departments, police and public health, have clashed. Harm reduction advocates have re-cast sex work and drug use as public health issues, resulting in the official adoption of a harm reduction stance by San Francisco's Department of Public Health (SFDPH) in 2005,<sup>19</sup> and recently, limited decriminalization of protective behaviors related to sex work and drug use, such as carrying condoms or clean syringes. This is unusual, as possession of clean syringes and condoms can be used as evidence of a crime in most U.S. cities. This chapter distinguishes between mainstream or liberal approaches to harm reduction, like that advanced by San Francisco's Department of Public Health, and radical approaches, like that of SJI. While mainstream approaches challenge criminalization in more

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<sup>19</sup> <http://www.sfdph.org/dph/comupg/oservices/mentalHlth/SubstanceAbuse/HarmReduction/default.asp>

limited ways, radical approaches mount more sweeping challenges to the dominant approaches to poverty management.

### **5.3 From criminalization to health promotion: Historical shifts in the use of health rationales in the management of sexuality, race and poverty**

Narratives about public health do not always work to promote harm reduction policies—they can also be deployed in support of criminalization. Depending on the historical moment, “public health” has been used as a rationale for or against the arrest and incarceration of sex workers. Craddock (2000) argues that constructions of disease have historically been deployed to discipline and control; to construct and manage racialized and gendered categories (3). How disease is interpreted is not merely a question of discourse or ideology but a matter of how public health policy entrenches “carceral or exclusionary tactics, punitive intrusions into everyday life, or equally punitive neglect of basic welfare” (2000: 3). Disease, Craddock argues, shifts narratives of deviance and blame “from the socially constructed to the medically legitimized... to a rational basis for surveillance, control and exclusion” (2000: 4).

Historically, San Francisco’s policy for the management of prostitution has relied heavily medical legitimation. In 1911 The San Francisco Municipal Clinic provided healthcare for prostitutes, who were required to undergo examinations every four days (Sides 2009: 22). Prostitutes deemed “clean” received a stamp of approval, while police charged others with “vagrancy” (Sides 2009: 22). The clinic closed within two years due to pressure from local businesses (Sides 2009: 25-26).

Prostitution was driven further underground in the World War II era, when the federal

government, concerned about the “debilitative effects of venereal disease” on soldiers, passed legislation criminalizing prostitution near military bases (Sides 2009: 26). San Francisco officials responded swiftly by closing brothels in 1941, and the Mayor worked with army officials to “round up” and prosecute “all known prostitutes” (Sides 2009: 26). But Sides argues that “the most radical and enduring change in local prostitution policy came when Mayor Rossi empowered the SFPD with quarantine authority” in 1944 (Sides 2009: 26). Previously, SFDPH had sole jurisdiction of “venereal disease control,” and SFDPH doctors treated prostitutes, attempted to notify “potentially infected clients” and “insisted on the prostitutes’ voluntary quarantine,” only calling in the police if prostitutes resumed work before completing treatment for infections like syphilis or gonorrhea (Sides 2009: 26).

When “quarantine authority” was given to the SFPD, the police chief instituted a “preliminary quarantine policy,” meaning that they locked “suspected prostitutes or “suspected venereal disease carriers” in jail until they underwent a mandatory medical examination (Sides 2009: 27). “If found to be infected, women were sentenced to quarantine at the county jail” (Sides 2009: 27). Symptoms of sexually transmitted infections were not visible, so police arrested people based on their prejudices. “The policy gave the SFPD a long-sought and highly effective way to deal with socially undesirable women—including prostitutes, well-known alcoholics and women who were known to be promiscuous—under the guise of health enforcement” (Sides 2009: 27). Quarantine was also a way for the SFPD to maintain racial order, arresting and imprisoning women of color who they found in predominantly white neighborhoods,

for example an African American domestic worker who, on her way home from cleaning houses was forced into a police car, and then forcibly tested for STIs and incarcerated for three days (Sides 2009: 28). Despite objections from some public health officials and civil libertarians, the policy of “preliminary quarantine” was allowed to continue in San Francisco through 1975 until it was finally defeated by Margo Saint James, a woman who sued after she was wrongfully convicted of prostitution, causing a local judge to “issue an injunction forbidding the SFPD’s historic, odious practice” (Sides 2009: 149). Ironically, the wrongful prostitution conviction not only politicized Saint James but also left her without family support and with sex work as her best option (Lutnick 2006). She started working as a prostitute and founded Call Off Your Old Tired Ethics (COYOTE), the U.S.’s first prostitutes’ rights organization (Lutnick 2006).

The AIDS epidemic proved an opening for alliance between sex workers’ rights advocates and the public health establishment. In 1985, the California Prostitutes Education Project (CAL-PEP) began distributing health supplies in San Francisco’s Tenderloin. Founded by prostitutes’ rights activist Priscilla Alexander and subsidized by the California Department of Public Health, CAL-PEP started as a grassroots, mostly volunteer organization (Stoller 1998, Sides 2009). As it transitioned into a professionalized non-profit organization, CAL-PEP prioritized service provision rather than decriminalization activism, but maintained its “pro-prostitution values” and commitment to “an identity rooted in prostitution, poverty and street life” (Stoller 1998: 82, 95). As Stoller argues:

The AIDS crisis has provided a powerful avenue for the struggle to legitimize prostitution, especially in countries like the United States where sex work is still a criminal activity. Our government does not view civil rights for sex workers as a legitimate goal for the state to pursue, but it does wish to invest funds in stopping the spread of AIDS. In this context, sex workers may subversively accept the identity of disease carrier in order to secure funding, to force a place at the policy table, and to enhance recognition of their expertise in the public sexual realm. (1998: 85)

The availability of HIV prevention funding facilitated SJI's founding by Margo Saint James in 1999, even as SJI contested the stereotype of sex workers as vectors of disease. The era of AIDS activism heralded historical shifts in the use of health rationales in the management of sexuality, race and poverty. Currently, a number of San Francisco organizations that receive HIV prevention funding to serve vulnerable populations also use these resources for political consciousness raising and political organizing around issues of poverty and policing—the Saint James Infirmary, El/la Para Trans Latinas, the Homeless Youth Alliance, and the San Francisco Drug Users' Union are just a few of many examples.

San Francisco's contemporary responses to the needs of homeless people, especially those in the sex trade, illustrate the competing priorities of law enforcement, the public health establishment, and decriminalization activists. Police departments are provided with financial incentives to criminalize poor communities, while the Department of Public Health has stated commitments to the promotion of safer sex and safer drug use (sidestepping the thorny issue of economic justice in a rapidly gentrifying city). There is an undeniable similarity between these departments' discourses of 'fighting crime' and 'fighting disease.' Both tend to focus on individual



behavior. But the policies of city agencies do not condemn service providers to a similar approach. Instead, harm reduction activists and service organizations like SJI leverage public health resources to fight against systemic denials of access to resources, including affordable housing and medical care.

#### **5.4 Harm reduction practice at the Saint James Infirmary**

The San Francisco-based Harm Reduction Coalition offers the following

*Principles of Harm Reduction:*<sup>20</sup>

Establishes quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for dealing with drug-related harm.

Each of the above principles describes a break with traditional approaches to serving poor people: The emphasis of quality of life rather than behavior change, commitment to provision of resources, free of judgment and coercion, the participatory approach to policy advocacy, and the recognition of social inequalities.

Saint James Infirmary has adopted this approach to both drug use and sex work. Under the heading, “Only Rights Can Stop the Wrongs!” SJI’s *Occupational*

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<sup>20</sup> Available at: <http://harmreduction.org/about-us/principles-of-harm-reduction/>

*Health and Safety Handbook* (2010), distributed to clinic staff and participants

includes the following narrative about violence prevention:

Sex Workers are often victims of violence. Not because sex work is inherently violent but because social stigma, criminalization, unjust working conditions, decreased social status/social capital and systematic abuse of powers by police, judges and institutions make it easier and more tolerable for violent predators and perpetrators to inflict violence against us without consequences... We are people who deserve equal protection under the law. However, we rarely get justice. Even though there are situations in which certain authorities take seriously abuses against Sex Workers and pursue our perpetrators with force, there are hundreds (if not thousands) of other situations in which Sex Workers are treated as less-than-human by those who are meant to protect us. No Humans Involved (“NHI”) has been a term used by law enforcement officers and institutions to describe victims of violence and murder who are also identified as Sex Workers. This is totally unacceptable and further confounds the problem of violence against Sex Workers...

Because sex work is currently classified as illegal in most of the US—thus making us criminals—we are forced with a difficult decision when we are victims of violence: Go to the police and maybe go to jail, and be treated like crap? Or do nothing. In most cases, Sex Workers will not report abuse or violence. The reality of police in the role as enforcers of prostitution laws as well as our jailers makes it difficult, if not impossible, for us to trust them and reach out to them for protection. This has to change. Thus we advocate for the decriminalization of sex work.

Since we are often tasked with protecting ourselves, prevention is the preferred strategy. There are numerous steps sex workers can take to reduce the chance that we might fall victim to a perpetrator or predator. Since many predators pose as customers, carefully screening clients is the first and best line of defense... (61-62)

Here, individual strategies for violence prevention are offered, but only after explanation of the context of structural violence. The handbook shows how individual strategies such as screening clients can reduce the chance of exposure to violence

perpetrated by clients, but that the real solution to this problem is not individual but structural: The decriminalization of sex work.

The section of the *Occupational Health & Safety Handbook* on drug use prefaces safer injection, smoking, detox and overdose prevention tips with advice designed to combat anti-drug user stigma:

We feel it is important to state that many of us use drugs because they are fun and they feel good. Drug use can be a way to relax, have fun, socialize with friends, enhance certain experiences, alter our feelings when our feelings need altering, or just because we like doing them... For another portion of us, we might find that our drug use causes problems in our lives, leads to risk-taking behaviors, can add to or create health problems or just makes our lives miserable and “unmanageable.” Either camp you relate to, this section is meant to provide information on how to use drugs safer as well as options on how to stop drug using altogether if necessary. (70)

This approach helps to meet the immediate needs of vulnerable groups of people in an environment of criminalization and social and economic inequality. Unlike criminalization and medicalization, a harm reduction approach is inherently compatible with structural transformation to end poverty. From its inception, the harm reduction movement combined service provision and activism.

Saint James frames the violence that homeless sex workers often encounter as fundamentally rooted in structural inequality. A bright red banner in the clinic reads, “OUTLAW POVERTY NOT PROSTITUTES.” Posters of smiling staff members hang prominently on the wall, featuring quotations like, “Farm work can be difficult, but we don’t outlaw agriculture. We regulate it to improve conditions for those who work in that industry.”

While other providers treat the exchange of sex for money as a deviant behavior that must be prevented and reformed through the implementation of strict rules, SJI treats sex work as legitimate labor and advocates for better working conditions. These different approaches to serving people engaged in extremely low paying sexual labor result in different types of interactions between staff and service participants. Chapter 3 showed how many of my research participants experienced medicalizing approaches as stigmatizing and isolating. In contrast, participants often felt that harm reduction providers encouraged them to see themselves as part of a community. Connections forged at organizations like Saint James often encouraged participation in activism and advocacy. Harm reduction approaches have what I call *structurally transformative potential*, because they are likely to facilitate recognition of, and resistance to, the conditions that create group-specific forms of marginality and inequality.

Like the medicalization of poverty, harm reduction uses a discourse about health to frame discussion of broader issues related to poverty. Unlike medicalization, harm reduction shifts focus from individual behavior to structural violence, asserting that the latter is a source of not only health disparities but also broader patterns of economic, political and social inequality. This shift is not just discursive. It has real effects in everyday interactions between service providers and service users.

### **5.5 How harm reduction contests medicalization and administrative violence**

SJI participants' and providers descriptions of experiences receiving and providing care at SJI show how harm reduction approaches avoid medicalizing and

individualizing responses to poverty. SJI providers and healthcare participants use narratives about harm reduction and health to de-stigmatize sex work, drug use, and homelessness, contest administrative violence and ideas about deservingness, and re-imagine health and housing as human rights.

Participants who accessed health and social services through other service providers reported using a number of strategies to decrease their vulnerability to discrimination, including lying to doctors or withholding information that could be important to care. Some participants reported difficulty explaining, and receiving care for, occupational injuries. Men are were not often identified as sex workers by their providers, so there were fewer barriers to sexual health care, although male sex workers living with HIV or AIDS reported stigma and discrimination related to HIV status or drug use.

Drug users and gender non-conforming people, especially transgender women, reported high levels of stigma, discrimination and denial of access to care in traditional healthcare settings, even when they did not disclose to their providers that they engaged in sex work.

In contrast, a diverse group of sex worker participants reported that SJI provided care that affirmed their experiences or identities as sex workers, gender non-conforming people, and/or drug users.<sup>21</sup>

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<sup>21</sup> While recruiting from SJI might have biased my sample to include a disproportionate number of people who experienced difficulty seeking care elsewhere, or who had positive experiences at SJI, it is nonetheless crucial to understand the interactional processes related to such dramatically different experiences of receiving care at SJI vs. other providers.

SJI providers and participants challenge hierarchical power relations and contest stigma. A non-judgmental approach to service provision is central to both liberal and radical harm reduction practice, and SJI's peer model undermines the power dynamics of more mainstream service provider-client interactions. For example, Kyra, a young transgender woman who was discriminated against by other prospective employers, finally found her place as a paid counselor and outreach worker at SJI. Kyra recalled her first visit to SJI, when she was homeless and doing sex work. "I wasn't very confident in being a sex worker at the time, or even talking about it, so I never told a medical provider because I felt like I would be judged," she said. At Saint James, where most of the staff are sex workers themselves, she encountered the opposite reaction. The first staff member Kyra met at SJI was Tim, who promptly told her that he was a sex worker, too, and gave her some tips that helped her earn more money more safely. She was astounded that a service provider could provide such practical advice based on his own experiences. "I just thought it was the most amazing thing in the world that Tim was like 'Oh yeah, I'm a prostitute too and I do this,' and I was like [whispering] 'Oh my God. He's like *getting paid* [as a service provider] and he's talking to me about this' ... the fact that he not only tolerated what I was saying but he *accepted it, said he was doing it as well, and then gave me resources*, was the thing that blew me away."

An accomplished activist who had recently completed an internship at a local LGBT center, Kyra had spent most of the past year unemployed and homeless.

No one else would give me a job. I applied a lot of different places... I had like a really extensive resume with a lot of stuff on it. I would have people throw away my resume while I was still there, or give everyone else an interview on the spot and say [in a high fake-nice voice] 'Oh we'll call you.' And I was like 'bitch you ain't gonna call me!' [we both laugh.] The only work I was getting would be like super part time...

...I believe in the work that Saint James does. I'd never really been in a space where I could talk about doing sex work, because I feel like even in LGBT circles it's stigmatized and it's something that I still am working through my own personal shame and stigma around and so for a while I hadn't even engaged much with Saint James because I didn't want to have to address my own, like [brightly] 'I'm a ho!' or that kind of stuff. But I wanted to work here for a while because it would be a chance to work collectively with other sex workers. I feel like because of criminalization, they specifically criminalize working together. A lot of times people are like, 'I don't wanna talk to you because then I'll get busted, or I'll get in more trouble because me giving you a reference or me giving you skills could be like promoting prostitution or pimping or something like that.'

Kyra says that working at SJI in a sex positive environment where part of her job is actively fighting stigma and focusing on the underlying causes of harm and risk helped her deal with her own internalized shame about her past work as an escort:

A big part of [how SJI operates differently from other providers] is harm reduction. That's something I hadn't explicitly heard talked about in other jobs that I had and I think that for them to recognize as an institution that people are gonna do things that are harmful to them, or that other people might perceive as harmful to them, and we're just gonna recognize that that's happening and that there's reasons that that's happening and try to support them where they're at, has been instrumental for me in dealing with my own shit and also helping other people work through their issues in a non-judgmental way.

Part of the reason Kyra had been unable to find a job before she started working at SJI was because, despite her qualifications, most service organizations refused to hire people “from the community” being served. Kyra’s time accessing homeless youth services helped her get into subsidized housing, but also limited her

career options: After she completed an internship at a homeless service organization with flying colors, she applied for a full-time opening. The organization rejected her application.

Kyra: ...I got screwed out of a job because I *was* from the community. I had been working as like an interim coordinator once the other coordinator left. And they basically told me that I wasn't even allowed to apply for the job because I had received homeless services from an agency that we had partnered with. They were like, 'the agency that we work with says that you can't apply for this job because you have received services from them, and that they don't let people work for them if they've received services in the past two years.'

Dilara: But that's a different organization!

Kyra: Yeah! Exactly. That's like an extreme example of 'you can't be from the community,' and I while I was working there I was like, 'I thought it would help me better provide care knowing the community and knowing what they're going through, and not being completely disassociated, and that's something that Saint James gets, but other organizations don't get. The other organization that I'm work for now, LYRIC, they have different pathways into leadership positions which promote leadership of youth and young people. You can be an intern and then you can be a part-time staff, and then a full-time staff, and at no point are they like, 'and you have to never come back for a couple years and we don't want to talk to you and you have to get your life together, and not be from the community. I really appreciate that about both of these places.

Dilara: Yeah that's kind of like a catch-22 because its like ok well you're going to understand homeless youth issues if you *have* been homeless better than someone who's never been through it and if you use, like, the only provider that has housing

Kyra: Exactly! Exactly! And now they're saying you can't work for people who work with them

Dilara: Which is basically everyone.

Kyra: Yeah. [laughing.]



Dilara: So how do you use your own experiences to connect with the participants here?

Kyra: I guess because I've worked on the street and I've worked online as an escort I can relate to people in doing that and I can understand what people are saying and I obviously feel more comfortable talking about that than someone who's never experienced that and who's like 'Oooh!' [She widens her eyes and raises her hands to her open mouth with a high-pitched giggle in a parody of an out-of-touch social worker] You just said 'blow job!'...it's not like a completely foreign concept. I think that I'm able to provide specific resources and specific websites and specific harm reduction tips that if I hadn't had experience and even if I had a master's degree in public health I still wouldn't know the like, hands on [laughing]—pun intended—for how to reduce harm in situations.

And also like because I've accessed a lot of the services at different agencies I have more relationships and more connections there and I can say, “So this is how you have to act to get services.” And if I hadn't had to receive services I would have no clue and I would just say [imitating the chipper social work voice] “Here's the phone number!” Whereas now I'm able to say, “Call Kim and say 'put me on the list' and call back every day...”

Kyra explains that the contrast between her experience receiving health advice from “out-of-touch social workers” at other organizations and peer counselors at SJI reaffirmed her own commitment to a peer-based, harm reduction model of service provision.

She reflects:

A lot of the people that I meet during trans intakes come to San Francisco specifically because it's a trans mecca and because they've heard that you can get free hormones here. And that's why I came. So I can relate to a lot of the trans people on that. Especially because a lot of the trans people are not just coming for the hormones but because of discrimination and violence that they faced where they're from or where they moved to before they came here. So I can relate to the transient trans population.

Jaymee, a HIV test counselor, drew on her own history of drug use and self-harm as coping strategies to reflect that her experiences allowed her to empathize and make connections with patients, and to provide health information without usurping control of their decisions. She described this orientation as one of “cultural humility,” which she defined as awareness of the differences between her own and others’ lived experiences, and understanding that patients are the experts on their own experiences. Jaymee’s practice runs counter to medicalized understandings of poverty, where people receiving services must defer to providers’ authority.

Jaymee says:

I came into sex work from a place of privilege. I thought it was a good alternative to working my ass off at any old job, and it is. I have had options. When I came out as a trans woman, and my body started showing signs that I was a trans woman, those options started decreasing. Also me being white and other factors like I come from a middle class background... all these types of things give me a lot of privilege to where I made an informed choice about going into sex work. The types of sex work that I’ve gone into have been pretty safe for me as a trans woman and my orientation and identity and my desires.

Jaymee recognizes that her sex work, primarily in porn, is very different from the criminalized work that other participants do, and that her identities and experiences mean that her own daily struggles are different from many participants, for example trans women of color doing street-based sex work.

... if you are doing different forms of sex work like street based or escorting or whatever, and someone like me who has very little experience with that, I want to be upfront with people and direct with that information, but... that doesn’t seem to be a big barrier, to be quite honest. The people that I see mainly fall into the category of street-based sex work... In those situations I can only be the best ally that I

can. It has been my job to understand harm reduction, tactics of ‘higher risk’ sex trade or sex work. That means understanding really without anything on you, so what do you do if you don’t have a condom? If you’re a cis woman, drink plenty of water. You can flush out your body. That might help out. Withdrawing before the dude cums inside you is also good. Again, these are things that a seasoned public health official would scoff at, but they’re things that actually work at reducing harm in the day to day lives of street-based sex workers in particular.

Positioning herself in opposition to a “public health official,” Jaymee emphasizes that harm reduction as a way of providing services is about recognizing the real conditions of sex workers’ daily lives, and thinking of ways to improve life, given these conditions.

I come with a pretty holistic idea of healthcare and how to look at someone. If you can’t find stable housing, or if... meth is dominating your life right now, then why would we talk about peeing after you have sex and all that type of stuff? There’s just all these different things that I haven’t personally experienced, but you can only try to be the best support and ally with understanding and working with people for a while and also doing your own research about how to have good harm reduction practices.

At the same time, as sex workers, queer, trans, formerly homeless and/or people of color, most of the providers at SJI have a visceral understanding of identity-based oppression, and how that works in medical and social service settings. Jaymee says,

I’ve had a lot of really awful experiences with medical providers, especially that I’m trans. I’ve never disclosed that I’m a sex worker to any medical provider because of safety issues and honestly because I don’t think they would know even what the fuck they were doing... They have a hard time as it is with trans issues. Just making assumptions about my gender pronouns that are very incorrect is the most common thing that I’ve experienced. Asking me inappropriate questions about my genitals and all these different moments where I have to play the educator, rather than just trying to get some healthcare. That’s been my experience. My experience of being a provider and

trying not to do that to other people is always checking in with them about their preferred gender pronouns. Even if you are pretty damn sure that they go by this, or she goes by that, or whatever, I would rather someone be thrown off or offended by me asking them what they prefer rather than getting it wrong.

Tim, who provides as well as receives services at SJI also identifies cultural humility and rejecting medical authority as important parts of care at SJI.

You can't say the staff are unbiased. We all have our shit and we all have our preconceptions. We all have our ideas about what is and what isn't harmful... but I think what we are aiming to do is to be a place where sex work itself is not presented as a harmful behavior that needs to be shifted. There are some conditions that may be part of being a sex worker that we can collaborate with them if they want to see it shifted. If someone wants to get out of the industry, that's something we'd work with them on.

If someone is having ways that they have increased risk because of how they are doing the work, we can work with them on that, but sex work itself should not be a sign they are in danger. There is a harm reduction approach, so ideally in the care that we are providing we are not making those judgments for them about what is or what isn't behavior that needs to be shifted. They should be telling us that information, which is pretty rare [as an approach to service provision]. I think for myself, being able to access care here whether its about my sex work or just being who I am and being able to be honest about what my history is with drug use or what my history is with safer sex or different types of things, depression, mental health and feel like giving that information is not going to mean that I don't get the things I need. Clinical staff or counselors can play a game of, "You need this resource from me, so I'm going to make that contingent on you agreeing to do something that I want you to do."

As shown in previous chapters, addiction, mental illness, sex work and homelessness are all the objects of punishment and stigma that deepen poverty and vulnerability. An important part of SJI's harm reduction philosophy is refusing to make access to services or care contingent on behavioral change. First, SJI's providers reject the idea that people's poverty, addiction, mental illness, or sex work make them

less deserving of care, and actively work to fight against the stigma and criminalization tied to each of these.

Tim explains that the quid pro quo focus on behavioral reform at so many organizations that serve marginalized populations not only perpetuates stigma, but also encourages people to lie in order to get their needs met.

If you're like, "Oh, well if you want this test, you're going to have to quit smoking," it is very unlikely that you'd make that person be like, "Okay, I'll quit smoking." What they *are* going to do is say, "Yeah, I quit smoking." Except when you do the test, it's showing them when they are still smoking but they're lying to you about it so it impacts your ability to do comprehensive care. I would say what we aim to do is be a place where people don't have to lie.

When considering barriers to health and safety for sex workers, individual behavior does not even cross Juniper's mind. Juniper says:

I think barriers with health and safety are humans that don't understand the value of safety. Like human rights: They feel that human rights are meant for certain people and not for other people. Sometimes human rights are not meant for poor people because they "didn't work hard enough" or because they "chose this lifestyle," so [other providers focus on] all these other extraneous things when people, what they need is shelter, food, clothing, happiness, and love and care. That's the things people need and that's what we're trying to provide.

The ways in which SJI providers and participants talk about health and safety often foreground structural obstacles to well-being, and show the ways in which individual needs are re-framed as collective demands through interaction with other sex workers at the organization. Collective action frames about group rights to health and safety emerge when sex workers question medical expertise, accept safer sex resources while rejecting stigma, and shift the blame for interpersonal violence away

from the victim. For people who earn money in a criminalized economy and are vulnerable to stigma or violence, an exclusive focus on behavioral health can be disempowering. Combining conversations about personal health with demands for group rights is a more effective way to promote sex worker health and facilitate structural change.

### **5.6 Fighting the norms of professional training**

Providers at SJI often reported that harm reduction practice at SJI contradicted things they learned in formal educational settings. Solita, a nurse at SJI, talked about the “repressive” atmosphere of nursing school. As a lesbian, she already felt judged and targeted by her classmates. SJI, where she received healthcare as a sex worker, became her “respite” from this hostile environment. Solita said that her approach to care at SJI was the “complete opposite” of what she perceived as the authoritarian and stigmatizing approach she was taught to take during her medical training.

Nursing school was very repressive. Very homophobic. Super sex negative. Here we are learning how to care for people's bodies and when sexual health came up, it wasn't even called sexual health. It was “reproductive health.” Condoms were for birth control. I was a pariah. I'd raise my hand and be like, “Actually, condoms are not necessarily for birth control for everyone. There are a lot of people that it is not a matter of birth control for them because birth is not going to happen no matter what.” That just was not going to get talked about. It wasn't just because I was trying to advocate for *special rights for homosexuals*.

Solita remembers coming to Saint James, and appreciating “the community feel and the ambiance” when the SJI moved out of the cramped quarters it shared with the Department of Public Health’s City Clinic and got its own space.

It just feels good to have our own clubhouse. That was very appealing to me. I was also on and off still actively engaged in various kinds of sex work myself... Dom work, fantasy play kind of stuff. Stripping. It was cool. It's a place where you can be really open about it. When I was going through nursing school it was the saving grace...

Solita worked at Fantasy World, a BDSM and role-playing club throughout nursing school, and drew strength from the community of sex workers in whom she could confide in about her experiences at nursing school, including harassment by teachers and classmates. She felt calm and supported at Fantasy World, despite the pressure of having to juggle work and school.

I'd go to Fantasy World and in between having clients I'd be cramming for tests or finishing up care plans and med cards. I'm so hugely relieved to say that actually working as a nurse has been awesome and not anything like nursing school was. Nursing school was just like everybody in the universe is heterosexual and we don't talk about sex... It was a very uncomfortable environment.

Solita remembers when her class was practicing inserting catheters and one of her instructors joked, "Solita likes it a little too much." Solita fumed silently. "Oh you really want to know?" she thought. "You really want to fucking know? I respect people who have dicks and I don't need to go 'teeheehee' about it. I'm going to tell right now, that's not my sexual preference and I don't give a shit whose it is. That's just a totally inappropriate comment in an uncomfortable situation that doesn't have to be an uncomfortable situation. In this totally sex negative environment. I imagine that most, if not all of my classmates are probably making more money than I am and working in hospitals where they've all been trained to have the same self-loathing, sex negative attitude: We hate our patients, we hate our jobs. We're making good money. Punch in, punch out. Done with our workday. That's not why I became a nurse. I

became a nurse because I really love people and I think bodies are fascinating and beautiful and complex and beautiful in their complexity. I have a lot of respect for people's human experience and bodily experiences. That includes gender diversity and sexual diversity and diversity of experience in all different kind of ways.”

Juniper, who has a Masters in Social Work and has been working at SJI in various capacities for seven years, says that they were not taught about harm reduction in social work school. Juniper remembers:

It was basically more of the, I call it the ‘judge treatment program’ type of identity where you have to do these number of things by this certain time in order to correct this behavior. It’s about this idea of correcting a behavior instead of enhancing your life. I wasn’t taught [harm reduction]. That’s something I learned through experience.

Solita says that the peer-led model of service and healthcare provision

creates a more welcoming, friendly environment where people feel like they can confide in us more, the medical team. The idea is any of us could be current or former sex workers. I don’t think anybody on the medical team actually is [currently doing sex work] but everyone is very welcoming and people who are working here are not working here because they have to. This is not a punching in the clock kind of a job... The medical providers get called by their first name and because it’s a community, people come regularly and get to be known. I think a lot of times, for some people who may be living life really on the edge, I personally find it comforting to see somebody come back. In the back of my mind, I’m just like “Yay. They’re still alive.” I like to think that hopefully they feel cared about and they know that this is someplace that can be some respite for them. I definitely felt that myself as a community member. Coming here, feeling like this is a respite from the shame and bullshit of nursing school, and really the rest of the world, really.

I feel like we can have that common bond between medical provider and community participant. Even just that language: Community participant. It’s not doctor and patient. That power imbalance is inherent in that language. Instead it’s “care provider and community participant.” I like using that language... I think the



power imbalance is somewhat equalized in that because that way people feel like they can be more open about what's going on and whatever they need to talk about. "Look, I had unprotected sex with a trick and then had unprotected sex with my partner and now these symptoms are happening." They don't have to lie about it. They don't have to lie about it and then be all uncomfortable and feel judged and then have unanswered questions and confusion about their body, their symptoms.

At the same time, providers try not to assume common experiences or goals just because they might share other similarities with their service participants. Jaymee says:

I try to have the client lead me rather than me interject my opinion, my judgment about sex work or what they should do. Sex workers do that to each other all the time too: "Oh, honey. Don't do that." So many trans girls policing other trans girls' looks. "Oh, sweetie. You need to shave. You don't look fish [feminine]." Just ways to put each other down. [As a provider, I'm] honoring whatever space they're in and working from that.

Also realizing that where they're coming from may be informed by a lot of trauma. If they're using a lot of what maybe a provider would deem risky or self-destructive behavior, that might not be the case. That actually what they're doing is a lot less self-destructive for them than what they could be doing. When shaming someone about cigarette use, as I've gotten shamed about, I will say, "Well, it's better than what I could be doing." That's not a weird threat or anything like that. It's just an honest assessment of how I practice my harm reduction. Don't shy away from talking about self injury—talk about how to treat your wounds. Talk about vein care for injection users. Talk about chapstick if you want for smoking [crack].

In providing individual services, harm reduction providers work to help participants identify as many options as they can given the limiting circumstances of poverty, housing instability, and the imperative to earn money. Providers consciously shift the focus away from behavior and individual-level interventions, to focus on social, economic and political processes that affect health and well-being. Tim says:

I think Saint James is unique in that it's not a clinic that only does testing... Definitely even when you are talking about STIs, prevention isn't just wearing a condom. It's talking about the things in someone's life that is giving them access or preventing them from having choices about a variety of things. Condom use is one of those, but also there's housing and the custody of their child. Whether their brothel closed down. What's happening on the streets with policing? Or stuff around Prop 35 and them working collaboratively with someone who might get them in trouble. All of those things are related to prevention.

For example, after the passage of Proposition 35, the "Californians Against Sexual Exploitation Act," funneled additional resources into law enforcement, Tim said,

I think in San Francisco, the DA has committed to not use that in a way that is abusive, but I think that people were really freaked out about it. I have had people be like, "I've heard now that I could be arrested as a pimp. My in call space shut down."

Tim explains how that fear affects people's safety:

Indoor sex work is safer. Collaborative sex work is safer. If you have a network of people that know where you are, have some idea about who's coming in there with you, that is a way that people are safer. When you're breaking down those relationships and making it be so that people have to work more independently or in a more isolated context, a lot of the safety networks break down. Or the people go to just the street and therefore are more impacted by violence on the street.

Tim identifies the intersection of stigma and criminalization as a barrier to service provision and care.

When people are criminalized because of something they do, they're going to be hesitant about offering that information up to anyone. Even if someone doesn't have legal ramifications from that, they'll often have discriminatory ramifications... There's this thing where if someone reveals that they're a sex worker [in the hospital], they're going to be like "Oh, we're not going to give you any pain medication." There's an insinuation that all sex workers are drug addicts or drug users or that people are in bad situations they need to be rescued from.

There's a variety of different assumptions that are made about sex workers that can impact their ability to get just general comprehensive healthcare about what their needs are right now, instead of where their provider's assuming their needs are.

Solita feels like providing healthcare to people who are generally classified as undeserving by mainstream providers is a political statement in itself.

... working here, I definitely feel like is activism. Just providing healthcare to communities of people who are homeless and gender variant or transgender or sexual orientations that are all over the map. I sometimes even find myself challenged. I checked myself at one point when I realized that I had absolutely no idea what this person's gender was. I was just like, "Oh." I realized that I had made an assumption initially. I just have to have some patience with myself and move on with it and realize that's good for me to have that learning experience and to have that opportunity to serve somebody's needs in a respectful way.

Chapter 4 showed how many service providers categorize homeless people, trans people, drug users, and sex workers as undeserving of the same level of care, or make care provision contingent on participation in behavioral reform. In contrast, harm reduction providers like Solita, Jaymee and Juniper refuse to sort people into categories of deserving or undeserving of care, and express commitment to providing care in a way that focuses on the risk environment rather than only on individual behaviors. SJI providers' refusal to make access to resources contingent on behavioral reform challenges the dominant approaches to poverty management. To the extent that SJI staff members have had different experiences from participants, they draw on an ethos of "cultural humility," which entails critical examination of one's own standpoint, as well as respect for, and openness to, difference.

Comparison of participants' experiences at a peer-led health clinic and descriptions of accessing care elsewhere (discussed in Chapter 4) demonstrates how SJI contests stigma to provide more effective care to a population that is especially vulnerable to health risks and to discrimination by healthcare providers. Many providers at SJI draw on their own experiences working in the sex industry to destigmatize sex work and provide appropriate care. Providers who have never worked in the sex industry fight stigma by downplaying the role of service provider-as-expert and re-imagining care as collaboration between providers and participants. SJI's twin approaches of rejecting medical authority and affirming expertise that comes from lived experiences of doing sex work, using drugs, being trans or experiencing homelessness politicizes the process of service provision.

### **5.7 Harm reduction as a resource for policy advocacy and against criminalization**

As discussed in Chapter 3, the criminalization of prostitution, drug use, and resting in public has a disproportionate impact on poor and homeless people who are forced to do these things in public space. Decriminalization would significantly improve the life chances of poor people, especially people of color, trans people, drug users and sex workers who are disproportionately affected by these laws.

As a policy response, harm reduction opposes criminalization. In San Francisco, SJI and other harm reduction-based service organizations have pushed for the decriminalization of all forms of sex work and drug use, as well as of resting in public space.

Tim says:

Arresting someone doesn't help them. It doesn't put them into safe and supportive housing. It doesn't increase their ability to get education or access to different jobs. It doesn't do any of that. As an agency, I would love us to be leading that conversation. I would love us to be like, "Hey. We know the community. We know what's happening. Let us tell you what you should do if you really want to shift this dynamic," but we're not getting asked that. Finding a way to get a place at that table is extremely difficult.

Tim described his experience working on housing and employment needs with people who had criminal records or warrants for arrest:

When you have a criminal record, your ability to get housing is severely comprised. Especially with a lot of state supported housing programs. If you are on Section 8 housing, you get a drug arrest or you have an indecent exposure arrest, that housing ends... If you're already poor, chances are your access to employment is already pretty compromised. The options mostly available for you are selling drugs or sex. You're in this horrible position and being like, "What I need to do to get the money to survive is these things, but if I get caught doing them then my housing is going to go away."

Sometimes it does make people be like, "Well, I'm not going to do sex work anymore," but mostly it means people then just do sex work in more sketchy ways.

Tim describes the tension between providing harm reduction-based peer counseling and legal advice for people who are likely to experience arrest:

Part of it would be knowing your rights or what people can expect. What are ways that an arrest should happen and what are the ways it could happen? It's hard because on one hand, from a harm reduction stance, we're saying get the money up front because you don't want money to be conditional on you doing whatever the trick decides that they want you to do, or them doing the act and then not getting money. On the harm reduction side, we're saying, "Yeah, get the money up front." Then on the legal side, we're saying, "No. Don't get the money up front. Once you've accepted that money, then it's definitely an act of prostitution"... the thing is, if someone wants to arrest you, they probably will. That's what people tell me. I can go and do legal rights

trainings and they're like, "Great information, but that's not going to protect me."

Jaymee says:

A lot of street-based sex workers that I've worked with have just been arrested on the streets for no fucking reason. Sometimes they've been in a sting operation where [police] are just like, "hey get in the car!" and on the street there are so few safety measures, so it's easy picking for cops to just criminalize... It's like a factory of churning out street-based sex work and then using that rhetoric and using those examples to criminalize sex work as a whole... It happens predominantly towards women and then beyond that, women of color. Beyond that, Black women and beyond that, Black transgender women... If you look at where transgender, Black, and feminine or womanhood all collide and then you add sex work to it, you will see a very high rate of murder. At Trans Day of Remembrance, you will see most transgender victims of crime being Black trans women and sex workers, usually during sex work... You live in the community and you will know just by sheer volume of the criminalization of this particular group of people.

It's the bigger picture. It's more looking at all of people's lives rather than just the sex work, just being Black, just being transgender, just being a woman. You'll see that people are criminalized that fit into those identities, either two or three or four, all of them or whatever. The way they're treated not only by the police, but by healthcare in their denial of service from healthcare is informed by their identity. Rather, it's society's reaction toward their identity, especially if they're read as a sex worker. They don't even have to say anything [about doing sex work to providers] because a lot of street-based sex workers, they aren't going to say shit. They're going to try to get as much out of the system as they can because, hello, that's how you survive. You don't even have to open your mouth and they'll [providers will still] tell you to leave.

Many providers at SJI expressed their frustration with helping participants navigate punitive bureaucracies and deal with other providers and systems that were violent or exclusionary toward sex workers, trans people, drug users and homeless people. Juniper says, "...there's a lot of bureaucracy that happens and red tape... It could be blockage to somebody who's vulnerable within systems."

The system that Juniper and many of the other staff see generating the most vulnerability is the carceral system. Juniper ties the physical, sexual and psychic violence against sex workers SJI serves to the criminalization of street-based sex workers:

...especially sex workers that are street-based that are vulnerable to a lot. There are different types of violence that can be out there and how they have been criminalized by the work that they're doing, criminalized and not only that, to the point where they're either raped, sexually assaulted, or demonized by the work they're doing or either killed. There's stories that are not being told or they're swept under the rug.

Juniper's own past experience being arrested and incarcerated in a sting operation deepened their commitment to fighting against the criminalization of sex workers, drug users, gender non-conforming people, and people of color. So while many providers ignore systems that generate vulnerability and instead focus on behavior, harm reduction providers like SJI are more likely to combine activism and advocacy with service provision.

Kyra has never been arrested, but when asked about barriers to sex worker health and safety, she highlighted the need for policy advocacy to decriminalize all form of sex work.

[Knowing that my work entailed breaking the law] definitely stressed me the fuck out because instead of just worrying about "Do I have condoms? Do I know this person? Do I feel safe in this situation?" I also had to be paranoid that this person was an undercover cop and was paranoid that I would get my friends in trouble or that this would be on my record. I've never been arrested and this on my record I felt like would just fuck up my life forever. I was like, I have to do this because there's no way else to get my needs met, but also if I get arrested it's

gonna be really bad. Constantly having that threat stressed me out all the time.

I want decriminalization of sex workers, of johns and other people involved in the industry. If it was decriminalized it would mean that we could have more community and work together to decrease stigma and increase protective factors and do a lot more skill-sharing. We wouldn't feel so disjointed as a community. Maybe we could even have unions! [laughs]

I don't think that sex work is wrong fundamentally, I don't think it's a sin, and so I don't think that there should be stigma associated with it. Placing the blame on the sex worker is wrong and so is placing the blame on the client because the need for sex workers has been around for thousands of years. Like the poster that we have in the back of the clinic. All the laws that they've tried to make against it hasn't got rid of it and so criminalizing the people buying sex isn't going to work and it doesn't make sense.

SJI's position on the ways in which criminalization heightens sex workers' vulnerability to violence and illness leads the organization and staff to advocate openly for the decriminalization of all forms of consensual sex work. SJI also does policy advocacy work (on a more limited scale) fighting against the overlapping criminalization of HIV, drug use, and homelessness. SJI's advocacy has shaped local policy through the use of narratives about health and harm reduction, and partnership with the city's Department of Public Health. Between 2012-2013, SJI spearheaded a successful citywide campaign against the use of condoms as evidence in arrests and trials related to prostitution.

This resulted in the passage of a local ordinance banning the use of condoms as evidence of prostitution. The "No Condoms as Evidence" campaign garnered the support of the San Francisco Department of Public Health and resulted in the 2013 revision of local police codes to prevent officers from confiscating, photographing, or destroying condoms, or using the possession of condoms to charge people with



prostitution-related crimes. Subsequently, Assemblymember Tom Ammiano introduced Assembly Bill 336 to ban the use of condoms as evidence of prostitution throughout the state of California. While “No Condoms as Evidence” failed at a state level, its passage at the local level points to the local resonance of harm reduction and health frames.

In 2013, Tim explained,

We’ve been having more conversations about [laws and police practices] recently, just to gather information about what is people’s understanding of condoms [as evidence]? Is that something that they knew about before? I also do disseminate that information so that they’re talking about it with their friends and knowing themselves... I also have conversations with people about noticing trends in the clinic. “Hey I’ve noticed we’re having a lot less participants come in. What is happening in the area that you work or that you live that it might be creating that scenario? Have there been more cops around? If so, what does policing look like? You’ve been seeing this undercover a lot. What does that undercover look like?”... So that if it’s relevant I can keep track of and also give information.

Tim says that not carrying condoms “has been part of someone’s conditions of parole” in Fremont and other California cities. “What happens here is that people get this message, ‘If you carry condoms, you can be arrested.’ Whether or not that’s even true, it’s a message that people are getting so therefore they’re not wanting to do that.”

SJI and other sex worker organizations worked with Human Rights Watch to document how the use of condoms as evidence of prostitution was leading to mass arrests of transgender women in four U.S. cities, including San Francisco, as part of the nationwide campaign. SJI then lobbied the San Francisco Department of Public Health to petition for an end to the use of condoms as grounds for arrest and

conviction. The SJI partnered with DPH to collect surveys from street-based sex workers about the use of condoms as evidence of prostitution along during street outreach in order to document the prevalence of police confiscation and destruction of condoms.

After “No Condoms as Evidence” became local law, clinic staff immediately began to spread the word. On the street, SJI Outreach workers passed out condoms packaged in custom printed wrappers that said, in large block letters: “This condom is legal. Do not confiscate.” In the middle of the wrapper was a picture of a yellow police tape labeled “evidence” and crossed out. Staff and outreach volunteers gleefully distributed these special edition condoms along with cards with the SFPD logo stating that condoms could no longer be confiscated, destroyed, or used as evidence of prostitution by police officers. However, policy advocacy becomes more difficult when the issues at hand are less clearly related to public health.

Tim says:

A lot of stuff that it’s important that someone who is in a position of power, resources, step up and be critical about, also puts you in a bad place with funders... I think that is really difficult to be an organization that does activism. Sometimes it’s worked for us. I think with the condoms and stuff, it worked for us, but also sometimes it doesn’t work for us. When we’re speaking up about how these human trafficking legislations affect our community, then you get people saying, “Oh so you think that child prostitution is okay.” That impacts our ability to be sustainable and continue to get support.

I think it’s really difficult. Everyone I know has this thing that San Francisco had a very unique and amazing activist movement and then non-profits fucked it over. It’s true. You cannot speak as freely when you are trying to please your funders. I think that Saint James is definitely pretty unique of the HIV prevention organizations I know and our willingness to step out of the line, but I also at the same time

have to be more measured in how I say something because I know that people are not going to be able to hear it.

While liberal approaches to harm reduction focus more narrowly on “meeting people where they’re at” and providing resources without judgment in the context of service provision, radical harm reduction also incorporates structural transformation and policy advocacy. Radical harm reduction organizations like SJI and TGIJP (a social movement organization that provides a harm reduction-based re-entry program for transgender women coming out of prison), use service provision as a vehicle for social change. Radical harm reduction is consistent with activism (partly through what Majic calls “oppositional implementation,”), while liberal harm reduction advances the more limited project of nonjudgmental and non-stigmatizing service provision, as well as advocacy of the decriminalization of health-promoting behaviors. For example, while liberal harm reduction agencies like the Department of Public Health and more mainstream harm reduction-based service organizations advocate for the decriminalization of condoms and safer injection equipment, radical harm reduction organizations like SJI and TGIJP advocate for ending police violence against poor, Black, and gender non-conforming people, decriminalizing sex work and drug use, and prison abolition. SJI and TGIJP are different from more mainstream organizations because they are peer-led (TGIJP is led by formerly incarcerated transgender women), and because they grew out of social movements. While TGIJP is primarily a social movement organization that provides limited harm reduction resources and SJI is primarily a service organization that is deeply involved in social movements, both organizations exemplify a radical approach that goes beyond service provision. The

following sections of this chapter will describe the ways in which harm reduction at SJI as well as at other local harm reduction organizations contests identity-based stigma and interactional violence at the level of service provision, and then how harm reduction is a resource for the contestation of criminalization, medicalization and administrative violence at the level of policy.

### **5.8 Accessing harm reduction services for sex workers at SJI**

Participants who received services at SJI and other harm reduction organizations said that harm reduction organizations made them feel accepted. Calvin says he has had bad experiences with other clinics, and likes SJI because the staff treat him “like a person”:

...a couple of other clinics in the TL... I won't go over there anymore. I just won't go... the wait is bad enough, but then you wait all that time, the doctor comes in and he looks at your chart, he looks at you, “hmm, uh huh,” looks at the chart and then looks at you again. He's like “hmm uh huh.” You already know right then and there what you're going to get so you know, it's like, before he even says a word to you it's like, damn, can I just go ahead and go? Don't even bother with it. I'll just leave. I won't come back again, I promise. I won't waste your time.

In contrast, Calvin says:

Here [at SJI], you can talk to the staff about just about anything. The staff here is really great, I like the staff here a lot. There's a couple of them, I've got a secret crush on. You know, coming here, it always feels good, it feels right, for a lot of different reasons. You know, you always feel as though you're welcome. You're not treated like, you know, like they treat you out there... you still feel like a person when you leave. You know, you feel like a person when you leave, that's very important.

Jay remembers how he first found out about Saint James:

A home girl had told me about this place... like you should really try out Saint James, they have a lot of resources for sex workers, former, and recent sex workers. And I said, "you know what, I'm going to give it a go." So I came in here the first time, I was terrified. I was totally scared out of my mind, like why am I going to a clinic for sex workers? And first I thought it was just medical, because I wasn't really familiar with this aspect of it, that they had resources and services like this for people who do sex work. And so when I came here I met at the time there was a [staff member] who was working here, bless her heart, I miss her so much, she's amazing... she was so welcoming and so sweet... I'm very heartfelt, because they've known me since 14 years ago. You know Tim? He's known me 14 years, and you know they're just so loving toward me. And no matter what happens, they always say, "how are you?" And to me that's welcoming. Because it's like there's this sincerity here. I mean it's kind of like home for me here. Like I feel safe coming here.

Jay says that the harm reduction organizations he works with have helped him survive, not just by connecting him with HIV medication and housing, but because staff demonstrated sincere concern for his well-being.

Saint James Infirmary has saved my life, and many different organizations, and I owe a little bit to each of them because they gave me so much hope to live my life healthier and to live my life happier, no matter what I'm doing, if I'm trying to make money on the streets; if I'm meeting clients online, whatever that is, as long as I'm being safe while doing it.

Jay says that at SJI,

the staff have been nothing but supportive. The counselors, the volunteers, and everyone. And this agency out of all agencies was my starting point, and it saved my life. And I still access services with the Saint James Infirmary because of the people that work here, and the people that volunteer and are involved and participants... I learned to be sexually safe. I learned about STDS... because working in the sex industry, I had no idea what all this shit was. I was like, what the hell is gonorrhea? But the thing was, they knew how to answer these questions... it was professional, but real. I didn't feel like they were reading out of a book, I thought they were talking from experiences...

The reason it felt “real,” Jay says, was because most of the staff had experience working in the sex trade. He credits SJI’s peer-led model with helping him develop a safer approach to sex work:

It not just sets a purpose for other people, but it also sets an example, that you can still do this work, but be safe at doing it and making better decision processes in how you handle those situations...

T., a Black transgender woman who experienced criminalization and gender based violence in jails, prisons and service organizations throughout most of her life, says:

When I came to San Francisco, I guess because of the liberalness of San Francisco, things began to change for us. I learned about St. James. I had no idea that a place like this existed, because it’s not in Los Angeles and—and we started coming here. I started receiving my hormones. I heard about harm reduction, and that was literally—coming here was the first time I ever even heard that word, harm reduction. When she and P. first came to San Francisco, T. says, “me and my husband were kind of like, new to here and it was scary because I didn’t know this area. And, but at the same time, it was like, [pause] pre-recovery, we knew we wanted to get high and I didn’t want him to go out and do nothing stupid. So, coming here [to SJI] also allowed me to meet girls that were still in sex work and they told me about the different streets to go on and different stuff.

T. said: “Saint James was the place to be because everybody that came here, whether they were actually still sex working or not and whether they knew that I was or not, I never felt judged here... Saint James was the very first place that we felt welcome.” Before she came to San Francisco, T. was repeatedly mis-gendered by service providers. At SJI, she found medical and service providers who accepted her gender identity and supported the goals she defined for herself. My doctor “helped me

get these,” she says, gesturing at her breasts, which was difficult because “crack and hormones don’t mix.”

T. describes her experience with her doctor at SJI:

I’m smoking crack, I’m trying to be on hormones and all this... Here, they give you vials [of hormones], they give you your [estrogen] pills, and I was on crack. And, girls wanted to buy them... [My doctor] never judged me, but he would ask probing questions that would literally force me to start telling the truth. One of them was, it was like... ‘I’m giving you this and the doses that you’re on and the amount of times that you’re supposed to take them, you should start seeing something and nothing is there [gesturing at her chest], so what’s going on?’ So, it allowed me to literally be honest with him and because of my honesty, it was like, “you know what, we’re going to manage you.” So, they started—instead of giving me [hormones], they started keeping my stuff here, which forced me to come, which forced me to take them, which forced—and ended up giving me results. ...and, I can honestly say that [my doctor] and [another staff member] and several people here played a part in my recovery.

After she recovered from her addiction, T. became a minister at a Bay Area church frequented by many transgender women. “When I got involved with [the church], that’s when life really, really started taking off because I was able to join spirituality into my recovery... I ended up becoming a transgender minister. And, because of that, I—that ended up opening different doors as far as like, being able to go different places and speak and share my—my personal story.” T. found that she was an excellent public speaker and a natural minister. T. remembers:

I grew up—my—my mother wasn’t fit at the time to have kids, so my great grandmother raised me from birth to 12 years old. I totally believe that she knew that I would be who I am today. She allowed me to play with dolls, all that. From 12 to 18 my mother’s sister took over because they felt my grandmother was getting too old, so me and my other—my sibling right before me, moved in with my aunt and her kids. She was

Pentecostal. She was very much, “you’re going to die and go to hell because you’re gay.”

I always loved church, loved church music and I got what they call “saved” or “converted” or whatever when I was 17 years old. However, living with her and accepting for myself Christ, but living with her telling me, “well because you accept it, now you have to change,” it was a conflict. So, I—that was one of the reasons I honestly feel I ended up getting on drugs. I ended up, from like 19 until—all the way into my 30s, early 40s... I just stayed away from churches. It was like, I’m not going. I already know what you’re going to say, I’m not going. And, honestly—honestly, truthfully, it wasn’t until me and my husband came to San Francisco that I ended up [pause] okay, getting a whole new view on religion and faith and all that. Because today... I don’t look at myself as being religious. I look at myself as being more spiritual.”

It is largely because T.’s drug addiction grew out her family’s rejection of her gender identity and out of wider patterns of social exclusion of transgender women that SJI’s approach was so powerful, and so different from what she experienced in the past. T.’s doctor affirmed her gender identity and listened to her with respect. San Francisco’s harm reduction organizations provided a space for political organizing that validated T.’s identities and practices as a Black transgender woman. Through her connections at harm reduction organizations, T says:

I ended up getting involved with the medical marijuana community and I ended up doing a lot of protesting in and around marijuana use and the rights. Especially during the time that Obama was coming to San Francisco. Me and my husband do a lot of protesting... My husband started volunteering. I would volunteer when I could because I was in school. And they did a campaign for sex workers and asked me and my husband to join; that’s why we’re on that little poster [advocating for the decriminalization of sex work] and everything. And [coming to SJI] allowed me to meet other trans women but also it allowed me to meet trans men and actually get into that community because I knew nothing, once again, even of trans men.

And, with that, that broadened my knowledge on HIV. It broadened my knowledge on different STDs. It allowed me to actually start going out into the streets and having condoms on me at times and being able



to pass them out to my sisters that I knew were still out there, especially the ones that were out there and still on drugs because like I said earlier, tricks don't like condoms, you know, so a lot of us just did not carry them. And, because of doing that, from here, I ended up getting involved with the San Francisco AIDS Foundation. They have a group called Black Brothers Esteem and when it started it was mostly Black brothers, but as it grew, it began to welcome trans women and I ended up getting involved with them.

T. also became involved with TGIJP after meeting executive director Janetta Johnson, who helped T. get a lawyer after she was incarcerated in the San Francisco jail and got her involved in anti-prison organizing. TGIJP, which as of 2013 shares office space with SJI, has a “grassroots harm reduction re-entry program” that combines peer-based help navigating the city’s service bureaucracies with political education.

After leaving dozens of drug rehabilitation centers that mis-gendered her and experiencing religious rejection of her gender identity throughout most of her adult life, T. finally found a home in the harm reduction, activist, and spiritual communities of the Bay Area. The nonjudgmental approach of the service organizations she interacted with helped her to stop using drugs. Today, T. and her husband P. have subsidized housing, and both are working in the formal economy. The skills she gained volunteering at SJI helped T. get a part-time job as a residential counselor in a homeless shelter, and more recently a full-time job facilitating harm reduction groups for transgender women at a local HIV/AIDS service organization.

## **5.9 A Harm reduction response to HIV**

One advantage of a harm reduction approach is that it helps combat self-blame and social stigma that can lead to depression. Jay remembers:

When I found out I was positive, for the first year I was really sick, so I wasn't able to do nothing. But I was suggested to get involved in organizations like Shanti, the San Francisco AIDS Foundation... people kept saying 'why don't you come check this out, come check this group out, or come to this support group, this would really help you with what you're going through being positive and newly diagnosed with full-blown AIDS, because full-blown AIDS is a whole different gist, than being diagnosed just pos, it's a whole different dynamic, and I got really depressed. Like for the first year, I didn't think I was going to make it, to be honest with you... I didn't want to be bothered with anyone. I didn't know how I was going to connect to people, tell people... I didn't tell my family for years, you know and the thing now is, I'm not ashamed of it because I'm alive, you know. Like that shame went away. Like a lot of people I know live with that shame every day, and they've been around for fifteen, twenty years. I don't have to do that. Because I'm able to talk.

Jay's shame went away slowly, through his interaction with a number of different harm reduction based service organizations. Jay started getting involved in harm reduction groups at the San Francisco Aids Foundation. The groups helped him deal with his feelings surrounding his diagnosis.

I just- I wanted to live. And whatever it took, service-wise to do it, I accessed it. Like at the Foundation, they told me about harm reduction. I didn't even know what the hell harm reduction was... it changed my view of life and people. I used to see only black or white. Now I see the black, the white, and the gray; which I think the gray is the third eye, really.

### **5.10 A harm reduction response to drug use**

Jay describes harm reduction as a source of "insight," beyond the black and white thinking that characterized "conservative" upbringing. Jay explains how harm reduction is different from what he calls "the black or white":

I think the black or white, you're set in a certain way. Like I am not on the abstinence track, I'm not going to lie. I do use medical cannabis to deal with my cravings for speed. And anxiety and sleep and appetite and for my health, but that's my harm reduction... I don't see weed as a

drug: it's grown from the earth... it saved my ass—I mean it's helped me gain weight, it's helped me improve my health, my sanity, it's just like my emotions, my sleep deprivation. I mean it's done dramatic things, and that's really my harm reduction... That's the difference, which to me makes it an addiction or makes it something that is medically used.

Jay's weight dropped dramatically when he was using speed, "because I was just doing drugs instead of eating," he says. "And I'm not proud of it, but I'm not ashamed, because you know I'm learning from it, and I'm able to help other people. By being open and talking about it openly and clear." I watched Jay talk about his own experience with a friend who was also dealing with drug addiction at a harm reduction service organization. When I asked him about the interaction, he explained,

I see a little bit of reflection of her in me. And I say like you know I've done that. I've been there. You know, and if I haven't, I'm real with it: I'm like no, I can't relate. You know why? Sit there and tell someone you understand if you don't because people will know... they will know if you really are telling the truth or if you're BSing them... I think my perspective has become more open, so I'm able to really be honest with self and other people and just really when I need help, not be ashamed to reach out my hand and ask for it... because where will I be afterward if I don't? ... And to know I have the clarity and understanding to be supportive of someone else is making such a huge difference.

Jay remembers before he started going to harm reduction groups, he couldn't stop using meth for more than a few hours a day. "I was using seven days a week with my lover at the time that was alive. I was going through domestic violence..." Jay's very structured week, attending harm reduction groups at a different organization every day, helped him reduce his drug use and feel hopeful about his future, in addition to feeling like part of a community.

Jay describes one of the groups as “a harm reduction group for guys: Bi, gay, heteroflexible men.” He says, “They serve pizza, they play music, sometimes they have a movie they play. Their syringe access care in one room where people can access stuff. They’ve got super-dosed coffee...” At this group, facilitated by a caring staff member, Jay and other participants talk about “how their week’s going, and what’s going good and bad,” developing strategies for reducing drug use and meeting their personal goals. Crucially, the Jay’s group does not require him to change anything about his identity; he decides whether and how he wants to change his behaviors and practices, and his housing or ability to access resources is not contingent on behavior change.

Jay says, “the structure is what keeps me out of trouble,” but also highlights the importance of nonjudgmental service provision: “I’m trying to be abstinent from speed, you know and it’s a battle, but you know I’m making the best of it and I realized to my self where the harm reduction comes in: If I ever slip, don’t beat myself up; pick myself up and keep going.” He pauses. “Because that’s what’s going to keep me alive. And that’s where harm reduction falls in my life.” He elaborates, “Because, you know, don’t look at it and beat yourself up in regret, because regret means you’re holding on to it. And when you do that, you don’t let it go and be able to move on, you stay stuck and stagnant in my opinion.”

Some programs make people feel like if they do relapse or “slip,” they have failed. Jay explains, “If I feel like I failed, I’m going to go further.” In contrast, if he

forgives himself for a “slip,” Jay feels more in control, like he can reduce his drug use or return to his efforts to abstain from using drugs.

Melissa, whose experiences with criminalization and medicalization were discussed in the previous chapters, volunteers as a “secondary syringe exchanger,” a drug user who collects used needles from her peers, gives them new needles, and brings boxes of used syringes to local syringe access centers. She talks about local needle exchange centers as a resource in the fight to decriminalize drug use:

I think that our needle exchange [at a different organization in the Tenderloin] and the people who work there are *such* good advocates for like, “Cops stay away; this is like not your space to fuck with people,” and I’ve even actually had good experiences where the woman at the needle exchange pretty much told the cops to kick rocks, like “We got this handled here, there is no one, no one’s dying; this is what we’re here for, we have this handled so let us do our job. You take a step back.” I thought it was really amazing. They [cops] were kinda there pokin’ their nose in, but I thought the woman handled it really well. So I think that they’re great. I don’t necessarily feel myself at risk. It does make me a little nervous that the cops know my face a little bit, so if they were to see me going into a needle exchange and see me on the street they could maybe stop me... I have heard other people like the cops would come fuck with them for jaywalking or something else, near there. That was like their opener... Me personally, I know my rights. I think the thing that I do, I just try and spread the word. I go to needle exchanges and I do the secondary syringe exchange program and so I think spreading the word on the street is the most that I do. I try to make sure everyone knows about Narcan [to prevent drug overdose deaths] because I think it’s so important, like the more people that can know about that the better... it should be known in every community, not just the drug community. Because maybe you aren’t in the scene but you know someone that is. So I just try and really spread the word. I’ve lived in other cities before. There’s so many amazing resources in this city that are out there and I think a lot of people just don’t know about them. I think we’re really lucky to have them here.

Melissa's description of her relationship to needle exchanges demonstrates that she understands them as an assertion of drug users' rights to health and freedom from police harassment. She also describes the differences between receiving care at harm reduction-based organizations and through other providers. She says:

I really wish that [medical providers] would be more informed about how to treat people that are in recovery, that are pregnant... Other hospitals, you're pretty much like a black sheep. It's like 'Oh my god, you're delivering a child on methadone? It's like standard to deal with babies that come on methadone and they know what to do with withdrawals whereas like other hospitals don't know what to do. I wish they had more knowledge on that.

She credits a harm reduction heroin users' group for mothers at a local drug rehabilitation center with helping her stop using drugs. Melissa attended the group once a week to learn about pregnancy on methadone. Women in the group talk about "how their baby was," what happened to the baby, and how to stay healthy during the pregnancy. Melissa says:

Women with children, that are going through that, or have been through that, are very supportive of other women. So it's a really, I went into it with an open mind because I'm usually not into things like that, but I tried to go into it with an open mind and I'm so glad I did because it's been probably the most helpful thing for me.

Melissa's favorite thing about the group was that it was a non-judgmental forum to discuss motherhood with other women who shared many of her experiences and struggles. The women also provided more accurate health information than many other medical and service providers Melissa dealt with, who treated her like a criminal and a pariah.

Because she was able to stop using heroin while on methadone, Melissa had a healthy baby, and she and her partner moved into subsidized housing that became available after the baby was born. Melissa was able to go back to school at a local community college.

### **5.11 A harm reduction response to homelessness**

Advocates of a harm reduction response to homelessness oppose interventions that focus narrowly on homeless people's behavior and on policing homeless people out of public space. Rather than identifying homeless people's behavior as a cause of homelessness, proponents of harm reduction recognize structural determinants like the scarcity of affordable housing and labor market exclusion. TGIJP's Grassroots Re-entry Program for transgender people coming out of jail and prison exemplifies a harm reduction approach to homelessness. When TGIJP members are released from incarceration, staff and volunteers help them find temporary housing to avoid ending up on the street, whenever possible. Instead of telling homeless people that they will be able to get housing if they change their behaviors or identities, harm reduction providers advocate for the provision of housing that is not contingent on abstinence from drug use, sex work, or other behaviors that are grounds for expulsion from medicalizing housing providers like Serenity Village. A harm reduction approach to homelessness opposes criminalization. For example, in response to frequent police sweeps of homeless camps, advocates pointed out the severe shortage of affordable housing and even temporary shelter in San Francisco. When public officials used the medicalizing myth of service resistance to justify the destruction of homeless people's

tents, advocates protested by raising money for new tents, which they distributed to homeless campers. Harm reduction providers argued that the encampments were not caused, as conservative politicians claimed, by homeless people's refusal to access services. Instead, the encampments were a visible manifestation of San Francisco's growing class stratification, which the Mayor and conservative Supervisors sought to cover up by blaming homeless people for their poverty (Waldron 2016, Zirin 2016).

### **5.12 Harm reduction in action**

The frequency with which harm reduction providers and service participants organize and attend protests demonstrates continuity in the legacy of harm reduction as a radical social movement by marginalized groups. My field notes from one protest demonstrate how harm reduction organizations can promote identity-based activism that stretches beyond the promotion of physical health:

This is San Francisco on the eve of the 2016 Superbowl: The waterfront district cordoned off, advertisements everywhere in flashing lights, on billboards: Visa, Verizon, Pepsi. Suddenly there are glossy posters everywhere, with a photo of a young, white, woman looking desperately in the mirror; frail and heavily made up. Block letters read: "CAN YOU SEE HER? RECOGNIZE HUMAN TRAFFICKING" with phone numbers for the Department of Homeland Security and Immigration and Customs Enforcement. The spectacle of sex trafficking, of homelessness, set against the glitter of corporate investment, serves to justify the presence of Department of Homeland Security officers, the snipers on the rooftops, the hundreds of police.

Local activists do not miss the opportunity to turn the spotlight to criminalization and policing in the nation's most economically stratified city. Evenings leading up to the event, the streets are alive with protests against the recent murder of Mario Woods, a young Black man by San Francisco police, protests against the constant harassment and displacement of homeless people.

San Francisco has spent \$5 million of taxpayers' money to host a "party" in honor of the 2016 Superbowl. The police department has



stepped up enforcement of anti-homeless ordinances, evicting people from a homeless camp while the Department of Public Works confiscated and destroyed hundreds of homeless people's tents and belongings. Meanwhile, the weather has been rainy, shelter waiting lists are over one hundred people long on a daily basis and waiting lists for subsidized housing are closed.

Tonight's protest, organized under the banner #tacklehomelessness is the largest San Francisco protest against the criminalization of homelessness in recent memory. Hundreds of police in full riot gear line the sidewalk of the Embarcadero, the tourist district near the "Superbowl City," a heavily guarded monument to corporate advertising. To get here, activists have wound their way past security checkpoints, under the watchful eyes of snipers who perch on the rooftops of hotels. There are so many police that former California Assemblymember Tom Ammiano, who is speaking tonight as the sponsor of the first iteration of a failed California bill to decriminalize homelessness, gestures at the rows of uniformed officers surrounding the protestors and quips: "What are we, ISIS? How many cops can we have? Who's paying for that?" He grins charmingly and adds: "What am I going to do, hit them with my purse? I'm so threatening, aren't I?"

Activists plan to set up a tent city on the sidewalk, and assert the rights of homeless San Franciscans displaced by the Superbowl City to public space. One of the officers says into a megaphone, "Your tents are in violation of [the ordinance against camping]. If they are not removed immediately, they will be confiscated and destroyed." There is a smattering of incredulous laughter at the irony of violating the very ordinance we're protesting, but the organizers are prepared. On cue, protestors lift the tents off the ground and they are transformed from code violations into free speech. The tents hover a meter above the sidewalk, each held up by four protestors— one holding each corner— against a backdrop of seething clouds. The sky changes color, and everything feels temporary.

[Name redacted], hired as part of Saint James's "CDC team" after the organization received a large grant from the Center for Disease Control, holds the microphone in one hand. She is here to represent SJI and the sex workers the organization serves, many of whom are marginally housed and homeless. As San Francisco gentrifies, non-profit organizations—especially harm reduction organizations—have been evicted and priced out of the city at alarming rates: The Homeless Youth Alliance recently lost its lease and now operates out of vans, and SJI—located a block away from the new Twitter headquarters—was informed two months ago that the owner of their building would be selling to a wealthy buyer. Saint James would need to either find a new location, or leave the city.

A red bandana covers [Name's] nose and mouth. Crowded around her, photographers, newscasters and protesters are watching. Behind her, activists hold a green tent, emblazoned with the slogan "Stop stealing our homes, we have a right to rest!" a few feet above the sidewalk.

"I'm born and raised in San Francisco. Where's the Frisco natives at?" she yells to resounding cheers.

"We recognize that we're born in Ohlone land, Yelamu, the village of Yelamu. And we're born and raised here. And we're struggling. The families are struggling... I have my face covered cause I'm not trying to just represent myself. I'm standing with the people that can't be here: My sisters that are in jail. My family that's sick, that's dope sick, that can't get up because they're suffering. People that are using drugs because they're going through it. It's hard out here. And I wanna ask you. I wanna ask you police officer, who's the bigger criminal, who is the bigger criminal? [Name], officer [Name]? Who is the bigger criminal, the man that smokes crack to get by, and he could get arrested and thrown in jail, or the Noe Valley housewife that's off her Adderall all day?"

The crowd breaks into cheers.

"Everyone is doing drugs in this city. We're using drugs in America because its part of our culture. It got sold to us, drug companies made profits. And what is all of this for? For what? Why are you causing our people to suffer? Why are you hurting people? Justice for Mario Woods! Justice for Alex Nieto! Justice for all the people that are getting hurt and scared. Threatened. Threatened because these police officers are criminalizing people for the things that we need to do to survive to try to make it.

And I wanna recognize that I'm here with my sisters, brothers and everyone from Saint James Infirmary and Transgender Gender Variant and Intersex Justice Project. We are a clinic for current and former sex workers, OK. Hos! Hos! People that's been in the sex trade, OK?

And we're standing here and asking you again, who's the bigger criminal?"

She points in the direction of the police.

"The people that are out here, criminalizing our community. And they're so hypocritical, right. And their hypocrisy is showing. Pura hipocresía! Ustedes son unas hipócritas! Dicen que les importan estas mujeres que están aquí trabajando? You care about human trafficking? Who's seen something about human trafficking in the newspaper or on the TV?"

The protestors clap their hands.

"Right, they're talking about human trafficking. Well who's trafficking people, when the federal government is deporting people out

here? And sending people over to the border, to their death, en Honduras en Centroamérica, México? Who's the human trafficker?

And I'm telling you police; you don't know how it is out here. People are gonna do what they need to survive. In a capitalist society, people are gonna do whatever it is that they need to survive. And our youth are going through it, OK our youth are going through it. You claim to care about people being trafficked or whatever, but there's girls who were like me being exposed to this shit at thirteen, fourteen years old because they didn't have people... the services that they needed.

The city owes *us*. If everybody who had come to this little Superbowl fest paid a dollar, what could we have done for our city? What could we have done for our people? You owe us! You owe *us*, right? And we wanna say fire [Police] Chief Suhr, you know what I mean. But we know that it's bigger than that. It's not about these cops. It's not about Chief Suhr. It's about this way of thinking that money is more important than everything, when it's not. We need to defend life, and that's what we're here for."

[Name] catches her breath as the crowd cheers.

"We're getting evicted, you know what I mean. Our little clinic. It's the only clinic for sex workers in the whole country. And you know again I wanna say some people use 'sex workers' some people call it different things, you know what I mean, it looks different for all of us, for men and women that do this, that have done this. And we're the only ones in the whole country when it's a multimillion dollar industry. And so, we're gonna be in the Tenderloin. We're here for you, for all the people that's out there going through it, you know I hope you can hear me. The message is that we have to take care of each other. We must love and protect each other. Black Lives Matter. Black Trans Lives Matter. Stop killing our sisters and murdering these women out here. Right they would say that about, if it was a woman working, they would say "no human involved," right? If she was killed. The system doesn't care about the people. All of this for what? For visa? For Verizon? To make their money. Who's really selling themselves? Who's selling San Francisco? Who's selling our future?"

[Name's] speech, which interweaves criticism of capitalism, racism and police violence with assertions of marginalized groups' right to public space, provides a vivid illustration of the differences between harm reduction and medicalizing approaches.

[Name's] speech politicizes health and encourages sex workers and homeless people

to stand up against discriminatory policing practices. Many other service organizations would not allow one of their staff members to give a speech like this one. But harm reduction organizations have been at the forefront of Bay Area social movements for economic, racial and gender justice, asserting that poor people, people of color and gender non-conforming people deserve access to public space in San Francisco. For example, SJI joined more than a dozen other harm reduction service organizations at a resource fair and protest march in support of the Homeless Bill of Rights to decriminalize homelessness in 2013. At the resource fair before the protest march, harm reduction organizations provided health resources to homeless people, including clean syringes, condoms, and HIV tests. The resource fair was organized not just for the purpose of social provision, but for the purpose of political protest; to assert poor people's rights to health and life in public space. TGIJP has led marches for Black Lives Matter and Black Trans Lives Matter, as well as protests against anti-transgender violence in San Francisco's shelter system. In 2016, SJI passed out condoms at "415 day" in a public park, asserting sex workers' and native San Franciscans' claim to public space at a protest against police brutality and gentrification.

As a practice of service provision, a policy intervention and a social movement, radical harm reduction contests the administration of race, gender and reform by poverty management bureaucracies and instead advocates for decriminalization that would improve the lives of people experiencing intersectional marginality: Homeless people, people of color and gender non-conforming people.

Previous chapters showed how criminal and medical rationales combine to create a web of overlapping punishment and reform, so that the carceral and rehabilitation systems join to re-make poor individuals as subjects able to survive capitalism, while broader social inequalities continue unabated. These projects reduce neither the prevalence of poverty, nor population-level disparities. Criminalization and medicalization are individualizing approaches because they manage scarcity by obscuring its structural roots. Shuffling people in and out of jails, treatment centers, shelters and hospitals, the dominant responses to poverty do nothing to end it. The discourses that legitimate criminalization and medicalization promote individual-level interventions, but these responses to poverty actually function to perpetuate group-specific forms of disadvantage and population-level disparities.

As responses to poverty, criminalization and medicalization sort and stratify, creating racialized and gendered forms of marginality. Criminalization and medicalization are approaches built on the assumption that there's nothing wrong with the social order—just with poor people. In contrast, harm reduction assumes that the problem is social, not just individual. These assumptions have very different repercussions for the practices of service provision and policy.

By recognizing how the dominant approaches to managing poverty limit life chances, and by contesting the discourses and practices of punishment and reform, harm reduction leaves an opening for social change. This chapter has shown that harm reduction works at two levels: As an approach to providing services and as a policy alternative. As an interactional strategy, harm reduction fights against stigma. The

refusal of harm reduction providers to sort people into categories of deservingness based on their homeless status, their drug use, their sex work, challenges the medicalization of poverty. Refusing to administer life chances, harm reduction providers reject medical authority and embrace a participatory ethic of care. As an approach to service provision, liberal harm reduction contests stigma and normalizes marginalized practices. As a social movement, radical harm reduction fights against the structural conditions that create and enforce poverty.

Harm reduction is a third response to poverty that scholars of criminalization and medicalization have overlooked, and scholars of social change-oriented service organizations have not theorized as a poverty management approach. Harm reduction is not just the philosophy of a few politically engaged service organizations, but an alternative approach to poverty management. The institutionalization of harm reduction in many service organizations as well as through public health policies of some American cities, including San Francisco, challenges the sweeping criminalization of poor people involved in street economies. More mainstream liberal approaches do not go as far in fostering political engagement, but do provide alternatives to criminalizing and medicalizing approaches. By shifting policy responses away from arrest and incarceration, harm reduction approaches can improve working conditions and even facilitate economic mobility for homeless people engaged in criminalized work. Furthermore, because of its emphasis on the provision of resources, rather than on punishment or moral reform, harm reduction can encourage political participation. As the examples of SJI and TGIJP show,

organizations that take a radical approach to harm reduction are often peer-led, which bolsters their mobilizing potential.

## CHAPTER 6

### CONCLUSION

This dissertation has used the unique case of currently and formerly homeless people who have worked in the sex trade to examine three different approaches to managing poverty in U.S. cities. The experiences of this specific group illuminate broader patterns of poverty management effects. Homeless people who have worked in the sex trade often experience criminalizing and medicalizing interventions. This makes it possible to trace the effects of both poverty management approaches in people's lives. Their experiences show how poor people can be pushed into the informal economy in ways specific to their race and gender identities, and demonstrate the relationships between formal labor market exclusion, low wages and an inadequate safety net. Their experiences also illustrate how the criminalization and medicalization of poverty perpetuate racial and gender stratification.

San Francisco is a unique city in many ways, but in others it is similar to other U.S. cities. Although harm reduction service agencies can be found in urban areas throughout the U.S., San Francisco's activist history means that harm reduction is more entrenched as an official response to poverty than in most other cities. The unique case of the Saint James Infirmary provides a window into an organization that takes a harm reduction approach to both sex work and homelessness, in sharp contrast to criminalizing and medicalizing interventions that dominate U.S. poverty management. Recruiting research participants from SJI, in addition to recruiting from the streets, provided an opportunity to analyze experiences with a peer-led harm



reduction approach to sex work and homelessness. By recruiting participants who had experienced multiple types of interventions, I was able to trace experiences with all three approaches in different peoples lives. Future research could do this more systematically, for example through Qualitative Comparative Analysis (Ragin 1994, 2009).

Each chapter of this dissertation advanced a separate argument, all of which contribute to the elaboration of a broader typology of individualizing and structurally transformative approaches to poverty management. Analyzing the effects of different poverty management interventions, this dissertation shows that whether someone is classified as in need of punishment or reform is not only based on their behavior, but also on race, gender and sexuality. Scholars of criminalization and medicalization have not paid adequate attention to how the legal and bureaucratic regulation of both race and gender perpetuate inequality. Taking an intersectional approach to the analysis of my research participants' life and work histories, I argue that through criminalization and medicalization, the poverty management system constructs racialized and gendered categories of exclusion.

Whether and how police and service providers perceive someone as a victim who needs to be saved, a criminal who should be locked up, or as in need of reform has more to do with how the poverty management system constructs race and gender than with individuals' behaviors or income strategies. Comparison of experiences with punitive, medicalizing and harm reduction practices across the categories of race, gender and informal economic activity allows me to analyze how different identities

and activities are subjected to criminalization, medicalization and harm reduction. This dissertation also bridges scholarship on medicalization and administrative violence, showing how these processes construct one another.

One important contribution of this dissertation is methodological. The introductory chapter argues that combining life and work history interviews with ethnographic observation helps avoid problems found in other sex work research. While some other scholarship overlooks the relationship between formal and informal labor markets, race and gender-based discrimination, and an inadequate safety net, this dissertation also considers the context of people's lives.

Chapter Two demonstrated that sex work is work. While anti-prostitution scholars ignore or downplay the economic motivations of sex workers, and ignore discrimination and exclusion in the formal labor market and from housing, these realities push people into informal and criminalized work. People who have enough food to eat, stable housing, and healthcare won't sell or trade sex unless they want to. Interventions should focus on reducing poverty, not prostitution.

The interventions that would help poor people who do sex work are the same as interventions that would help other poor people: Provision of safe, stable housing, welfare benefits that don't push recipients into the informal economy or impede economic mobility, and formal labor market reforms, including raising the minimum wage so that it is high enough to allow people to meet their needs.

Chapter Three drew on the experiences of a diverse group of participants to argue for an intersectional understanding of the criminalization of poverty that

includes not only laws and enforcement practices that regulate poor people's presence and behavior in public space, but also their identities. This chapter showed how laws and enforcement regulating sex work, homelessness and drug use produce racialized and gendered vulnerability. Criminalization is the wrong response to poverty because it makes poor people vulnerable to violence and diminishes their life chances. The decriminalization of sex work, drug use, and homelessness would reduce my participants' exposure to the violence of policing and incarceration, thereby removing significant barriers to their well-being. Because of the ways in which carceral classification is used to manage both poverty and identity, decriminalizing poverty would also destroy one of the most powerful pillars of U.S. racial and gender stratification.

Political and financial investment in the carceral control of poverty in the United States means that poor people who live or work in public space are subjected to frequent policing. The nation's jails and prisons serve to warehouse poor people, disproportionately people of color and gender non-conforming people. Chapter Three argued for a broader definition of the criminalization of poverty, which takes into account how laws and enforcement target different activities, characteristics and identities.

The decriminalization of poverty is an uphill battle: The prison system is deeply embedded in California's economy, making it difficult to expand the movement against mass incarceration beyond directly affected communities (Gilmore 2007). Legislative challenges to the criminalization of homelessness and prostitution

have failed, at least for now: The Homeless Bill of Rights, introduced by progressive California legislators each year since 2012 has yet to pass, and attempts to decriminalize prostitution through lawsuits and popular referendum<sup>22</sup> have failed at the city and state level. Despite this, recent years have seen some encouraging developments: The passage of Proposition 36 in 2012 modified California's "three strikes" law to reduce the length of incarceration for non-violent offenses, an important step in the fight against the criminalization of poverty. California Proposition 47, which passed in 2014, prevented prosecutors from charging many low-level nonviolent crimes as felonies. In the year after the passage of Proposition 47, the state's jail population declined by nine percent overall, with an estimated decline of fifty percent in the number of people incarcerated for "Prop 47 offenses" (Bird et al. 2016: 3).

Prison reform does nothing to stop the mass incarceration of poor people of color and transgender people, but can make life more bearable, or at least increase chances of survival, for incarcerated people. A recent court challenge won the right to trans healthcare in prisons, although transgender women are still being housed with men in most institutions throughout the state, and subjected to gender-specific forms of violence in jail and prison.

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<sup>22</sup> In 2008, San Francisco voters defeated a Proposition K, which would have effectively decriminalized prostitution in the city by defunding enforcement of laws against prostitution (McKinley 2008). In 2015, the Erotic Service Providers Union filed suit against Attorney General Kamala Harris, as well as the District Attorneys of various California counties, stating that "private, consensual sexual activity is a fundamental liberty interest protected by the Fourteenth Amendment," and that the criminalization of sex work deprives workers and clients of their 14<sup>th</sup> Amendment rights (Redmond 2015).

Many people believe that efforts to reform poor people's behaviors and identities are a viable alternative to punishment, but they are wrong. My research shows that the medicalization of homelessness and sex work perpetuate stigma and fail to alleviate poverty. Chapter Four showed what happens when poor people are classified as needing treatment or reform. In a context of scarcity, this often means an injunction for poor people to bootstrap themselves out of poverty; to "work on yourself;" change your behavior or identity so you can be a productive low-wage worker. The medicalization of homelessness and sex work cover up the structural conditions that produce poverty and push people into the informal economy. Approaches that frame poverty as an outcome of individual failures serve the needs of capitalism rather than of people experiencing poverty. Like criminalization, the medicalization of poor people's identities and income strategies perpetuates the violence of classification and ignores the root causes of poverty and inequality. In the context of service provision, "homeless," and "prostitute" become stigmatizing *labels* that are infrequently accompanied by meaningful access to resources, while medical *diagnoses* including HIV and mental illness can confer a different level of access to professional treatment and care. Sometimes, these medical diagnoses also come with stigma, but not always. Sometimes, the classification of people as patients, rather than criminals, can confer access to limited resources that are allocated to priority sub-populations of homeless people, for example people with HIV or other diagnoses. But at a policy level, medicalization just shifts scarce resources around by prioritizing vulnerable sub-populations, rather than addressing the root causes of poverty or even

expanding the safety net. When people's identities and practices are treated as the causes of their poverty and targeted for reform, this obscures the true causes of poverty and further marginalizes poor people.

Criminalization and medicalization are the dominant approaches to managing poverty in U.S. cities. These approaches are analytically separable, but they often overlap in practice: Many pre-trial diversion programs and community courts sentence people to mandatory services, and elected officials often use a discourse of service resistance to justify the policing of poor people in public space. This overlap is not discussed in this dissertation, which focuses on the separate effects of classification as criminals or patients, but future research could explore the ways in which criminalization and medicalization happen at the same time and construct one another. Scholars of homelessness (e.g. Gowan 2010, Stuart 2014) have called the nexus between criminalization and medicalization "authoritarian medicalization," focusing primarily on the experiences of poor and homeless cisgender men. The experiences of sex workers—who are often classified as criminals and patients at the same time, and who experience criminalization and medicalization in ways specific to their race, gender, and work in the informal economy—could help specify and extend theories of the relationship between criminalization and medicalization. Increasingly, policymakers are combining punitive interventions with service provision, so that people arrested for drug use or prostitution can be court-ordered to treatment, rather than jail. More research is needed to determine not just how different types of diversion programs affect individuals who receive treatment rather than incarceration,

but also how increasing carceral control of service agencies affects the homeless service industry more broadly.

This dissertation has important implications for the architects of policies that funnel resources into ending transactional sex, through investment in policing or social services that prioritize behavior modification. As detailed in Chapters Three and Four, these policy approaches are ineffective and harmful. Based on my findings, I suggest that a better approach would be to meet the immediate needs of the poorest people who do sex work and other types of informal work in order to survive. These needs include safe, stable housing, food, and medical care, and sometimes also mental health care and substance use treatment. Despite decades of social science scholarship documenting the insufficiency of welfare and wages, policymakers and corporate interests persist in opposing efforts to raise the minimum wage or strengthen the social safety net. In order to overcome these obstacles, advocates need to take a firm stand against individualizing approaches to poverty management, and to insist that poverty must be addressed as a political and economic issue. By identifying criminalization and medicalization as individualizing approaches and demonstrating that harm reduction has structurally transformative potential, this dissertation shows how service provision can contest, rather than reinforce, the production of racialized and gendered poverty.

Chapter Five demonstrated that a harm reduction approach, focused on the provision of resources without judgment, opposes criminalization and administrative violence. Harm reduction asserts poor people's rights to access basic resources needed

for survival, and acknowledges the structural sources of scarcity. While liberal harm reduction focuses on the nonjudgmental provision of resources to stigmatized populations and on limited reforms that decriminalize health-protecting behaviors, radical harm reduction is often peer-led and connected to broader movements against criminalization and for racial and gender justice. Harm reduction has what I call *structurally transformative potential* because it recognizes that the causes of poverty are social, economic and political, rather than individual. Harm reduction is a powerful resource against the criminalization of sex work and drug use, and against the medicalization of sex work and homelessness. Harm reduction is thus an anti-oppressive response to poverty, and a crucial step in the right direction.



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