

Prostitution in CNMI: political and economic aspects of emerging infectious diseases

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Introduction

During the time that I was working as a family practitioner in Saipan, a medical anthropologist, a Filipina woman, traveled as a consultant to the Commonwealth of the Northern Marianas Islands (CNMI) to examine commercial sex work, homosexual practices, and intravenous drug abuse—behaviors that promote the spread of HIV. From December 1991 to January 1992 she gathered information, through interviews and focus groups, on men who have sex with men, and on women engaged in commercial sex work. She found that the majority of women in such work were from the Philippines¹. When the findings of her study were reported in the local news media by the government HIV/AIDS educator, a Caucasian man, the Filipino community of Saipan protested, taking out advertisements in the newspapers, criticizing the 'slander' of Filipina women.

As often the case when anthropologists are called in to examine health problems, this investigator limited the scope of her inquiry to the question at hand. This is in accordance with the mode of inquiry of conventional anthropology, to "stay close to the ground", and to view social groups as whole unto themselves. In reality, however, social groups are subunits of larger groups and are therefore influenced by larger social forces². Conventional anthropology thus places little emphasis on large-scale structures of oppression³. Critics of mainstream anthropology call

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The conditions of the working class in the CNMI

The reality of the situation in the CNMI is that most of the commercial sex workers are from the Philippines. They are part of the large group of foreign workers that performs the bulk of the labor in the CNMI. Filipinos are the most numerous ethnic group, outnumbering even the indigenous Chamorros. Workers from the Philippines build and staff the hotels and stores, cook in the restaurants, perform domestic chores, mind children, farm, and tend the gardens and lawns. Only in the garment factories are they outnumbered, by women workers from China. The vast majority are 'alien workers' with no political rights. They do not have unions. They cannot vote. Such a situation can foster an atmosphere of intimidation, and can result in violations of human rights.

Women who were promised work as waitresses by recruiters in the Philippines were, in many cases, compelled into prostitution upon arrival in the CNMI⁵⁻⁹. The CNMI today may be characterized as a class and racially stratified society, where laissez faire capitalism holds sway.

But one wonders about the women who 'choose' to pursue commercial sex work. How many ended up as prostitutes because they came from poor families who could not afford to give them the education and skills to pursue other careers? How many entered prostitution as a way to support those families? Does it make sense to talk about their 'choice' to pursue such a course, when their range of options is so narrowly defined? Perhaps they made a choice which was rational given their circumstances, but their range of options was determined for them by their conditions. That is, perhaps it makes most sense to say that their choices were only conditionally rational¹⁰.

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The historical and economic background

What are the historical reasons for the present situation, in which people from the Philippines come to the CNMI to work as laborers? In broad measure, the present situation is a legacy of the colonial history of the region. The first contact with Europe came at the beginning of the imperial age. Magellan's circumnavigation of the globe in 1520 included stops in the Marianas and the Philippines, where he was killed. Both areas subsequently became colonies of Spain.

The Philippines became a colony of the U.S. in 1898 after the Spanish-American War. Invaded and occupied by Japan during World War II, the Philippines gained independence in 1946. The U.S. continued to maintain military bases in the Philippines, however, and Clark Air Force Base and Subic Bay Naval Base served as major staging grounds for the Indochina War. They remained U.S. military installations until the 1990s. The towns around these bases, Angeles City and Olongapo, became entertainment districts for the U.S. troops¹¹. Thus, the sexual exploitation of Filipina women has been part and parcel of the relationship between the U.S. and the Philippines.

The history of the Philippines has resulted in a legacy of national underdevelopment. Today many Filipinos leave for Asia, North America, and the Middle East in search of employment. Families left behind depend on financial support from their relatives. The national economy depends to a significant extent on remittances from workers abroad.

The conclusion of the Spanish-American War left most of Micronesia in the hands of Germany. Japan took over after World War I. After witnessing the Pacific War, Micronesia became a trust territory of the U.S. With the economic rise of Japan, Guam and Saipan became tourist destinations for visitors. The economy of the CNMI depends on tourism first and garment factories second. Both industries are heavily dependent on inexpensive, imported labor¹². As noted above, the Philippines have become the main supplier of workers.

By this examination of the historical and economic background, I seek to illustrate how we must examine such 'extra-medical' concerns in order to understand the factors that influence the epidemiology of disease. We cannot understand the spread of HIV simply by studying the biology of the virus. Rather, we must think in terms of gender, class, and the world economic order.

Lessons for Hawaii and the Pacific

Although the number of AIDS cases reported from the Pacific jurisdictions is relatively low, cases are increasing rapidly¹³. Let us consider what the implications of a critical approach might be for the local situation: Firstly, we need to better understand the commercial sex industry as it is presently constituted in the Pacific. In addition to Saipan, the commercial sex industry thrives, for example, on Oahu, Guam, Papua New Guinea¹⁴ and Fiji¹⁵. Incumbent on the public health system is the prevention of HIV infection in the sex industry workers.

Secondly, while it is important not to view prostitutes as simply "vectors" of infection^{3,16}, the examples of the introduction of HIV into the island nation of Haiti via the commercial sex industry¹⁷ and the well-known prevalence of HIV in prostitutes in Thailand¹⁸ point to the prospect of similar scenarios being repeated in the various island districts of the Pacific.

Investigators note, however, that the majority of women at risk for contracting HIV are not commercial sex workers. Schoepf notes that many women in Zaire have multiple sexual partners as part of an economic survival strategy¹⁹. Hamblin and Reid note that the largest group of women at risk of contracting HIV are wives¹⁶. As regards the situation in Saipan, the men who frequent prostitutes (locals, expatriates, and tourists) put themselves and their wives at risk of HIV infection.

My impression from clinical work in the Filipino and Samoan communities in Hawaii is that many women in immigrant communities in Hawaii are at risk for contracting HIV from (a) multiple sexual partners and (b) male partners who have had multiple partners previously. Critically informed research on the circumstances, social or economic, that lead such women into these relationships is needed.

As agricultural industries leave Hawaii for countries with cheaper labor, Hawaii's economy becomes more highly dependent upon tourism. As Asian economies collapse and Asian visitors to Hawaii diminish, Hawaii's economy stagnates. The lack of viable economic opportunities will lead to more people engaging in the illegal drug and sex industries, leading to greater risks for contracting HIV.

Conclusion

We have always lived in a world in which the elites have the power to write the rules to benefit themselves. The masses of poor must make do with what little they have. Within the

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constraints placed upon their lives, they make conditionally rational decisions. Some of these decisions place them at risk for contracting HIV. As noted by Farmer, the spread of HIV follows the 'fault lines' of society. Large scale social forces — historical, political, and economic — determine who will be at increased risk of contracting HIV²⁰. The interplay of these forces places women in poverty at highest risk. They are thus subject to 'structural violence', the consequence of social policies that benefit elites²¹. In this way, political and economic forces influence the epidemiology of emerging infectious diseases.

Connors urges a change in paradigms with which we approach HIV prevention. He advocates the continued "study of the personal and social processes of power appropriation, but from a new epistemological base which acknowledges the limitations of current behavior-change strategies". Such strategies currently encompass an "implicit assumption that disenfranchised individuals possess the kind of social and political agency required to avoid HIV infection"²².

As regards the protestations of the Filipino community in Saipan, I believe that their anger with the consultant's report was misplaced. By accusations of slander, the community sought to obscure the fact that the majority of the women engaged in commercial sex work are, indeed, from the Philippines. More properly, protest should have been directed at those who run and those who frequent the brothels, and more generally, the social and economic system that profits from the work of these women.

Given the situations of women that place them at risk for contracting HIV, the only reasonable long-term strategy is "to strive for social justice and equality for women."²³ This will entail empowering women economically and socially. Therefore the long-term strategy to combat the spread of HIV should also include a more just re-making of the world economic order, the elimination of economic exploitation and political repression, and a continued struggle against racism.

References

1. Tempongco S. *AIDS Prevention and Control. (Mission report on small-scale research on prostitution, homosexuals, and parenteral injectors in the Commonwealth of the Northern Marianas Islands.)* Manila: WHO Regional Office for the Western Pacific, 1993.
2. Singer M. AIDS and the health crisis of the US urban poor: the perspective of critical medical anthropology. *Social Science and Medicine*, 1994; 39(7): 931-948.
3. Glick Schiller N. What's wrong with this picture? The hegemonic construction of HIV in AIDS research in the United States. *Medical Anthropology Quarterly*, 1992; 6 (3): 237-254.
4. Morse S. Political economy in medical anthropology. In: Johnson T and Sargent C (Editors.), *Medical Anthropology: A Handbook of Theory and Method*. Westport, CN: Greenwood Press, 1990, p. 27.
5. Shenon P. Saipan sweatshops are no American dream. *The New York Times*. Sunday, July 18, 1993.
6. Branigan W. U.S. Pacific paradise is hell for some foreign workers — Filipinos report beatings, rapes, lockups. *Washington Post*. August 30, 1994.
7. Branigan W. Philippines asks US help in Marianas dispute—Filipino labor abuses abound, Manila says. *The Honolulu Advertiser*. December 18, 1994.
8. Kaplan P. *Human Rights Advocacy Project of the Diocese of Chalan Kanoa, Saipan, CNMI*. No date.
9. Hurt H. Shame on American soil. *Reader's Digest*. June 1997, pp. 74-81.
10. Levins R and Lewontin R. *The Dialectical Biologist*. Cambridge, MA: Harvard University Press, 1985, p. 246.
11. Espiritu Y. Colonial oppression, labor importation, and group formation: Filipinos in the United States. *Ethnic and Racial Studies*, 1996; 19: 29-47.
12. Kenney M. *This is the CNMI: Concepts and Data for Development Planning*. Office of the Lt. Governor, Commonwealth of the Northern Marianas Islands. November 1989.
13. Katz A and Morens D. AIDS: A compilation on America and the Pacific. *Pacific Health Dialog*, 1995; 2(2): 125-131.
14. Jenkins, cited in Ahlburg D and Larson H. Sexual activities in the Pacific and HIV/AIDS risks. *Pacific Health Dialog*, 1995; 2 (2): 103-106.
15. Plange, cited in Ahlburg and Larson.
16. Hamblin J and Reid E. Women, the HIV epidemic and human rights. *Pacific Health Dialog* 1995; 2(2): 107-116.
17. Farmer P. *AIDS and Accusation: Haiti and the Geography of Blame*. Berkeley: University of California Press, 1992.
18. Wawer M, Podhista C, Kanungasukkasem U, et al. Origins and working conditions of female sex workers in urban Thailand: consequences of social context for HIV transmission. *Social Science and Medicine*, 1996; 42(3): 453-362.
19. Schoepf B. Women at Risk: Case Studies from Zaire. In: Herdt G and Lindenbaum S, (Editors) *In The Time of AIDS*. Newbury Park, CA: Sage, 1992, p. 282.
20. Farmer P. Social inequalities and emerging infectious diseases. *Emerging Infectious Diseases*, 1996; 2(4): 259-269.
21. Farmer P, Connors M, and Simmons J (Editors.). *Women Poverty and AIDS*. Common Courage Press, 1996.
22. Connors M. The politics of marginalization: the appropriation of AIDS prevention messages among injection drug users. *Culture, Medicine, and Psychiatry*, 1996; 20 (1): p. 443.
23. Katz A. *Persons at Risk: Women and Children*. (Lecture, April 1, 1996) Honolulu, HI: University of Hawaii. □