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**Health Policy and Business Practices: L.A.'s Bathhouse Debate**

The recent imbroglio over bathhouses in Los Angeles County might have been avoided if the stakeholders in the outcome had agreed on some basic assumptions about health policy and business practices.

**Assumption One: Public policy should be guided by research that is peer-reviewed and representative of the consensus of experts.**

Apparently, Los Angeles County officials disagree. Based on a single, unpublished study conducted by Los Angeles County's HIV Epidemiology Department, the Board of Supervisors passed a motion calling upon the Department of Health Services (DHS) to make recommendations about preventing HIV/STD in commercial sex venues (CSV) like bathhouses and sex clubs.

The study reported that over 19 months, 910 individuals in two LA bathhouses received HIV antibody tests. Of these, 102 (11%) had HIV positive results. Only 41 (40%) of the infected men came back to receive their results.

Nothing in this study or other research suggests that bathhouses are an ongoing or new driver of HIV. Data from the County STD Department on where gay men with syphilis met sexual partners do not lead to this conclusion either. Sexual contacts made in CSV cannot be isolated from contacts in other venues, and a large amount of information about where contacts occurred is unknown.

**Assumption Two: Business practices by CSV owners should be guided more by concern for the health of their consumers than by concern for the bottom line.**

Some CSV owners seem to disagree. There are 11 gay-oriented CSV in Los Angeles. Some club owners are leaders in HIV/STD prevention; some merely talk the prevention talk. Others have been latecomers to gay sexual health promotion. Two clubs operate under the fiction that they are simply therapy spas.

Access to basic amenities like safer sex supplies is uneven. Despite months of discussions, emails and meetings, condoms still are not readily available throughout some of these clubs. It appears that a change in practice by some owners will not happen without some regulatory stick to motivate it.



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While CSV don't drive HIV/STD, they are still important players in the community's sexual health. A significant number of men pass through them, and they are established gay businesses with unique opportunities to improve our community's health in multiple ways. They are safer than other public venues where sex occurs. Violence or police entrapment doesn't occur within them. They can offer their customers basic safer sex supplies and sexual health services like HIV/STD screening. They help educate and socialize men who have sex with men and who do not identify as being gay.

Since CSV are unique components in the sexual lives of some gay men, they deserve special scrutiny and support.

**Assumption Three: Establishing expectations for CSV is not a violation of civil rights but rather sound health advocacy, and it is anything but new.**

Since the 1980s, Los Angeles County has had an ordinance regulating bathhouses and empowering the public health officer to define guidelines for their operation. Political and community pressure, exerted in the shadow of an irrelevant and factually inaccurate editorial in *The Los Angeles Times* calling for the closure of all CSV, prodded the DHS to produce drafts of an ordinance and operational guidelines.

The proposed new legislation will define CSV more precisely and inclusively, include sex clubs in the new definition, and create a new class of public health licenses for CSV. The guidelines, developed by Dr. Jonathan E. Fielding, LA County's director of public health and health officer, and the DHS, contain substantially more detailed regulations for CSV, including the requirement that owners offer and pay for HIV/STD testing personnel costs.

Consumers will benefit from the ordinance and guidelines, since they require all CSV owners to implement best practices, ensuring that essential prevention supplies like condoms, lube, HIV/STD prevention information, hot water and soap are freely available to patrons of every club. Utilization of these supplies always remains the personal decision of consumers.

What *is* new is the entertainment industry's projections of gay life as infinitely trendy and chic, at the same time that we are engaging in a national dialogue about gay marriage. In this context, discussions of CSV might seem problematic or anachronistic. But whether or not you think CSV are an embarrassment or antithetical to same-sex marriage advocacy, there should be enough room in the big gay tent for both gay men who seek healthy anonymous sex and those who prefer healthy monogamy. Sexual health should be promoted in either case.



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As we have seen, some basic assumptions were not shared, and now no one seems particularly satisfied with the results of this process. So what can Los Angeles learn from it?

The Board of Supervisors should leave HIV/STD prevention planning in the capable hands of the Office of AIDS Programs and Policy and the community-based Prevention Planning Committee.

The DHS should acknowledge its tendency to respond to concerns about HIV/STD transmission with a top-down deployment of strategies that ignore both community expertise and the social contexts within which risk occurs.

Dr. Fielding should listen to and better utilize his LGBT task force.

Meanwhile, cooperative CSV owners must not lose patience and the stubborn ones need a swift change of heart.

In the end, we can all hope that the gay community's diverse celebrations of its sexuality, in the many contexts those celebrations occur, will continue to promote sexual play and sexual health in equal measure.

August 2004