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## *PATTERNS OF PROSTITUTION IN BORDER AREAS*

A report of a short-term assessment of  
the situation in the border region of the  
Czech Republic

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## TARGET 5

### REDUCING COMMUNICABLE DISEASE

*By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.*

### ABSTRACT

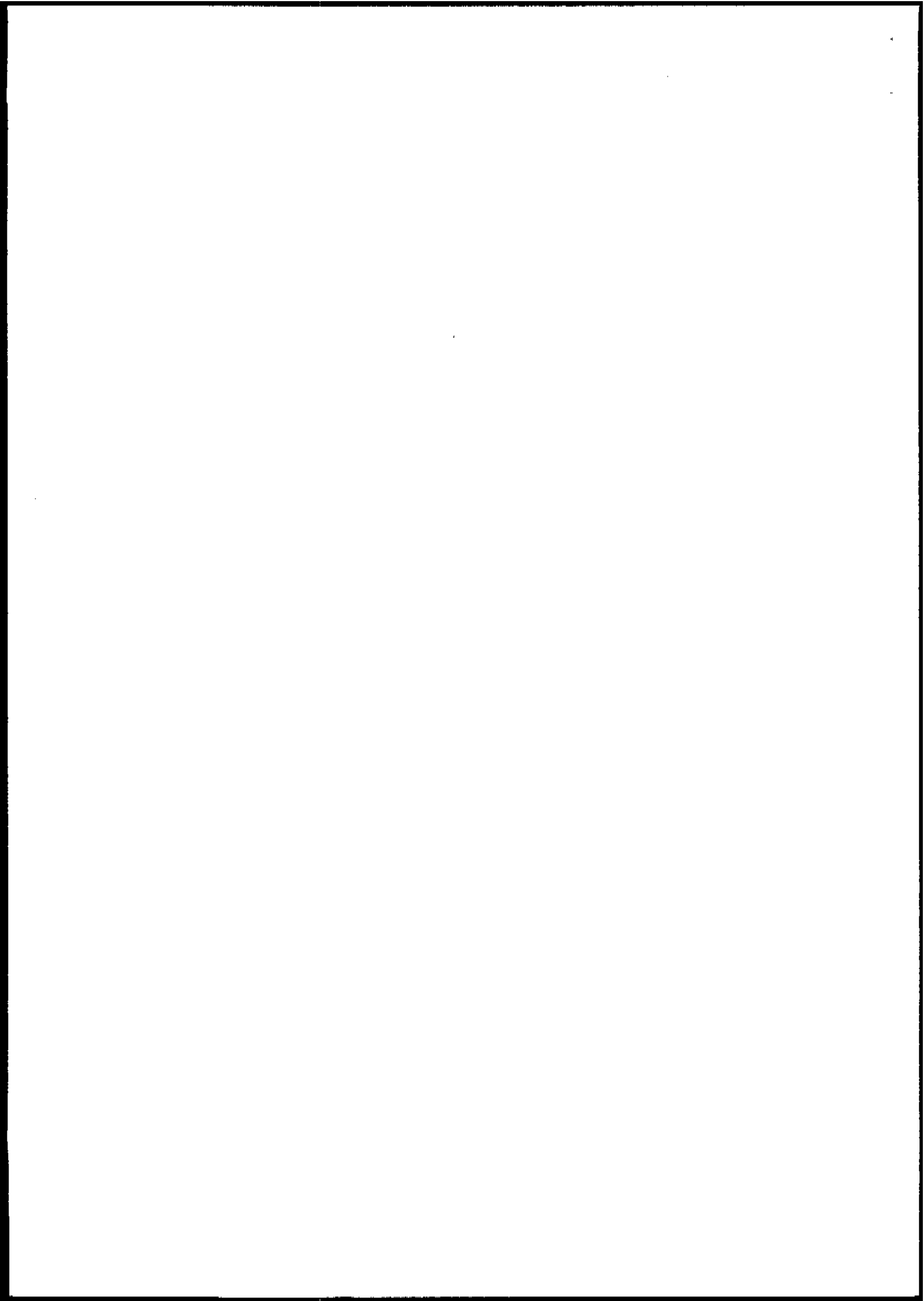
Growing prostitution in many border areas of the WHO European Region has led to growing concern of increasing risks for HIV transmission. The Global Programme on AIDS in the WHO Regional Office for Europe conducted a short-term assessment of prostitution along the northern border of the Czech Republic. The resulting report explains the legal and health background of prostitution and, using an empirical research approach through interviews with prostitutes, clients and relevant authorities, describes the mushrooming street and hotel prostitution and its social and geographical pattern. The working conditions of commercial sex workers and unsafe behaviour, such as the low rate of condom use, are contributing to HIV/STD risk. Possible prevention interventions are discussed.

### Keywords

PROSTITUTION  
SEXUALLY TRANSMITTED DISEASES – prevention and control  
HIV INFECTIONS – prevention and control  
ACQUIRED IMMUNODEFICIENCY SYNDROME – prevention and control  
CZECH REPUBLIC  
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## INTRODUCTION

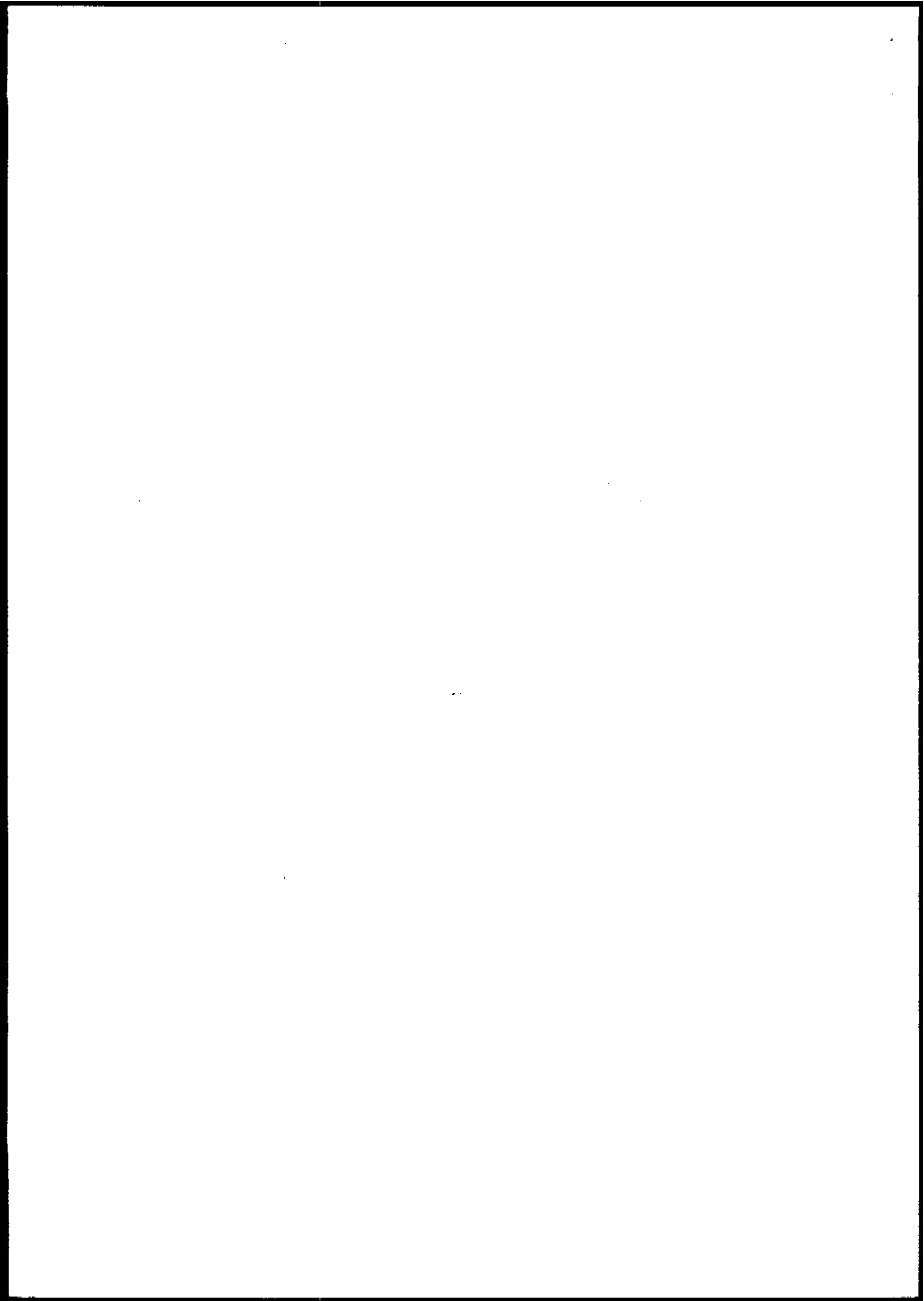
At the sixth European meeting of national AIDS coordinators in February 1993 in Dresden, Germany, the World Health Organization (WHO) addressed for the first time the specific conditions in border areas which may lead to increased risks of STD and HIV transmission. National AIDS coordinators and experts from three countries with common borders (the Czech Republic, Germany and Poland) confirmed that cross-border prostitution and drug-trafficking had been observed since the opening of the borders. These alarming developments needed an adequate response to prevent a major increase in the transmission of STD and HIV.

The first step was to conduct an objective assessment of the situation. In agreement with these three Member States, the Global Programme on AIDS, WHO Regional Office for Europe, therefore initiated a short-term assessment by a social scientist of prostitution along the northern border of the Czech Republic. The report of this assessment, which was conducted in October and November 1993, will provide public health authorities and border authorities with a description of the situation which should lead to intervention projects in the target groups. The report is available in Czech, English and German, enabling it to be given a wide distribution, including to local authorities.

With the collaboration of WHO, the European Commission and the national AIDS programmes of the Czech Republic, Germany and Poland, a first subregional conference was organized by the Sozialpädagogische Institut, Berlin, in June 1994 in Prague. This meeting received reports of pilot projects for cross-border social outreach work. The situation analysis clearly states that only by public health and other national authorities cooperating closely across borders will there be any impact on the situation. The use of teams of multilingual and multinational social workers seems to be a very promising approach. This has already proved that target populations – sex workers and their clients and intravenous drug users – can actually be reached for prevention activities.

The Regional Office supports the concept of subregional cross-border prevention programmes. This first report should stimulate other countries to address problems they are having with the transmission of STD and HIV in similar settings.

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Regional Coordinator  
Global Programme on AIDS



## 1. INITIAL CONDITIONS AND DETERMINATION OF GOALS

### 1.1 History

This report is the result of a short-term assessment undertaken in October and November 1993 of prostitution along the Czech border with Germany in western and northern Bohemia.

This region attracted special attention as spectacular media reports and findings by judicial and other officials indicated the development of large scale prostitution along the border. On the Czech side the initial focus of activity was a stretch of the E55 highway from the border to Teplice; reports of a similar scene extending from the town of Varnsdorf followed, and currently there is growing discussion of prostitution flourishing along the entire border area from northern to western Bohemia. Some sound research has reported that increasing numbers of women are being abducted from the northern region and forced into prostitution in brothels in Germany. During the first bilateral conferences<sup>1</sup> alarmed health officials from both sides attempted to draw a realistic picture of the situation in order to estimate health risks and initiate preventive measures. The interim result of these professional conferences is a model programme, "Border-crossing Social Work." This report seeks to facilitate the initiation of the programme by providing, among other things, facts concerning the initial field conditions.

### 1.2 Prostitution and the risk of HIV

Within the framework of their study,<sup>2</sup> staff of the Social Pedagogical Institute (SPI) in Berlin first sought to identify prostitution in the new German states and areas next to Poland and the Czech Republic in order to assess the possible consequences of this initially fragmented and developing phenomenon. Both the cited study and professional conferences began with direct observations and with information provided by those officially dealing with prostitution, i.e. law and health authorities. A synopsis of border-area prostitution drawn on that basis follows.

#### 1.2.1 On the Czech side

A marked increase in new cases of syphilis and gonorrhoea has been noted not only in the major cities of Prague, Brno and Plzen, but especially in middle-sized towns in northern and western Bohemia. New infections reported in 1991-1992 present a particularly drastic picture concentrated in border towns such as Teplice, Usti nad Labem, Cheb and Most.<sup>3</sup> AIDS experts in Prague report seven cases of HIV infection recorded in the northern region and two in the western. Czech officials believe this sudden increase in STDs indicates that many people practise unprotected sex and are at great risk of HIV infection. They identify the primary risk factors to be general promiscuity (whether unique to the border areas or not is unclear),

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<sup>1</sup> Dresden, April 1992, "European Region - Three Regions, One Theme", and Schellerhau, February 1993, "HIV, AIDS Crosses Borders," with participation of WHO and the "AIDS and Mobility Projects."

<sup>2</sup> Leopold, B., et al *Documentation on the legal and social situation of prostitutes in the German Federal Republic*. Berlin, SPI, May 1993.

<sup>3</sup> Brochure for "European Region - Three Regions, One Theme". Dresden, State Ministry for Welfare, Health, and Family, 1992, p.43.

prostitution and intravenous drug use.<sup>4</sup> Observers point out that there is already organized prostitution in both Cheb and Teplice.

### 1.2.2 On the German side

The study cited above, research of reports in German newspapers and discussions with SPI experts yielded the following information and tentative suppositions.

- Prostitution is perceived as a cross-border matter. There were indications of prostitution in brothels in Dresden, for example, involving several prostitutes from the Czech Republic. In 1990–1991, a white slave trade developed: girls and women were lured or kidnapped and compelled to work in brothels, at times without condoms.<sup>5</sup> It is assumed that these prostitutes possess little or no professionalism.
- Truck drivers, especially from western Europe, appear to make up the major part of the clientele. German businessmen travelling alone and Germans living near the border in Saxony seem to comprise a second client group. It is unclear whether this is also the case in Bavaria or other former West German states.
- Hygienic and general working conditions, e.g. telephone and toilet facilities, appear substandard or altogether lacking.
- It is believed that a steady supply of sexual service exists, dependent on a weak Czech currency, high unemployment and low wages which together encourage prostitution at "dumping" prices.
- Barring intervention by appropriate Czech authorities, Czech prostitutes in Germany are beyond the reach of supportive measures or programmes because competition in this market compels a high level of mobility.
- A growing association between prostitution and criminal activity is presumed.
- Considering the widespread emergence of prostitution, the high mobility of the women and their clients, an assumed lack of professionalism and unfavourable working conditions, the border area seems to be an area of extraordinarily high risk and likely to become a focus for the spread of HIV.

## 1.3 Concept

This assessment was designed as an empirical test of the above presuppositions, focusing on field explorations of prostitution near the border to arrive at a general understanding and to identify unknown aspects of the phenomenon. This appeared to be possible only through direct contact with the prostitutes. A first attempt was made to establish such contact through German health authorities who provide support facilities for Czech prostitutes located near the border at Zwickau and Dipoldiswalde. The plan also envisaged engaging street prostitutes in

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<sup>4</sup> Brochure for "European Region – Three Regions, One Theme". Dresden, State Ministry for Welfare, Health, and Family, 1992, p. 41.

<sup>5</sup> Prosecutor's Indictment, District Courts of Berlin, Felony Crime Court, 4 November, 1991.

fictional client-prostitute situations in order to explore the possibilities for and arrange in-depth interviews. Because a border area extending more than 300 kilometres was to be surveyed in just four weeks, priorities and limits had to be set. It was also planned to conduct a more thorough assessment in one area and, through comparable random sampling and interviews with experts, to determine if the findings in that area were representative and could be generalized, or area-dependent, or neutral.

The key questions important for a detailed assessment, derived from WHO's "terms of reference" and other considerations relevant to the establishment of the model programme "Border-crossing Social Work", were:

- Which features distinguish the border areas from other territories and from other areas of prostitution?
- Are any organizational or functional patterns discernible among the prostitutes?
- Do unique area differences exist and are they expressions of the geographical origins of clients (new German states, Bavaria, other European countries)?
- What forms do the border-crossings of prostitutes and clients take; what is each seeking on the other side?

To decipher a general pattern, plans were made to assess the emergence and spread of prostitution through direct observation and particularly through interviews with visitors to the border area as well as actual clients. Health and police authorities were further important sources of information.

To gain greater insight into prostitution through observation, for example in appropriate bars and hotels, and to establish direct contact with prostitutes where possible, it seemed necessary to remain for a longer time in a particular area. Because it was the best known area, Teplice and its surroundings were chosen for initial study.

Professionalism is a key concept for the examination of risk behaviour of prostitutes. It is defined as "a marked awareness of health matters, uncompromising use of condoms, knowledge of standard pricing and, in some cases, technical specialization; as well as confident demeanour toward clients."<sup>6</sup> Special attention was paid to these aspects of professional behaviour as well as to prevailing conditions encouraging or discouraging it.

The following aspects of prostitution were noted:

- organization (pandering, criminality)
- forms of prostitution: street, hotel
- general working conditions
- mobility of prostitutes
- services and pricing
- work frequency.

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<sup>6</sup> *HIV, AIDS prevention for women in the new German states*. Berlin, Social Pedagogical Institute, "Women and AIDS" Conference Report Series, p. 34.

Information was also sought on the social and ethnic composition of the prostitute group, official dealings with prostitution by government and health agencies, and the institutions appropriate for the implementation of HIV and AIDS prevention efforts in the areas studied.

## **2. THE SHORT-TERM ASSESSMENT**

### **2.1 Timing and aspects of methodology**

The study was carried out between 14 October and 9 November 1993. Visits were first made to institutions in Prague dealing with HIV, AIDS and STD matters and treatment and to government institutions charged with related public health and legal matters. Discussions with representative nongovernmental organizations (NGOs) such as "Bliss without Risk" (a prostitute group) and "SOHO" (a gay interest organization) dealt mainly with the structure of preventive services and organizations new to the Czech Republic. These meetings with experts were designed to get a general view of the prostitution phenomenon and find out about official public health, medical and legal frameworks.

The primary source of information was Dr J. Jedlicka, of the National Institute for Public Health, which provided support and coordination for all investigative undertakings. Through him, contact was made with a hospital epidemiology section in the town of Usti nad Labem and the AIDS centre there, in turn enabling access to other clinics and experts. The AIDS centre is a regional one serving northern Bohemia. The criteria called for selecting institutions and authorities charged with dealing with prostitutes in health or other matters. An original proposal to approach doctors and to use their professional relationships with prostitutes to gain introductions proved unworkable because in the Czech Republic prostitutes are not defined as a unique group in matters of health and law. Moreover, counselling and control functions are not yet institutionalized. Prostitutes needing treatment are most likely to visit the dermatology, infectious disease, gynaecology and epidemiology wards in local hospitals. Meetings were held with professionals in those facilities to discuss the questions cited. In every discussion relating to AIDS prevention, the "Border-crossing Social Work" model programme was outlined and doctors were asked for their ideas regarding the chances of realizing the project, their own readiness to support it and any obstacles they might foresee. It was further thought useful to interview these doctors in their roles as citizens witnessing the widespread presence of prostitution in the region.

Field excursions were also made to areas of prostitution to elicit first-hand information to feed back into the discussions, while information from the discussions was used vice-versa in structuring the assessment.

A general problem presented itself early on as it became apparent that medical knowledge about this new form of prostitution was relatively limited, a fact readily attested to by doctors. In most cases they could only guess which of their patients were prostitutes, who rarely disclose such information. Those who do are mainly hotel prostitutes who, according to doctors, are better-educated and therefore more likely to avail themselves of a doctor's service for treatment of STDs.

It became apparent that police officials and local politicians (mayors) had distinct views concerning the target group, although they were not expected to have specific knowledge of HIV-related matters. They were asked about the development and tendencies of the prostitution scene, clients, criminality associated with the areas of prostitution and aspects of law enforcement and legality

The assessment soon confirmed an earlier assumption that prostitutes and pimps or helpers were working in increasing numbers both legally and illegally in Germany. German border authorities at all major crossing-points were consequently asked to share whatever information they had about prostitution and about the activities of German clients and pimps in the Czech Republic.

The feedback of material obtained during the study from the many experts and sources consulted was of additional importance because it placed this relatively short-term "snapshot" assessment into a larger time and geographic frame. Hence, the report cites unverified data and developments related in discussions. Even items of information characterized as unusual and rarely corroborated are nonetheless reported, insofar as their validity could be somewhat supported by direct, random observation.

Thus, the assessment progressed with a continuous exchange of information among local officials and health professionals and simultaneous field studies; highlighted by interim and summary discussions with experts in Prague.

## **2.2 Contact with prostitutes and clients**

Despite the confidential nature of the relationship between brothel prostitutes and the local German health officials who counsel them, it was not possible to enlist those officials as intermediaries because the women refused to participate. In the absence of this desirable but apparently unrealistic channel, the following strategies were used:

- Simulation of a client approaching a prostitute, in order to gain information about prices, sexual services, transaction sites, use of condoms, etc. Including both hotel and street prostitution, about 80 such interviews were conducted randomly throughout the border region.
- Interviewing hotel prostitutes: a stay of several days in Usti nad Labem enabled the establishment of relative trust with two prostitutes who, in turn, arranged contact with several others. These women proved to be the primary sources of information, insofar as the conversations moved beyond the limits posed by fictional prostitute/client encounters. Once apprised of the general purpose behind the interviews, the two first informants were willing to assist. Further interviews were conducted with three prostitutes contacted through officials in Dubi.
- Contact with clients and probable clients, as well as German visitors and periodic, e.g. weekly and monthly, commuters. Whenever possible, these essentially informal conversations about the prostitution scene included such topics as solicitation, pricing, pimps and related criminal activity. Clients were met in hotels and suitable discothèques; several young men with "experience in Teplice" were contacted, on a tip, in a discothèque in the German border town of Bärenstein. In addition one

young man from Dresden was contacted who possessed inside knowledge of prostitution not only there, but in Teplice and other border areas as well.

- Informal interviews with two prostitutes, one a member, the other an associate, of "Bliss without Risk," a group serving Brno and its environs.
- Meetings with two prostitutes assisting in the distribution of condoms and safe-sex literature in Teplice and Cheb arranged Dr. Hana Malinova of "Bliss without Risk".

### 2.3 Safety measures

An important revision to the initial plan for the study must be mentioned, as it had a substantial impact on the methods applicable. Early on, people familiar with the prostitution scene who were approached as likely translators and assistants pointed out the pervading criminal element and showed a marked reluctance to participate. They were willing to enter the area and assist in the study only with police protection. Prior inquiries made in Dresden and of the German border police (BGS) indicated that the prostitution scene is infused with tendencies toward extreme violence, making it likely that pimps, mistaking interviewers for competitors, would attack them. All the more so as it is apparently common practice in the red light district of Teplice for German and other pimps to survey prostitutes and then entice or kidnap selected ones for employment elsewhere. With that in mind, the interviewer, while among street prostitutes, modified his demeanour to appear unmistakably as a potential client. The proposal to accompany prostitutes to intimate environments, reveal the true purpose and then conduct interviews, for payment if need be, was also discarded.

## 3. PROSTITUTION IN THE CZECH REPUBLIC: LEGAL AND HEALTH BACKGROUND

### 3.1 Laws and statutes

Prostitution is not a crime in the Czech Republic. Paragraph 204 of the criminal code, which classified prostitutes as social parasites, was repealed when the former government collapsed and no new code has yet replaced it. The current § 204 deals with pandering and provides sentences of one to five years for anyone who "arranges or forces" prostitution or "profits from the activities of third parties." One municipal ordinance provides a fine of 15 000 Crowns (circa \$500) for anyone "actively and publicly" offering sexual services.

Police say that these three legislative elements, while in no way adequate to the situation, provide the bases for official dealings with prostitution. According to them, the criminal code is ineffective. Pimps simply label their activity with signs proclaiming "massage parlour" or "eros club" and the like and disclaim any knowledge of, or interest in, whatever else may be going on. Where suspicion persists, only the testimony of witnesses, that is, prostitutes, suffices to implicate them. Experience shows, however, that women who bear witness against pimps are, as a rule, blackmailed, beaten, or otherwise pressured into silence or retraction. Authorities have so far succeeded in prosecuting only a few of the many known pimps. In Prague, for example, only 16 were convicted in the course of one year. Witnesses were given no legal protection until early 1994, when a new law was passed on the protection of witnesses. Their names could be had for the asking, and the authorities provided no special protection against pimps. The authorities focused on this as a decisive weakness precluding

effective intervention in the activities of pimps. The misdemeanor ordinance is equally useless. Since its enactment, an undiminished discussion of the meanings of "actively" and "publicly" has virtually impeded its application. Moreover, on those few occasions when authorities attempt to apply it, prostitutes merely step outside the city limits.

Effectively only prostitutes and their clients are presently subject to occasional fines of 500 Crowns, for violating a ban on stopping.

The original intention of such liberal legislation was to allow local authorities leverage in enacting laws tailored to localities and not defined by any centrist line. Accordingly, authorities weary of the situation in Plzen discovered a statute dating back to 1820 that forbids prostitution; attempts have been made also to issue licenses, collect taxes, and the like. To date, such regulation has been prevented, in deference to human rights and the relevant legal framework. Nevertheless, prostitution, especially that in the areas treated here, has developed in ways that the public finds alarming and morally repulsive. Within their respective communities, people trafficking in sex have divided into subcultures, sharply highlighting differences already evident by the fact that most prostitutes are not native to the communities where they work. In communities where such a group's majority, according to appearance, is ethnic Roma (Gypsy), existing prejudices develop into open disdain and hatred. Some public officials are considering the introduction of prostitution zones, or public brothels, etc. The purpose is not to ban prostitution, but to bring some order to it and set its limits. Inasmuch as there are no federal structures interacting at regional levels, the burden is on Prague to close existing loopholes and draw legal boundaries.

### **3.2 Health service facilities and the risk of HIV/STD**

The public health system in the Czech Republic is currently being restructured. The general tenor of this reform is to transfer health insurance to the private sector and to require patients to bear a greater share of treatment costs. Exactly how services and costs will be eventually distributed among local, regional and national levels remains an open question, and because federal political structures are only partly in place and have yet to be coordinated with those of public health, the answer seems very remote.

It appears, with some exceptions, that former regulations and methods, which foresaw compulsory measures for HIV and AIDS patients, have, as a concession to personal liberty and privacy, been annulled. In addition, AIDS centres now supplement infectious disease wards in hospitals. The centre in Usti nad Labem serves the entire northern Bohemian region and focuses on counselling and prevention. Street prostitutes are a target group, but relevant practical experience with them has been minimal to date.

Treatment for STDs is currently covered by national health insurance and is available in county health clinics and hospitals as well as newly opened private practices. Doctors regret that the former practice of treatment and control of disease, as opposed to prevention, still prevails. They assume that over the long and short terms, a serious health threat exists, especially regarding the spread of HIV infection. However, very few (mainly hotel prostitutes) of those endangered regularly seek medical treatment, and STD infection among street prostitutes is only randomly discovered when they receive blood tests during treatments for other symptoms. Doctors feel that the current trend toward voluntary treatment and privacy deprives them of important instruments needed to carry out systematic epidemiological

research. Health institutions are still marked by a centralizing tradition. Moreover, the distance between the medical community and prostitutes carried over from the era that legally defined them as "parasites," as well as the typical stigma attached to prostitution, are seen as reasons why prostitutes seldom seek medical treatment. Most of the doctors interviewed pointed out that the majority (circa 70%) of street prostitutes belong to the Roma or Sinti (Gypsy) minorities at the lowest social level and have little interest in medical treatment. Both police and doctors report that pimps occasionally supply prostitutes with antibiotics obtained in German pharmacies for "prevention" and "as needed".

### 3.2.1 Statistics

It is extremely difficult to determine exactly what risks prostitutes represent, or are themselves exposed to. Statistics gathered during the last three years show a drastic increase in first-time syphilis and gonorrhoea infection in both the northern border region and Prague. Current numbers show a falling trend ascribed to a low notification rate. Private practitioners frequently treat STDs without specifically diagnosing them as such, thereby evading cumbersome notification procedures and other requirements. According to doctors in Prague, STD infection rates for hotel prostitutes conform with those reported for the general population. The data showing an increasing trend in the northern border region cannot be ascribed automatically to the spread of prostitution there and may be caused by general social upheaval and other prevalent conditions such as low education level, a high divorce rate and a disproportionate percentage of single people in the general population.

## 4. PROSTITUTION IN THE BORDER REGION

Research established that prostitution occurs in a distinct and definable region encompassing the upper part of western and northern Bohemia contiguous to Bavaria in the west and extending as far as the boundary with Saxony (Appendix 1).

The opening of the Czech borders to the west established a multitude of official and unofficial crossing-points, enabling massive cross-border traffic. The busiest official ones, in descending order, are Zinnwald/Cinovec on the E55 highway at Dresden, Schirmding in the west and Varnsdorf in the east. On the Czech side, a massive emergence of prostitution can be seen at these crossing-points. Similar concentrations also appear outside these focal areas near less travelled crossing-points on roads, and especially along highways near the border. Clusters of prostitution have also emerged near and at access routes to major cities. As one leaves the border area and travels into the countryside beyond, prostitution markedly subsides and only noticeably increases again in urban areas such as Prague, Brno and Plzen. It appears that prostitution is significantly more prevalent in the border areas than elsewhere, serving both typical border tourists and business travellers visiting these and other regions. The following types of visitor are frequent: shoppers from nearby areas (especially Saxony), "Sunday drivers", business travellers, sex tourists, fun-seekers with latent sexual motives, regional commuters, and travellers in transit, such as truck drivers compelled to wait long periods, or people who stop for some last-minute shopping before entering Germany.

Prostitution is conveniently placed and sufficiently varied to serve each of the types identified: young ladies offer "specials" to rushed bargain-hunters between market stands, "escorts" attend journeymen in cafes and hotels; "sex-on-the-side" is available for lonely homeward-bound commuters, more discriminating services for bored businessmen in their hotels, and

cheap sex in Cheb or in Teplice for hurried guests who prefer supermarket-style shopping, choosing what attracts or returning to favourites. Depending on the season, day of the week and paydays, this prostitution may fluctuate in intensity but not in pervasiveness. It may be observed at any given time throughout border region defined. The controlling dynamic can be described as follows: wherever visitors present an apparent and potential demand for sexual services, a supply exists or emerges; and wherever a supply exists, visitors arrive. The enduring, if not exclusive, motivation on the client's part is financial in nature. Given the vast standard-of-living difference, nearly every interested German client can easily afford the services of Czech prostitutes.

#### **4.1 Teplice and Dubi (Appendix 2)**

The popular designation for the section of the E55 connecting Zinnwald and Teplice ("Teplice" in the following) describes it as "Europe's longest red-light district." The diversity of findings of research undertaken in Teplice demonstrated that prostitution here can be seen as fairly representative and that its structures are clearest where it is most prevalent. For that reason, the findings from Teplice are presented first and those from other areas subsequently compared to them. The area reports are altogether asymmetrical, partly because it was not always possible to consult parallel institutions, and partly because interviews yielded different kinds of information, some of it hearsay and not verifiable given the time available.

Teplice is the most frequently used crossing-point in the region. Europe's north-south traffic passes here. Approximately 5000 trucks and 250 000–500 000 people cross each month in both directions. Most are German travellers and about one-third are from other European countries. Prostitution is most heavily concentrated along the nearly ten-mile Zinnwald–Teplice axis. Dubi lies halfway between. There, on both sides of the E55, which traverses the town, prostitutes gather along the street, often grouping outside bistros, restaurants, discothèques and rooming-houses advertising "erotic bar", "show", etc., or displaying accessories common to red light districts. Outside the town, prostitutes are found at parking areas, snack bars, petrol stations, bus stops, near dilapidated ruins or enclosures offering some shelter, or simply near woods. They are only sporadically seen along its thoroughfares.

##### **4.1.1 Prevalence**

Authorities in Teplice and Dubi estimate that 200–250 women are working during peak times, of a core group of 500 prostitutes active in and near Teplice. Prostitution is highly visible at the locations cited. Even in establishments not openly advertising erotic shows, one regularly finds, according to clients, available prostitutes. Sexual favours are sold behind curtained alcoves in bistros and restaurants, or in boarding and hotel rooms. When contacts occur in the street, transactions are completed mostly in clients' cars, in flophouses like "Panorama," in apartments and, weather permitting, in nearby outside areas, often visible to local residents. Recent pressure by local officials has pushed this activity more and more indoors, or into improvised huts, shelters, or kiosk-type structures in parking areas and away from former "wild" areas where sexual transactions were completed out in the open just about anywhere. Moreover, the number of locations convenient for meeting prostitutes within Teplice proper seems to be increasing: discothèques, "Forum" or "Hotel Centrum" for example, where otherwise typical activity occurs, and high prices ensure that virtually all customers are either visitors from neighbouring German states, or local prostitutes and pimps. Favoured clients in these locales receive discreet sexual services in exchange for German Marks.

#### 4.1.2 Particularities of the scene

Teplice is considered the most disreputable prostitution centre, replete with criminal activity of every kind. The mayor characterizes prostitution as minor and relatively harmless when compared to other business transacted by pimps, who focus increasingly on smuggling, white slavery and abduction. Smuggling of cars is routine. Inexperienced border officials and their high workload are given as reasons for the rampant growth of cross-border crime. The recent cataclysmic political and economic changes have left laws and regulations abundant with loopholes inviting exploitation. According to the mayor, pimps here are especially prone to violence and routinely use prostitutes to conceal other dealings, enlisting them, for example, to camouflage gangster meetings.

Teplice is especially attractive to pimps because its nearness to the border opens up a variety of criminal possibilities. German border police confirm that prostitutes from Teplice are frequently smuggled across. Women are pressurized, often through indebtedness, then drugged into docility and brought to brothels all over Germany. It appears that this crossing-point, despite frequent controls, is preferred by criminals for such activity because the large volume of traffic here increases their chances of successfully slipping through. German border police emphasize that this prostitution scene is unique not only in its massive size and audacity, but particularly in its pronounced violence. There are reports of prostitutes who were ordered, that is, leased or bought, from Czech pimps by German and non-German counterparts operating in Germany and, forced to travel alone to their destinations, requested official denials of entry from authorities to present as excuses to their pimps. Such initiative and displays of trust to authority are, however, exceptional.

Prostitution in Teplice is viewed as thoroughly organized. Local experts believe that virtually all prostitutes here work for pimps, who are in constant communication with counterparts in both domestic and foreign prostitution centres. Women are bought, leased, loaned for sampling and the like among them. Women attempting to work independently as prostitutes here are soon subjected to offers of "protection" or forced out.

One prostitute, from Usti nad Labem but familiar with the scene in Teplice, characterized the regimen maintained there by pimps as particularly intrusive: enticing women with "proofs of love," entangling them in debt or, given such debt, forcing them into prostitution in lieu of repayment, or simply threatening or beating them. She also confirmed that prostitutes in Teplice are unable to work without pimps.

The mobility and organization of this scene become evident whenever the crossing-point is closed and traffic rerouted to a neighbouring one at Barantal/Petrovice; prostitutes and pimps follow immediately.

Pimps in Teplice are ubiquitous; whether in bars or parking areas, they stay close enough to monitor and control developments. Clients and other visitors report that pimps frequently intercede in negotiations, usually to reduce the standard 50-Mark fee to 20. To what extent they exert influence over the use of condoms is unclear.

There seems no limit to the constant stream of clients crossing the border, who rate Teplice as the best known strip offering the widest choice. Nearby towns offer nothing remotely

comparable. Only a few isolated locales catering to sex tourism may be found directly on the border.

Hotel prostitutes in Usti nad Labem explained that Teplice's relative exclusivity and harsh domination by pimps on the one hand, and a business slump at home on the other, are reasons they avoid the street scene in Teplice and prefer working in Dresden on a regular basis.

#### **4.1.3 Prices and business procedures**

Not only are sexual services for sale here, but so are the women themselves, and prices do not appear to be local. One prostitute interviewed related having been sold for 300 Marks by successive pimps, from Cheb to Varnsdorf and to Teplice. She thus verified similar reports in the press and by Czech as well as German officials. Prices for sales to Germany vary greatly and start at 500 Marks. Handlers seize travel documents from the women after crossing the border and sometimes supply forgeries. There are increasing reports that women are requested and loaned across the border at low Czech rates, plus expenses, during weekends and other peak times.

Direct surveys in Teplice revealed a standard rate of 50 Marks (circa \$30) for simple intercourse. Negotiation often brings a reduction to 30 Marks or an expansion of service, such as added time or the addition of oral sex. Transactions completed in apartments or hotel rooms entail an additional 20 Mark fee. Clients report a standard fee of 150 Marks for an entire night. On occasion, escort services are combined with sex, e.g. disco plus night, for 150 or 200 Marks. Pimps invariably take part in all but the simplest negotiations and often accompany prostitutes discreetly wherever they go. Two prostitutes in Teplice reported that half their earnings are turned over to pimps, while another, who described her relationship with her pimp as "trusting," pays him a daily fee of 50 Marks. One client stated that clients in one particular hotel pay pimps the full amount immediately upon entering.

#### **4.1.4 Clientele**

Teplice's mayor sees the prostitution scene there as particularly popular with "tourists." Others identify most visitors not as travellers passing through, but as tourists from Saxony's entire border area, some from as far away as Dresden, a 90-minute drive. Visitors obviously from more distant cities (Halle, Rostock, Berlin) are frequently seen checking into hotels in Teplice for a night on the town. The area is especially busy on weekends and paydays. In Saxony, Teplice is viewed as a special attraction and, despite clearly substandard hygienic facilities and inhospitability, visitors continue to cross the border. Various sources report that most clients are 20-30 years old. Judging by the kinds of cars, every social stratum is represented. Virtually all observers agree that 90% of the clients come from the new German states, most of them from Saxony.

##### **4.1.4.1 *Trucker clientele***

Prostitution originated here to serve truckers required to wait for long periods before crossing from the Czech Republic into Germany. Today they no longer make up the main clientele. Observers generally agree that only one third of the group, namely those from the west, are in demand, but suppose that some occasionally share their sleeping cabs with prostitutes. During the period of this study, women were only very rarely observed near the waiting trucks. Truckers returning from the Balkans report that prostitutes are increasingly cheaper further

east and are therefore preferred. There were also reports that truckers enjoy special rates, because they "actually don't need it" or are regular customers. Teplice's mayor believes that the absence of prostitutes near the trucks has little to do with inclement weather and can be traced to the fact that prostitutes there would probably disturb certain pimps conducting lucrative criminal business with truckers.

#### **4.1.4.2 *Clientele and condoms***

Several of the clients surveyed reported that condoms were normally used in Teplice. The women interviewed added that German clients often spurned their use; the older ones pointed out their otherwise monogamous marriages, and the younger, especially when drunk, often simply insisted on unprotected sex. Local officials are apparently aware of this behaviour, and leaflets, explaining that prostitutes are not subject to mandatory health checkups, have frequently been distributed to "tourists" in the past.

#### **4.1.5 Official dealings with prostitutes**

Civil authorities in both Teplice and Dubi consider a ban on prostitution naive and prefer instead to seek means of regulation. They are open to ideas for international measures for accomplishing this, even if they do not expect such measures to solve the problems. On their own initiative some have approached newspaper editors in neighbouring Germany to appeal to "sex tourists" for responsible behaviour. Because to date hardly anyone from outside has taken up the matter, any serious attempt at social work designed to deal with prostitutes and even to collaborate actively with them is supported by these officials. The local political officials feel limited in their room for manoeuvre in view of a milieu marked by massive border crossing mobility. The public, particularly the older segment, finds such activity reprehensible and often demands strong countermeasures, including a total ban. According to several people interviewed, younger people recognize no particular taboo à propos prostitution and largely shares the sentiment dominating the new, post-communist era: "Get money, as much and as long as you can."

##### **4.1.5.1 *The police***

Interviews revealed that from the prostitutes' standpoint, police pose no particular threat, nor can they be relied on for protection or assistance.

##### **4.1.5.2 *Public health facilities***

Health officials in Teplice reported a total of 17 first-time cases of syphilis during the first half of 1993 for greater Teplice (including Dubi, total population 77 000). A hospital dermatologist added that 12 of these are unemployed Roma. Many of the patients roomed provisionally in Teplice proper, having moved there from other districts.

During the autumn of 1992, health officials in Teplice, acting on a perceived need to clarify the health situation among prostitutes, compelled 61 of them, with police help and in violation of current regulations, to undergo medical examinations. Although Czech doctors disagree on the sense of this action, it is nonetheless useful to present the findings here. Thirty percent of the prostitutes examined were STD-positive, two with syphilis and one with gonorrhoea, but none with HIV. Half the women examined were Roma, the youngest 15, the oldest 46, and the majority only 17 to 19 years old. Several were married mothers, and some of their husbands functioned as their pimps. Ten were natives of Teplice, 14 from Slovakia, 10 from Moravia,

and the remainder from other regions. The plan was compromised and many prostitutes avoided the streets at the time. Doctors at Teplice's hospital claim that the group examined is nonetheless representative of the street scene. Doctors in other areas also assume a high mobility rate and core Roma group among prostitutes; their estimates of the core group's size vary, however, from 50% to 70%.

Responding to criticism that such health "surveys" only widen the already vast distance between prostitutes and the medical community, officials in Teplice point to the lack of alternatives.

Professionals would welcome any attempt at field social work, but are doubtful of its efficacy, especially regarding the Roma core group whose interest in health care, they believe, is minimal. Doctors in neighbouring Most, where a similarly high syphilis rate prevails, mirrored the views of their colleagues in Teplice. They observe, however, that the line between prostitution and general promiscuity is unclear, and focus more on the latter as a risk factor. Considering the alarming rates of STD infection, they too identify the total lack of means for epidemiological research as a major problem which forces them to rely entirely on speculation instead of information about prostitutes. They complain also that very little is being done regarding preventive measures, and especially that the national insurance plan does not cover the cost of such measures.

## **4.2 Cheb (Appendix 3)**

The district of Cheb includes the upper part of western Bohemia, bordering on both Bavaria and Saxony. Its 88 000 inhabitants are concentrated in three major cities: Cheb, Frantiskovy Lazne and Marianske Lazne. Cheb, the district capital, is a nine kilometre drive from the nearest crossing, Schirnding. The city is a legitimate attraction and tourist destination for many people, not solely Germans and others living nearby. Visitors stream through four crossing-points into the Cheb district: Egerteich/Slapany and Schirnding from Bavaria, As and Schönberg from Saxony. Cheb also attracts many shoppers, especially from the new German states. Trucks travelling to Germany from Prague and Teplice jam the roadway between Cheb and the Schirnding crossing. The volume of traffic is enormous.

### **4.2.1 Prevalence and appearance of prostitution**

There is extensive prostitution in Cheb. Criminal investigators have identified about 500 prostitutes working here. The most discernible difference to the activity in Teplice is that here it occurs not only along thoroughfares but throughout the city proper. Approximately 100 women appear daily in the town at about noontime to greet visiting shoppers during business hours. Observers in Cheb stress that while Teplice and its E55 strip certainly present a more spectacular phenomenon, prostitution is equally prevalent in Cheb, the difference being that it occurs in full public view. Prostitutes linger in parking lots, parks, public gardens and any places where shoppers or legitimate tourists concentrate. Besides congregating activity within the city, prostitutes assemble along all outbound roads as evening approaches. They gather also near the routes from Cheb to As, or to Schirnding where truckers wait for clearance to cross the border.

Apartments and hotels, parked cars and often only partially secluded niches in the city serve as transaction sites. Seven so-called erotic clubs, fitted with private alcoves, operate in Cheb.

Unlike in Teplice and Varnsdorf, the clientele here is composed equally of men from both old and new German states.

#### **4.2.2 Organization**

Those interviewed describe prostitution in Cheb as totally organized and assume that none of the women work independently. Criminal investigators emphasize the enormous mobility of the scene here. They outline a widespread "Mafia" network that shuttles women, e.g. back and forth between here and Teplice. A growing number of women are relocating here from former east bloc nations. Pimps from Belgium, Bulgaria and Germany operate in Cheb. German prostitutes from Bavaria, where demand is less, for example, work here as well. German clubs in Bavaria's border-area town of Selb for example, borrow prostitutes at Czech rates as needed. Violence in Cheb is comparable to that in Teplice: during the first half of 1993 alone, there were seven women were murdered in crimes related to prostitution. As in Teplice, the prostitution scene here is expanding in two directions: geographically into neighbouring German territories and crime-related into new operations such as car-smuggling. Prostitution alone no longer appears sufficiently profitable to its organizers. Police investigators estimate that only 10% of Cheb's prostitutes are local women. Most local prostitutes prefer to work elsewhere to avoiding stigmatization. Those who do work here usually do so in their apartments. The chief criminal investigator reports that, in contrast to Teplice, only 20% at most of the prostitutes in Cheb are Roma women, while almost all pimps are Roma men. This represents an inversion of the typical workplace structure, where "blacks" (a local appellation for Roma) perform menial tasks and "whites" (all others) easier ones. Moreover, members of this minority traditionally avoid rigid work structures. He related that growing numbers of Czech women are attracted to these pimps, whose organization seems to offer uprooted and unattached women a sense of belonging. Women interested in the sex business are readily integrated.

#### **4.2.3 Pricing**

Fees appear to be the same here as in Teplice.

#### **4.2.4 Clients**

Criminal police observe that regular customers from Bavaria visit especially often, and great numbers of Saxons arrive on weekends, holidays and close to paydays. Judging by cars alone, they emphasize that Cheb's clientele includes all social strata, including those of the old German states. Erotic clubs are particularly frequented by members of the upper classes. Clients come from far and near, a fact inviting speculation that their motives are more than purely financial. The chief inspector suspects that clients perceive Cheb as drug- and virus-free.

#### **4.2.5 Official dealings**

As in other localities, police officials in Cheb criticize the insufficiency of legal instruments available for dealing with prostitution. They stress that prostitutes, for fear of reprisal, do not testify against pimps. From a police standpoint, the general trend, spurred by the public's growing disgust with the situation, points to the establishment of zones and publicly managed brothels, along with licences and mandatory health examinations for prostitutes.

#### 4.2.6 Health facilities

Doctors at Cheb's district hospital report a rate of about ten new cases of syphilis annually since 1990, and none before then. New gonorrhoea infections totalled 95 during the first half of 1993. Considering the extent of prostitution, one dermatologist estimates there are at least 300 more unreported infections. Doctors here deplore the community's lax attitude regarding safe sex practices, and trace it to the popular belief that AIDS is a disease of homosexuals and exclusive to Prague. Unlike the police, these doctors estimate that the great majority of prostitutes are Roma and therefore beyond the reach of health care measures. Asked about preventive strategies, they contemplate such steps as fear-based propaganda aimed at residents and describe street projects as utopian.

One doctor criticizes the lack of appropriate material, i.e. in content and language, available for distribution to prostitutes. As a positive example he points to one safe-sex brochure<sup>7</sup> that, however, stirs controversy among colleagues because of its graphic presentations. An AIDS centre will open in Cheb in 1994. Notwithstanding the current low incidence of HIV infection, health professionals see this as a necessary step to prepare for an expected drastic increase of HIV cases. Finally, despite prevailing scepticism, they view the planned model programme, "Border-crossing Social Work," as useful.

#### 4.2.7 Other facilities

An AIDS hotline, "Help Line AIDS," was installed in Cheb's district health centre. Dr. Holub initiated the hotline programme in Prague, and there are plans to extend this service to all districts in need of it, especially in the border region. District health centres, staffed mostly by medically trained personnel, already operate in Usti nad Labem and Liberec. The general idea here is to move away from the traditional institutional rigidity and centralism of health care facilities and toward flexibility in responding to new social and health demands. Unlike district hospitals, these centres stress prevention and counselling and serve as a platform for providing health services, particularly to street prostitutes. The staff emphasize that they are inexperienced in this kind of approach and that the negative community attitude towards prostitutes makes it difficult to establish contact with them. Public sentiment precluded an attempt to install coin-operated condom dispensers in the town. Currently health workers are trying to approach club employees to school them in STD matters and safe sex practices. They hope thus to influence prostitutes working there and minimize presupposed risk behaviour. The supervising physician, Dr. Machowska, is keenly interested in any social service programmes for prostitutes and would consider an internationally supported, cross-border effort especially helpful.

### 4.3 Varnsdorf (Appendix 4)

Research here provides merely a sketch of the situation. Interviews were conducted with two people: the chief of the German border police (BGS) at Varnsdorf, who frequently visits the Czech side and exchanges information with counterparts there, and a doctor at the Liberec health clinic, which also serves Varnsdorf.

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<sup>7</sup> *Safe Sex*. Utrecht, 1991 (in Czech).

The town is located in an area of Saxony bordering Poland and the Czech Republic. The crossing-point is the largest in south-eastern Germany and is mainly used by residents of greater eastern Saxony. Those preferring to avoid the one-hour drive to Liberec and its greater shopping opportunities choose Varnsdorf as the primary alternative. Such trips are often combined with sex, and prostitutes are available directly at marketplaces.

Varnsdorf's prostitution, just as massive as those of Teplice and Cheb, is unique in that it begins immediately beyond the crossing-point, continues unabated along the main highway and spreads finally throughout areas of the inner city. Occasionally women position themselves outside the city limits along access routes and other highways, but there are massive concentrations of organized prostitution on roads nearest the border. Trucks are now required to use a second crossing four kilometres further along the route to Rumburk. As in both other prostitution centres, activity here originated expressly to serve truck drivers; only later did it discover other markets. Administrative measures, namely time controls forcing trucks to speed through the former "sin zone," apparently exclude truck drivers from the client group here.

The prostitution area is about one kilometre long. About 100 women work there during peak times such as the summer. Press reports say that a core of about 350 prostitutes is active in Varnsdorf. They appear to be between seventeen and twenty years old. There are no huts or other provisional shelters here; prostitutes and clients disappear behind the crumbling walls of ruins or behind foliage in desolate areas and barren fields. Some prostitutes invite clients to their apartments. Most often the client's car serves as the transaction site. According to observers, each prostitute here has a reserved location and pays a daily fee to keep it. Pimps intercept new arrivals immediately and force them to pay the fee or leave. A well-known Roma controls the prostitution scene strictly and combines it with a money-changing business. It is said he continues to exploit influential connections he made in the highest social circles during the former Regime and today directs a band of "cohorts" who enable his absolute control of the prostitution landscape. The German police official stressed that clients from very distant areas often come to Varnsdorf, detouring around locally convenient crossing-points to avoid the notice of neighbours also crossing into the Czech Republic. He sees the main group as "past 40," and ascribes to them a mixture of "curiosity" and "pent-up" sexual need, i.e. a "clear" motive for crossing the border.

#### **4.3.1 Health facilities**

The doctor at the district health clinic said that professionals here, as in Cheb, emphasize the special importance of counselling and intend to install an AIDS hotline in Liberec. Because it is so near the border and so replete with possibilities and incentives for outsiders from neighbouring Germany, doctors say the principal threat here is that the HIV virus will cross the border. There is no street prostitution in Liberec; virtually all of it is confined to hotels. Social mores here went into a proper spin three years ago. Personnel in certain hotels suddenly showed high rates of STD infection. Liberec's youths consider AIDS a disease of the west and are indifferent to related risks.

#### **4.4 Other border areas (Appendix 5)**

The three urban centres described above are located at the largest crossing-points and are the most concentrated areas of prostitution in the border region of western and northern Bohemia.

Throughout the region, prostitutes show a mobility and readiness to cross singly or in groups into Germany, i.e. to work where demand exists. Prostitution clusters at lesser crossing-points as well. The larger ones, from west to east, are Reitzenhain/Oberwiesental, Baratal/Petrovice, Schmilka (in the direction of Decin) and Bad Schandau. Depending on the local infrastructure and landscape (prostitutes seldom appear where there are no nearby houses, or in mountainous areas where there are no parking places), there is constant prostitution along such border routes. Personal observation ascertained that certain men, most likely pimps (driving western cars with Czech plates) regularly visit the women in these areas and that pimps often remain in the background near transaction sites. It is therefore impossible to conclude that these women work independently. Hotel prostitutes say it is still occasionally possible to work independently along country roads, but business is very unreliable and pimps are never long in arriving. Other observers report that a good number of women who do not consider themselves prostitutes appear on streets now and then. In areas near the border but outside the cluster areas, "erotic bars" and "rooming-houses," flank the main roads.

#### **4.5 Along the northern border (Appendix 5)**

The Schirnding border crossing takes some of the traffic usually flowing on the Hermsdorf Expressway, a longer but faster drive for travellers from Bavaria and points farther south to, for example, Dresden, Halle and Berlin. There is a market in sexual services along the 100 mile transit route (E442), mostly at wide intervals but repeatedly concentrated at the approaches to cities (Cheb, Karlovy Vary, Chomutov, Most, Teplice and, for those heading further, toward Poland's western border, Usti nad Labem, Decin and Novy Bor). Apart from through travellers, this highway is heavily travelled by long-distance commuters from Bavaria and other southwestern German and non-German regions who work in one of Germany's new states. Czech criminal investigators, German border police, commuters and regular travellers on the E442 report that 'West' German men of every social station pause here now and again, some to visit their customary prostitute. As is usual along the open road, the client's car serves as the transaction site.

#### **4.6 Dresden (Appendix 5)**

The SPI study conducted during the summer of 1992 began with the assumption that neither street nor camper prostitution then existed in Dresden, although it was imagined that such prostitution could take place on nearby Czech territory. SPI field observation soon determined that a busy red-light district had developed, mainly involving Czech prostitutes, along Dresden's Stauffenbergallee. There is also a camper prostitution scene involving women supposedly from Leipzig and other locations in the new German states. Czech families at first routinely visited the avenue to collect refuse items, e.g. furniture, discarded there. These gatherings provided the substructure for "another opportunity," and rumour has it that Russian women living nearby took the initiative. German border police report that while one can still recognize family structures among participants here, growing numbers of other prostitutes are arriving in Dresden from the border region. Most of the time these women make such excursions on short notice, often in the company of men. Because people from other eastern European countries require visas, authorities assume that the majority here are Czech women. Through border formalities, police there have established a list of 80-100 known prostitutes who somewhat regularly cross into Germany to work; they assume the true number is many times greater. Inquiries along Stauffenbergallee ascertained that rates here (70-100 Marks for

simple intercourse) are slightly higher than those on the Czech side and may be easily negotiated to match them. One hotel prostitute from Usti nad Labem reported that she and a girlfriend travelled there each Friday because competition in hotels is so intense and demand so unsteady that she often has no clients at all. Dresden is financially attractive: a prostitute can earn 1000-1500 Marks within twelve hours. Women pay a 200 Mark "rental" fee for each work period to German and Russian ("Mafia") pimps who otherwise leave them alone. Relatives provide any required child care and earnings are shared within the family. To explain the general tendency of Czech women to come here, German border authorities point out that, despite its growing brutality, the scene in Dresden differs substantially from the closed, controlled scene across the border and therefore offers better market opportunities.

#### **4.7 Zwickau (Appendix 5)**

Health authorities in Zwickau report that Munich-based pimps and individual Czech prostitutes inquire regularly about establishing brothel-like businesses or working in the city. The pimps prefer to procure prostitutes from the Czech Republic because they are more easily exploited. Clients pay a minimum of 100 Marks, while the women often receive standard Czech rates. The municipal health clinic in Zwickau maintains a counselling relationship with one brothel there, "Violetta." Eighteen Czech prostitutes, formerly in hotels there, have worked here since 1991. The difference here is that pimps are absent from the scene and these women are substantially able to set their own working conditions. Counselling services and regular health checkups are voluntarily accepted. Professional standards prevail here: assisted by the health clinic, these women receive and exchange instruction and information concerning safe sex practices as well as professional methods.

The women come here occasionally, for short periods during vacation times or longer when circumstances permit. Most are mothers, often without partners. They often reveal their activities to other family members. As a rule, earnings are shared with these, or with friends who care for the children during the mother's absence.

#### **4.8 Hotel prostitution**

The term 'hotel prostitution' is defined here to mean sexual services that are both procured and transacted in hotels. Before the border to the West opened, hotel prostitution constituted the primary form of this activity. Such prostitution, now less disguised although still more circumspect than that on the street, continues. Observers claim that relatively educated women, i.e. multilingual, vocationally trained or matriculated, work here. Unlike in the street, older women, perhaps professionals during the former regime, are to be found here. Observation revealed brisk activity in the many hotels visited throughout the border region.

Czech discussion partners estimate a 1:1 ratio between hotel and street prostitution in the border region. Within the region, east- and west-bound travellers in transit avoid hotels directly on the border, preferring to stop at those situated a distance from it.

German and other west European business travellers frequently visit the industrial areas of northern Bohemia and comprise a substantial portion of hotel clientele. A stay of several days in Usti nad Labem provided an opportunity to observe the hotel prostitution closely and to establish helpful contact with several women working there.

Each hotel has its own contingent of prostitutes. Hotel staff know and sometimes get some of the earnings. Management apparently takes prostitution for granted, considering that it promotes business. More expensive hotels have banned undisguised prostitution on the premises, turning instead to discreetly arranging "escort" services for patrons. Staff in some hotels also employ women as prostitutes.

Prostitutes work in hotels as needed. On weekends, in hotel lounges for example, there is considerable prostitution activity, but as custom or money dwindles, it diminishes. Generally each client has a choice of women. Supply often exceeds demand so that the women constantly compete with each other and therefore develop flexible work times and places: the street, other hotels and, increasingly, in Saxony. Evidently these women have a well functioning communication system. Wherever a tour group is expected, they mix in with hotel guests. As a rule, where clients assemble, so do prostitutes. Moreover, not so rare regular clients know exactly in which hotels they can find their favourites. The group of prostitutes with whom contact was made dissociated themselves from those who are tormented by pimps, saying they "do fine" without them. There were often, however, "relatives" nearby whom the women claimed to support. Czech police report that hotel prostitution is organized, predominantly by taxi drivers, hotel personnel, etc., and that these women are only rarely independent.

#### 4.8.1 Pricing

Simple intercourse in the client's room cost 50 Marks. An entire night, including oral sex, cost three times that.

### 5. WORKING CONDITIONS AND THE RISK OF HIV/STD

Responses from approximately 80 prostitutes to a person posing as a client, along with material gained from informal discussions and interviews, yielded the following information concerning the use of condoms.

All the women offered sexual services only with condoms. Most rejected any negotiations for unprotected sex: only about 10% were willing, some for an additional fee (100–150 Marks), others at prevailing prices. In these cases the women always hesitated and often conferred repeatedly with others before agreeing. In cases where further conversation was possible (Brno and Usti nad Labem), the women stressed that they use condoms primarily out of consideration for their children and would reject unprotected sex regardless of any bonus offered. It is important here to underline that these women are on average significantly older (19–25) than their counterparts on the street (17–20), and that virtually all are mothers. All, however, reported knowing prostitutes who accept such offers. One prostitute who works exclusively in a Brno hotel related that about 2–5% of clients there insist on unprotected sex. Women on the Teplice Strip reported unanimously that clients "very often" disdain the use of condoms. Most clients consider use of condoms a crucial matter, e.g. always subject to negotiation. All the prostitutes reported that because condoms so often tear, they apply two at the start, a practice displeasing to clients; or they switch brands, mostly without the desired result. Condoms are readily available in drugstores, hotels, fast-food booths and kiosks. Only one prostitute was aware of prophylactic lubricants, having chanced upon them in a sex shop, the only place they are obtainable. She could not say whether they were oil or water soluble.

Thus the use of condoms appears to be the norm for, or the right of, prostitutes in all groups (women on the strip in Dresden were also polled). One can only speculate how resistant these women are to serious or sustained pressure for unprotected sex.

### **5.1 Regular clients**

All the women said they had regular clients from old and new German states to whom they apparently granted special conditions. One reported that her regulars paid her whatever they happened to have on them; and another stated that her "westerner" usually paid her 150 Marks, triple the standard rate, for simple intercourse. Several said they foresaw a future for themselves with a husband or boyfriend in Germany. Given the frequent demands by clients for unprotected sex and the abundance of routine price and service concessions by prostitutes, one can only guess the extent to which emotional attachments generate certain special conditions and lead to compromises regarding the use of condoms. Considering the minimum of trust existing in these interview situations, it must be conceded that these women may not have always given straight answers to questions that even they could regard as delicate.

### **5.2 Influence of pimps**

In view of the pimps' unrelenting and direct control of street prostitution, the question of whether or not women are forced into unprotected sex, to meet "quotas" for example, emerges. There are numerous reports of pimps intervening to drastically lower the price of sexual service, and there are precedents (in Berlin) involving convicted pimps who dealt in and forced women to prostitute themselves without using condoms. Considering the manifest increase in the abduction, drugging and coercion of women into prostitution, the possibility that these sporadic incidents indicate the tip of an iceberg cannot be ruled out. It is unlikely that poverty or some other personal motivation would create a readiness in these women to compromise on the condom issue. Based on appearance, only a small percentage of them come from the lowest social strata. Even when business is very slow, and despite fees paid to pimps, these women are still able to achieve earning levels above those of the average Czech. Observers report that these prostitutes are rather composed persons who need not accept every earning opportunity. One Teplice prostitute, who had undergone an odyssey of abduction, white slavery and abuse at the hands of pimps, reports that at least her current one shows interest in the women's health and would never require them to work without condoms.

### **5.3 Approachable women – an experiment in Teplice and Cheb**

A dismal picture of prostitution emerged both in the preparation and, even more so, the conduct of research in the Czech Republic, especially in the cluster areas. Centres of prostitution exhibit signs typical of ghettos. A strict regimen imposed by pimps, patronage and despotism, isolation and a consequent immeasurable distance from public authorities, distinguish this landscape. Rumours and reports of violence contribute to its aura of inaccessibility and every streetwork project is confronted with this real or imagined fact.

Even so, an attempt was made in Teplice and Cheb to obtain direct access to prostitutes by distributing condoms and a safe-sex brochure (see note 7). This effort was declared a joint WHO and Czech project. Together with Dr. Hana Malinova of the prostitute NGO "Bliss

without Risk," the material was successfully delivered. As a form of contact entailing minimum risk, it aimed to enable a realistic determination of the situation and to provide the means to assess the possibility for streetwork in the area.<sup>8</sup>

Considering our vague expectations, reactions were surprising. As they realized that merely condoms, and not attitudes, were being offered, the women showed remarkable interest, openness and willingness to communicate. Some even brought their pimps, otherwise critical observers, into the conversations.

The general response showed that despite any violent ambiance, the women here indeed retain sufficient freedom to openly show interest and open-mindedness regarding safe sex, as well as readiness to accept helpful offers that are not accompanied by discriminatory judgments. Pimps felt their sovereignty intruded upon, but did not intervene. In Cheb, the atmosphere was more relaxed; pimps often remained in the background or out of sight. Although the prostitutes here were relatively accessible, the message was more difficult to relay inasmuch as the brochures were distributed without condoms.

## 5.4 STDs

Information gathered about prostitutes' knowledge of STDs and the services available to deal with them was sketchy. Prostitutes use condoms mainly to try and prevent HIV infection. None of those interviewed, however, mentioned testing, for example on occasions when condoms had torn. Presented with a hypothetical situation that indicated a need for HIV testing, most reported they would do so immediately. As they avoid visiting doctors and other sources are unfamiliar, they have no other access to information in these matters.

These young women confirmed what doctors had previously reported, namely that STD matters are seldom, if at all, brought to a doctor's attention. Professional help is sought only after all other measures fail. The reasons for this behaviour are several: STD symptoms do not appear, social (and geographical) distances to treatment facilities are too great, there may be fear (as in the past) of compulsory measures for STD-positive patients, and finally these women may simply not know where to go.

## 5.5 Prostitutes' social situation

Some basic patterns may be outlined based on the information gathered during the study.

### 5.5.1 Who works and how often?

There is a sector of street prostitution, especially in the three centres, wherein the majority of women work on a regular basis. The three prostitutes interviewed in Teplice reported they worked daily, taking as few as three and as many as eight clients each work session. Hotel prostitutes said that while they could earn their living from daily work, the demand in hotels is minimal and often there is no business at all so that they frequently commute to other markets, such as Dresden. According to authorities, observers and even prostitutes surveyed, beside

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<sup>8</sup> Prior to such action in the future, a publicity campaign through mass media, leaflets, etc., clearly announcing purpose and substance is necessary to preclude misunderstanding and ensure public safety.

such full-time prostitutes, there is a large group of women who intermittently appear on streets and in hotels for prostitution purposes.

### **5.5.2 Women with children**

It is remarkable that almost all of the prostitutes aged 19–25 polled were mothers. Most were single mothers or separated from their husbands. They support other family members or friends who provide child care in their absence with their earnings from prostitution. They are eligible for unemployment benefit (one woman quoted 2000 Crowns per month) but consider them inadequate. Some women said that they began prostituting themselves because they were alone with children, others out of general financial need or when their husbands became unemployed. Most had formerly been unskilled or semi-skilled workers in local factories.

### **5.5.3 Standard of living differences**

Experts suspect that despite these women's otherwise relatively low earning power and frequent financial problems, most prostitutes in the border region are not forced by acute poverty into prostitution. They see in prostitution an opportunity to raise their living standards above a minimal level and acquire things available to the average westerner which they see during visits to neighbouring Germany or that are displayed daily by clients from there: stylish clothing, cars, furniture, trips, etc.

Concentrated on these now accessible amenities, the women, in one case despite abuse by pimps and occasionally by clients, have no intention of stopping; indeed they all report planning to continue prostitution "for a while." They do not appear to find the possibility of returning to a normal life attractive, although quite a few of them prefer to imagine such a life in some western country. All report that they have been able to accumulate savings.

### **5.5.4 Transients**

All the information gathered indicates that these prostitutes are a "wayfaring people." They do not appear to have special roots in their neighbourhoods: their homes are usually somewhere else entirely. It is important to these women that their parents do not discover their activities.

### **5.5.5 Roma (Gypsies)**

According to greatly varying estimates by experts as well as through first-hand observation, Roma women comprise the greatest portion of prostitutes. Official statistics report that in 1991 about 8300 Roma lived in northern and 3800 in western Bohemia. The National Centre for Health Promotion in Prague puts the number much higher; whatever the case, the number of Roma women trading in sex far exceeds their proportion in the general population. Before the opening of the western borders, this group was distributed by quota throughout the northern region of the former Republic. Although exceptions can be observed, especially among younger Roma who forego social pressure and succeed in forms of integration, most Roma are still subject to isolation and suspicion. Experts say that even before the political watershed, this group was disproportionately marked by concealed unemployment, criminality and prostitution; afterwards, the open border expanded opportunity and thus provided new impetus in all those areas. Moreover, experts discern clear symptoms of the former regime's disastrous assimilation and economic policies which, especially in the northern border regions, resulted in immeasurable social, economic and ecological devastation during the past decades. "Cleansed" of its German residents after the Second World War, the region was

artificially resettled by negative selection (with rootless and landless people) and forced assimilation. Cultural values and social norms were generally weakened or lost in this uprooting process. Prostitution, taboo within the formerly intact Roma community, appears especially widespread here.

## 6. CONCLUSIONS

### 6.1 The risk of HIV and STD

A differentiated view is necessary when one considers HIV or other STD infection risk in the region studied. The generally high and growing rate of STD incidence reported for the region and data collected through sporadic medical examinations of prostitutes together indicate a high level of risky behaviour, i.e. unprotected sex. This deduction cannot be applied alone to the prostitutes, as they were not studied as a unique group in this regard. Reasoning from epidemiological data they gather, their own estimation of the unpopularity of condoms and the absence of any public safe-sex campaigns, medical professionals believe that risky behaviour is no less widespread among prostitutes than it is among the comparable age group in the general population. Based upon the frequency of their sexual activity, prostitutions are considered a potentially enormous source of infection.

It is therefore surprising to find that prostitutes, on a large scale, are consistent in their attempts to use condoms in their work. To what extent they are successful must, however, remain an open issue. They are often subject to situations of great risk.

Clients' frequent wishes for unprotected sex and their own lack of professionalism intensify the risk to these women. Notwithstanding substantial limitations, information relating to professionalism indicates substandard equipment and unprofessional behaviour: use of faulty condoms, no awareness of lubricants and little knowledge of HIV and other STDs. The women's frequently observed complaisance in price matters indicates a readiness, given sufficient pressure, to compromise on the use of condoms.

These prostitutes' peculiar bonds to and control by pimps can also pose a risk. The voiced suspicion of many medical professionals that pimps supply their prostitutes with antibiotics supports the supposition that unprotected sex is demanded of, and precaution simulated by them. The abduction and coercion of women into unprotected prostitution in foreign countries, as well as numerous reports by border authorities of prostitutes compelled to cross the border, support the supposition that unsafe sex practices are widespread.

Prostitutes' resistance to pressure for unprotected sex may be further weakened by such factors as the general youth of the group, meagre preventive programmes and, in the past, a lack of public information campaigns concerning prostitution.

Regular customers seem to be a permanent part of the prostitution landscape. One may suppose that such clients show greater desire, and their prostitutes less disinclination, to risk sex without condoms.

An additional risk factor can be seen in the grey area, outlined by experts, between promiscuity and prostitution, an area in which so-called part-time prostitutes are active. The

general carefree attitude regarding safe-sex prevalent among this age group compounds that risk.

Hotel prostitutes are probably less subject to pressure from clients and pimps for unprotected sex, allowing them more control of their situation. Business slumps, however, make them also at times amenable to compromise on the condom issue.

## **6.2 Political decisions**

General public pressure is such that political authorities at all levels, local, regional and national, feel a need to respond. Suggestions for limiting prostitution locally by zoning and establishing public brothels and legally by licensing coupled with mandatory medical examinations (including for HIV infection), are not without wide support. However, there are fears that such measures will encourage clients to behave even more irresponsibly on the assumption that these prostitutes are clean, that prostitutes who believe they are infected will "go underground" to avoid detection, and that problems with pimps will intensify, resulting in increased pressure on the women to behave unprofessionally.

The thrust of these measures is not to prevent, but to control prostitution. The effect, however, may not be to improve prostitutes' working conditions or reduce the risk to their health, but rather to cause many women to retreat into the milieu, to find protection and to keep authorities at a distance. Tendencies to travel back and forth across the border to avoid official measures may intensify.

## **6.3 Official dealings with prostitutes**

### **6.3.1 Health and political institutions**

There is virtually no contact between street prostitutes and public health authorities. Formerly, especially in STD matters, one could apply mandatory measures enabling research to trace the paths of infection back to its source. Such legal instruments are now legally precluded, and effective new structures are either under development or lacking. Changes towards liberty and anonymity have brought the problem's social dimension to the fore. Motivation and information are two aspects of the civil administration's new role as a supportive rather than controlling authority; they necessitate consultation and prevention, as well as a fresh relationship between such authority and various social groups. Critics of the current arrangement emphasize that prostitutes can no longer be dealt with primarily through medical means.

### **6.3.2 "Border-crossing Social Work" – a model programme**

The social situation is marked by the isolation of prostitutes not only through public rejection and prejudice, but through self-seclusion as well. The result is a growing dependence on pimps who even adopt the roles of "doctor" and "policeman." Wherever prostitutes are offered counselling and information (Zwickau, Saxony, and Cheb and Teplice during the distribution effort), they show a readiness to accept. This indicates that a social work project designed to mediate and build trust could succeed here. Such a project could alleviate the burdens and constraints imposed on prostitutes by the milieu's rigid structure and criminality.

The approaches for integrating such a project into the Czech health system are in place: the developing AIDS hotline network in Liberec, Usti nad Labem and Cheb, and in the strategy planned for AIDS centres in the latter two, preventive measures to include even street prostitution. Some of this effort would be decentralized to hospital epidemiology wards. In general and despite scepticism, all political and medical authorities in the region show a mixture of openness to and support for the idea of interventive social work. That this effort would cross borders is considered self-evident and helpful, and not "meddling by outsiders."

## **6.4 Cooperation**

According to all the information collected during the assessment, the prostitute NGO "Bliss without Risk" is the only group to date attempting prophylactic action specifically concerned with the risk to prostitutes while simultaneously enlisting them in the effort. The end of isolation through interventive social work, and support to improve the situation for prostitutes, are the basic principles of this endeavour. The project is at present limited to Brno and Prague. A similar project is planned for the border region, but is not yet past the strategy stage. The obstacles are both financial and a scarcity of persons trained or willing to carry out such intervention work. The general thrust of this programme offers many points of access, and therefore the aim should be to encourage its cooperation.

## **6.5 Practical proposals**

The following measures appear imperative and immediately realizable:

- delivery of effective condoms;
- distribution of safe-sex, HIV and AIDS information;
- distribution and delivery of lubricants and relevant information;
- supply of refuge addresses to kidnapping and abduction victims;
- imparting information concerning health and legal matters (counselling) in Germany and other countries where Czech women work (special care is necessary here as enabling access to such information may be seen by pimps as encroaching on their territory).

Goals for the medium term may be as follows:

- training and assistance for predominantly medically qualified personnel in communication with prostitutes, and especially awareness of their social and biographical backgrounds as well as of the regional organization of prostitution;
- particular focus on the situation of single mothers who frequently turn to prostitution to cope with obviously difficult social circumstances, and ways found to alleviate their social situation;

- great attention to the disproportionate number of Roma prostitutes: ignorance of specific ethnic factors (cultural, historical, etc.) enables every form of public and institutional prejudice and aggravates the difficulty of informing and educating these women;
- cross-border social work to provide a supranational network for authorities dealing with prostitution and to address sex clientele; the energetic continuation and expansion of earlier AIDS information campaigns, sponsored by German border area health facilities, to include prostitution matters;
- WHO consultation for the current heated parliamentary discussions covering all pressing issues about the regulation of prostitution (licensing, health controls and mandatory measures, zoning and public brothels, problems of pandering and criminality); experience of legal and practical measures in other countries to help find adequate solutions.

## 7. SUMMARY

The assessment confirmed the presence of widespread and intensive prostitution in the western and northern Bohemian border region of the Czech Republic. The region is frequently visited for business, tourism and sex tourism. The reason this prostitution crosses international boundaries can be found in the differences in living standards between the Czech Republic and Germany or other western European countries. This prostitution is marked by great mobility within the Czech Republic, as well as by a dynamic for establishing new markets, especially within the new German states. Concentrations of prostitution are discernible in the cities of Teplice, Cheb and Varnsdorf. These centres are completely controlled by pimps and thoroughly beset with criminal activity.

Recurrent requests from clients for unprotected sex, and the coercion from the pimps' especially harsh control of the milieu, appear to place prostitutes at general risk of contracting STD and HIV infections. These women claim entitlement to safe sex practices, but the unfavourable conditions, lack of information and meagre preventive efforts by civil authorities, all weaken their ability to assert this claim. Intrinsically centrist and authoritarian in structure, health and other public institutions are virtually unable to address street prostitution. Institutional responses to putting the model programme "Border-crossing social work" in place range from mere interest to promises of active assistance. The programme's primary tasks would be to break this milieu's isolation by engendering trust within it, and to provide information on HIV, AIDS and STD matters and counselling in other areas. Such counselling should take into account that the women work increasingly in other countries, especially Germany, often without family support, and that most of them are ethnic Roma. Clients come predominantly from the new German states. Even though the composition of the client group is varied, it should be included in any future information campaigns.

*Annex 1*

**Authorities consulted**

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Petr Vasolsobe, Superintendent of Vice Police  
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Dr. Jan Marek, Hospital Dermatology Section  
Dr. Pavel Stal, Hospital  
Dr. Vesely, Chief of Criminal Investigations

***Dubi***

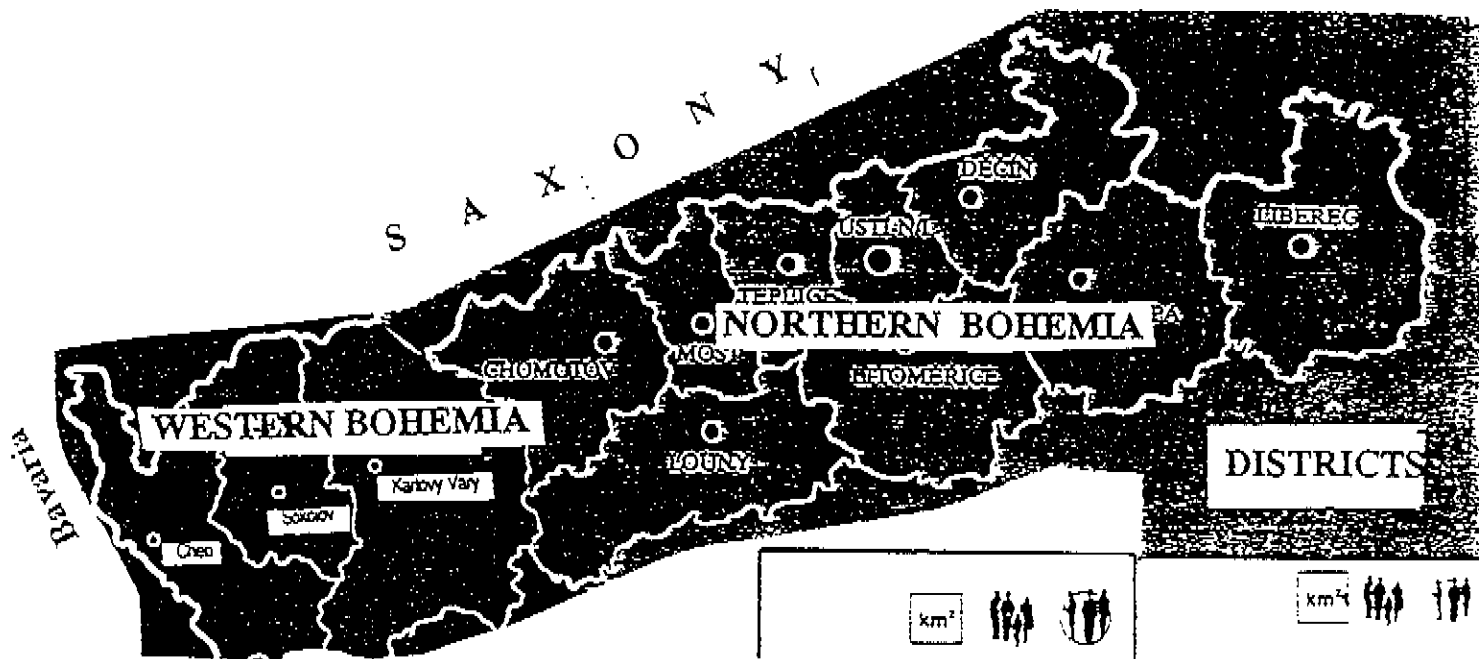
Ladislav Fidler, Mayor

***Liberec***

Dr. Dana Zemanova, District Health Centre, Counselling

Appendix 1

BORDER DISTRICTS OF WESTERN AND NORTHERN BOHEMIA

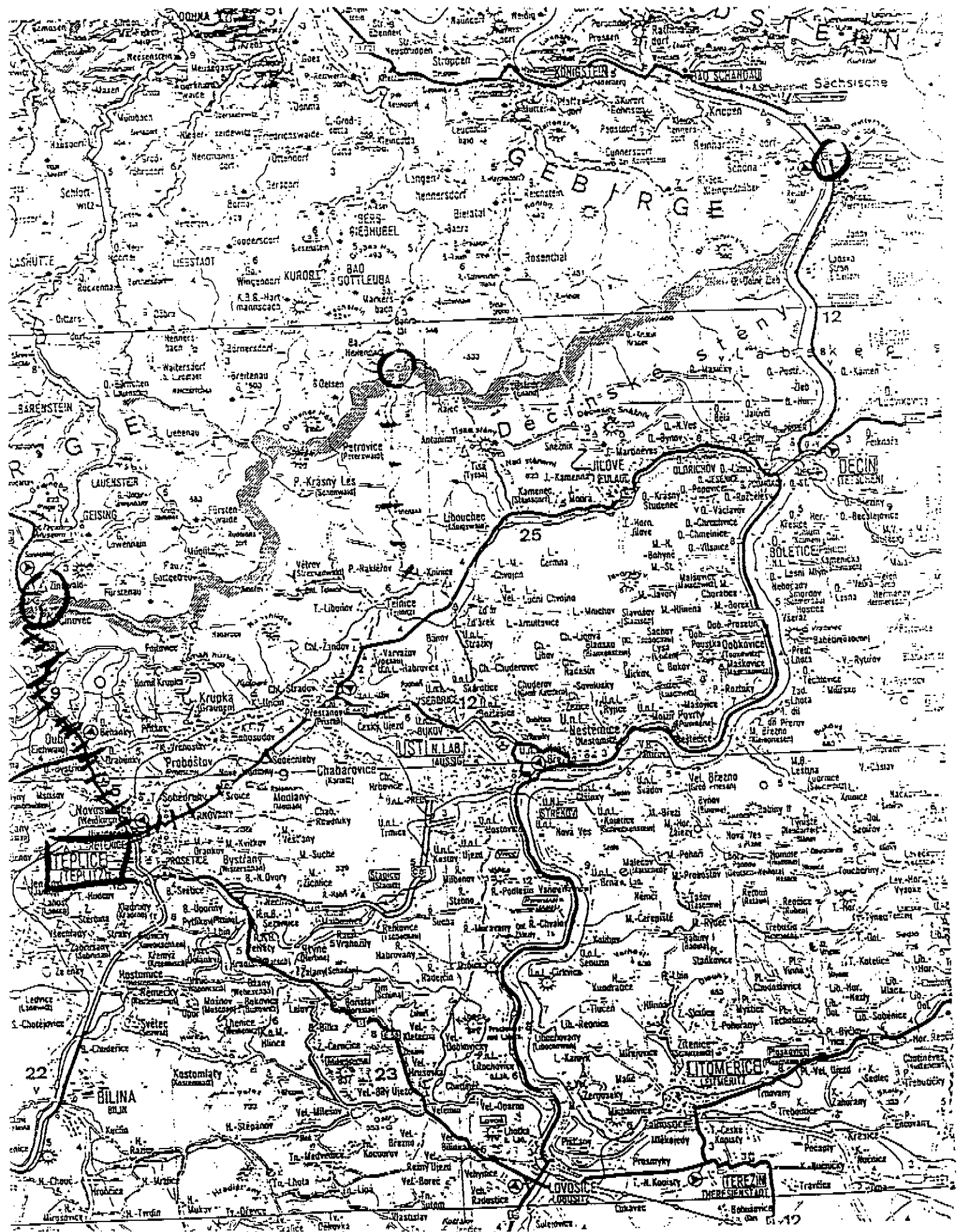


	km <sup>2</sup>				km <sup>2</sup>		
Domažice	1 140	58 736	32	Česká Lípa	1 162	103 304	89
Čech	933	88 021	94	Čáslav	309	126 488	150
Karlovy Vary	1 528	123 094	76	Chomutov	835	125 092	105
Klatovy	1 939	90 149	46	Jablonec nad Nisou	402	39 586	220
Píseň-Střed	125	173 984	1 400	Liberec	922	150 437	171
Píseň-Jižní	1 079	68 064	63	Ústí nad Labem	1 022	114 401	111
Píseň-Nord	1 323	73 289	35	Louny	1 113	38 107	76
Příbram	575	46 427	61	Most	467	120 952	259
Sokolov	754	95 877	127	Teplice	469	131 162	280
Tábor	1 379	50 547	37	Ústí nad Labem	404	119 680	764

Czech Republic

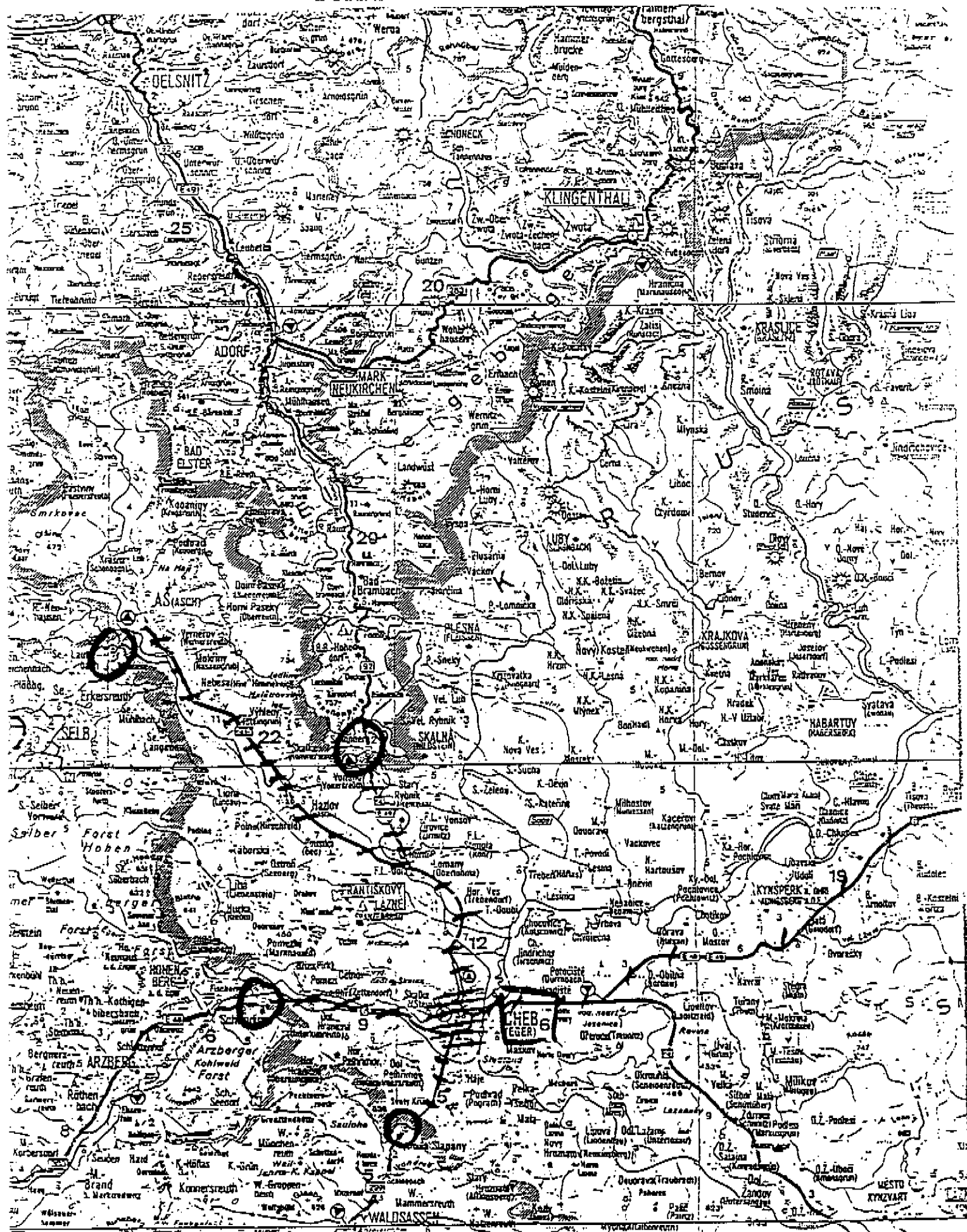
Appendix 2

BORDER CHECKPOINTS NEAR TEPLICE



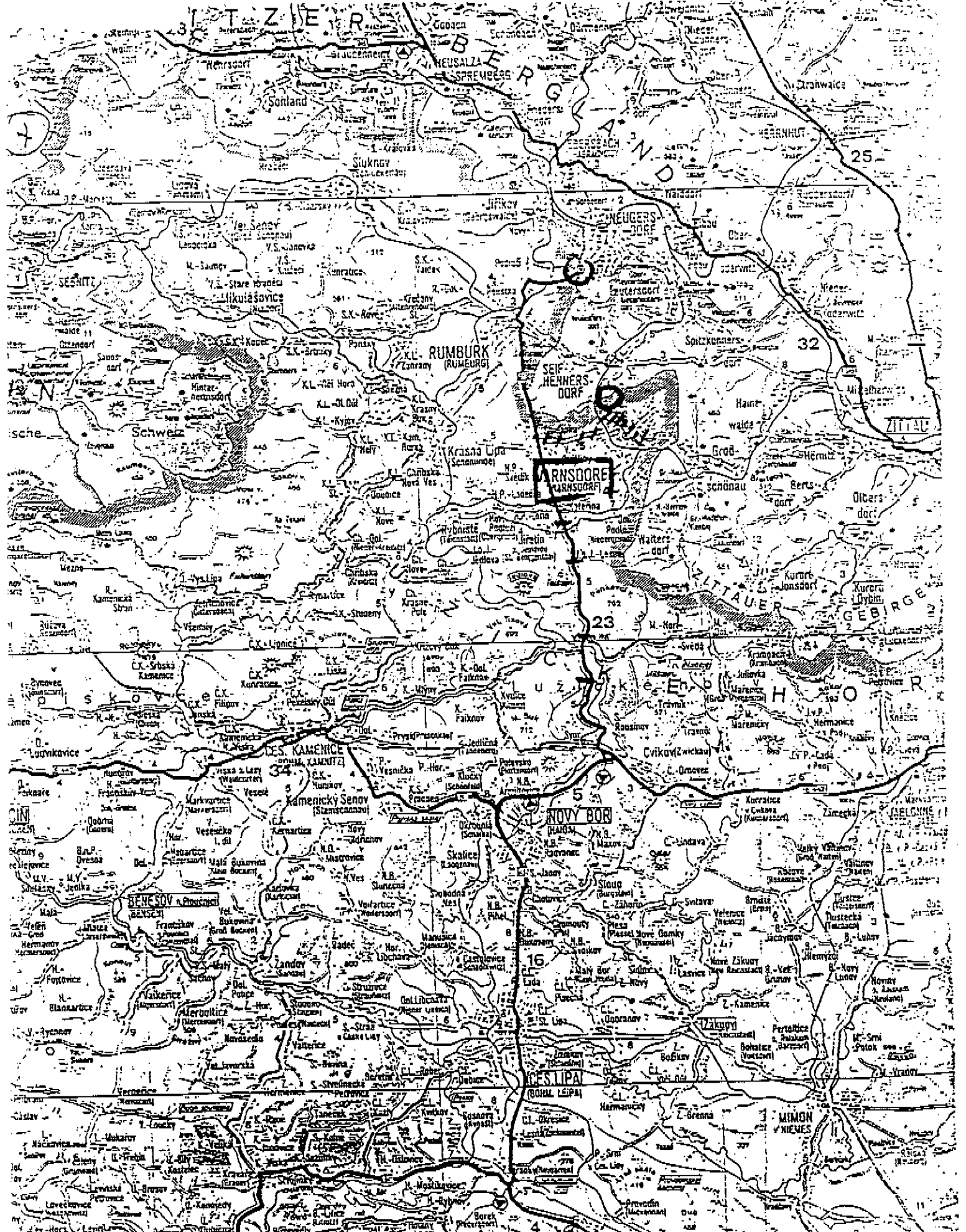
Appendix 3

BORDER CHECKPOINTS NEAR CHEB



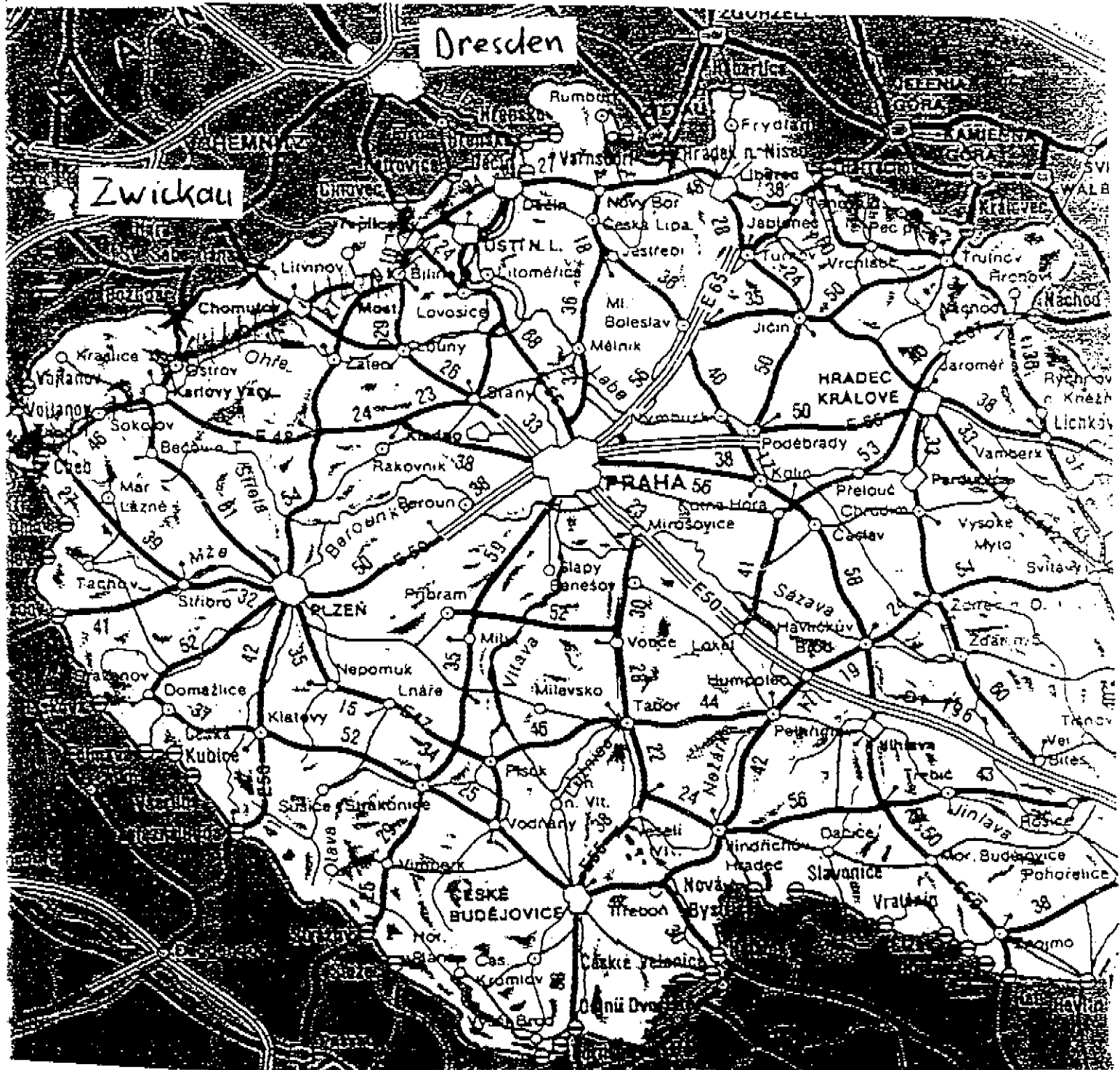
Appendix 4

BORDER CHECKPOINTS NEAR VARNSDORF



Appendix 5

MAIN CHECKPOINTS AND HIGHWAY E442 WHERE PROSTITUTION  
ACTIVITY OCCURS ON A LARGE SCALE



### Acknowledgement

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