

DANCING WITH DANGER



SUSAN SHERMAN WANTS THE HIGH-RISK WORLD OF BALTIMORE'S STRIP CLUBS TO BE SAFER FOR THE WOMEN WHO WORK IN THEM

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The first time K. danced at a strip club on The Block, she was nervous taking off her clothes in front of strangers. She was 18, long and lean, with straight brown hair and a smattering of piercings and tattoos. She would have liked to work with computers, but she didn't have the skills coming out of high school. She'd recently received an eviction notice. So she went to the only place where she knew she could earn money fast: the 400 block of East Baltimore street, a stretch of 20-odd strip clubs, bars and adult stores that is home to Baltimore's infamous red light district.

Two things shocked K. when she began working at the club. One was the money. At the end of an eight-hour shift, she'd walk out with \$150 in cash—nearly as much as her entire two-week paycheck from McDonald's, her previous employer.

The other was the drugs. "I had heard that The Block was a lot of drug use and nasty girls, but I didn't imagine it being like that," K. says. "I would walk in the bathroom and interrupt dancers shooting up or snorting."

K. had been addicted to "percs," a street name for prescription opiates, since she was beaten up by a group of girls when she was 14. Her brother gave her a pill to ease her pain and, she says, "it was off to the races after that." She had never used heroin. But a few months after starting at the strip club, she was snorting heroin when she couldn't get perks. Heroin was always available on The Block. And it was cheap and convenient—"runners" deliver it to dancers during their shifts.

After 10 months working in the club, K. decided she had to leave. The money wasn't as good as it had been at first; she wasn't a "new face" anymore. And she worried about what would happen to her if she stayed. "I don't want to be around all those drugs," she says. "It's a bad influence on me."

THE BLOCK WAS OPPORTUNITY

For K., The Block was opportunity, and The Block was danger. This central contradiction is the reality for many exotic dancers, says Susan Sherman, PhD '00.

Sherman has devoted the past eight years to documenting the lived experiences of the roughly 800 women who work as exotic dancers in Baltimore city and county. Supported by the National Institute on Drug Abuse (NIDA), her research is the most extensive study of exotic dancers in the nation. It reveals what happens when a vulnerable population encounters a high-risk workplace. "Women start working at the clubs because they have limited options," says Sherman, a professor in the departments of Epidemiology and Health, Behavior and Society. "Once they get there, their vulnerability—from poverty, homelessness, abuse, addiction—makes them susceptible to the influences

of the environment, namely drug use and sexual risk behavior." Sherman develops HIV prevention programs in high-risk populations, and in both her international and domestic work she targets the environmental factors that influence individual behavior. In a microfinance project she developed in India, she helped train sex workers to make and sell cotton bags, thus reducing the economic pressure to sell sex and empowering the women to advocate for themselves if they did choose to sell sex. In an eight-year project she worked on with drug users in Thailand, she identified peers as a main push toward drug use and targeted them with outreach programs. Sherman is guided by a deep respect for people's autonomy. Her mission is to expand people's choices—not tell them how to live. "We're never in the business of saving anyone," says Sherman. "We're in the business of providing options."

In her work with exotic dancers in Baltimore, Sherman's goal is twofold: to strengthen their ability to make safer, healthier choices on an individual level and to help them build their collective strength as a group. To do that, she's applied for a five-year, \$500,000 per year grant from NIH to develop and evaluate a community empowerment intervention for street- and venue-based sex workers. The anchor of the proposed intervention will be a center that offers everything from showers to free legal assistance to GED classes to referrals for drug treatment to reproductive and mental health care to HIV testing and Pre-Exposure Prophylaxis, or PrEP. "The idea is to help make the ground these women stand on steadier," says Sherman. "Everything will be there, under one roof, without the judgment. You can leave your shame at the door."

The services are key, but the fact that they'll be offered in a single, dedicated space is essential, Sherman says: "Having their own space is a first step for the dancers to mobilize their individual and collective strength to advocate for themselves."

The center, which Sherman hopes to open in downtown Baltimore this year, will be the first of its kind in the U.S. Her project's name is Studying the Influence of Location and Environment – Talking through Opportunities for Safety.

The space will be called the Stiletto Center.



A DEVASTATING LINE TO CROSS

In the heyday of The Block, roughly 70 years ago, soldiers, working people and elected officials alike flocked to its grand theaters and elegant clubs—the Oasis, the Harem, Club Pussycat, the 2 O'Clock Club—to see vaudeville and burlesque at its finest. The Block was a little naughty, a little taboo and a lot of fun. "Respectable" couples went there for an exotic night on the town.

Many of the clubs remain today. But they no longer offer vaudeville or burlesque, or an exotic escape from the ordinary. "They are essentially unsanctioned brothels," Sherman says.

She got her first glimpse of The Block's modern reality on the day in February 2008 when she went with the director of the Baltimore City Health Department Needle Exchange Program to the office of Christopher Welsh, an associate professor of psychiatry at the University of Maryland School of Medicine, to meet one of his patients, a recovering heroin addict who had danced on The Block for years.

That day, the dancer drew a map of the clubs and, one by one, detailed the hard drug use and selling of sex in each. She was telling the story because she wanted people to know what things were really like on The Block,

she said—and she wanted to help her fellow dancers.

Sherman is an extrovert. But listening to the dancer, she was speechless. She found it "absolutely surreal" (and still does, eight years later) that the illicit behavior the dancer described was happening in the heart of downtown Baltimore, a block from City Hall and police headquarters, and 1.5 miles from Johns Hopkins' medical campus. There are strip clubs in every city and an estimated 3,500 in the nation. Yet Sherman says The Block is unique in the amount of sex sold in such a concentrated central location.

Sherman was also shocked that the dancers who worked in the clubs were essentially invisible in plain sight. "They were not on anyone's radar," she says. At the time, Sherman, an expert on harm reduction, was advising the health department's drug overdose and needle exchange programs. So the first thing she did after hearing the dancer's story was to work with the city to send a needle exchange van to The Block.

"Susan's the one who said, 'Let's set up a way to help right there.' Before that, there were no services right on The Block," says Joshua Sharfstein, Baltimore's health commissioner at the time and now associate dean for Public Health Practice and Training at the Bloomberg School. "Susan's fearless in the way she looks at the needs people actually have and tries to help them."



In spring 2008, the needle exchange van began parking at the corner of Baltimore and Gay streets on Thursday nights, offering clean needles, free contraceptives, pregnancy and sexually transmitted infection testing and overdose prevention training. Using the van as a base, that summer Sherman and a team of graduate students launched a pilot survey of dancers on The Block. “We had no money,” she says, “but we wanted to get a broad picture of the situation.” The results, which are likely lower than the actual percentages because the survey relied on self-reporting, revealed illicit drug use and sex for money in the clubs was prevalent: 55 of the 100 dancers surveyed reported using heroin and crack inside the clubs, and 42 reported exchanging sex for money.

The survey was anonymous, but almost certainly it included D., a 43-year-old dancer who has visited the needle exchange van on and off since it first arrived. In 2002, when D. was 31 and living in Virginia, she spent \$10 for a dose of heroin and a pack of clean needles, gauze and alcohol to discover what so many do: heaven on earth, a cheap high. When she moved to Baltimore in 2003 to dance on The Block, her addiction escalated. “The accessibility to heroin in this city was so vast that anyone who had a taste for it was like a kid in a candy store,” she says. Six months after her arrival in Baltimore, the money she made stripping and performing lap

dances was no longer enough to support her habit. “Finally, I did it,” she says—she began selling sex in the private rooms of the club. It was a devastating line to cross. “Prostitution comes in when the overhead gets too much to handle,” she says. “It’s not anything anyone wants to do.”

D. began selling sex for the same reason dancers sell sex in nearly every club on The Block, Sherman says: It’s the way to make the most money. “I’m constantly reminded of that phrase ‘a line drawn in the sand,’” says Sherman. “It’s not [drawn with] a Sharpie. Once these women get into the clubs, the line in the sand between what they will and won’t do shifts. Especially if there’s a drug habit thrown in.”

The clubs’ economic structure dictates that bartenders or managers negotiate the price for illicit sex and take a cut of the fee. While none of the dancers Sherman and her team interviewed said they were forced into prostitution, an economic structure in which bartenders and managers profit from the selling of sex creates “tacit pressure” for dancers to engage in prostitution, Sherman says. And it can also create a situation in which management enables dancers’ addictions (by allowing runners to deliver drugs to them during their shifts, for example)—because the more desperate dancers are to make money, the greater the financial gain for the club.

As D. says, “Some owners like your behavior when you’re on drugs. It’s a crazy, vicious circle.”

At a high-end club on The Block, it might cost \$1,000 to visit a private room with a dancer. At a low-end club, such as the one where D. works, it can cost \$100, or less. One afternoon last November, D. worried she wouldn’t make enough during her shift to pay for the \$70-a-day hotel out on Route 40 where she’s been living since being kicked out of a friend’s house.

She also worried about what would happen once evening fell. She’s currently on methadone, but that morning she’d received only half of her daily dose because she failed a Breathalyzer test at the clinic where she’s a patient. (Since alcohol and methadone are both depressants, it is dangerous to combine them.) It’s a Catch-22: She needs methadone to stave off heroin withdrawal, but she needs alcohol to numb herself while she works in the club. “Wouldn’t you want to be numb if you have to touch some weird man you don’t want to?” she asks. Without her full dose, she’ll be sick by about 6 p.m. If she can’t find black market methadone, she says she’ll shoot heroin.

D. knows her days as a dancer are numbered. “I won’t pretend,” she says. “Time’s catching up. I’ve damaged my body with drugs. I hurt so badly.” But even as she contemplates leaving the club, some part of her imagines things could be different. “If you could have a troupe of professional dancers who were trained and ran their own business, they could do great,” she says. “But coming from the backgrounds that we have—molestation, rape, getting beat—it’s a whole different channel.”

Sherman doesn’t pretend her intervention will erase the harms dancers have suffered years before they stepped into the clubs. But, she says, the resources she hopes to offer at the STILETTO Center could build the dancers’ resilience so that, once they’re in the clubs, they can lead safer and more productive lives.

THE LIVES OF DANCERS

Sherman’s initial survey offered an introduction to the lives of dancers, but to really understand the clubs, she and her team had to get inside them. That meant getting past the managers and doormen, who often stand as sentries at the door.

“When we first came down here it was sort of like no-man’s land,” says Nathan Fields, a health department outreach worker who has worked on the needle exchange van since it came to The Block. “The people who ran the clubs didn’t want any outsiders.”

But Fields became a familiar face on The Block through his work, and with his and other field researchers’ help, Sherman’s team got access to the clubs

to document everything from their physical layouts to the acceptance of transactional sex and illicit drug use to the Byzantine economic system in which dancers are paid by the number of “drinks” they’ve sold—with drinks functioning as units of currency that relate to beverages as well as sexual acts. A lap dance might be worth four drinks, for example, while a trip to a private room is worth eight.

Sherman’s ethnography of the clubs, published in *Social Science and Medicine* in 2011, paints a vivid portrait of The Block as an alternate universe with its own rules and codes, its own internal logic and culture. And it makes it clear that that clubs play a central role in perpetuating and enhancing the health risks that dancers face.

“Susan is not just exclusively looking at health from the perspective of an individual’s behavior,” says Mishka Terplan, MD, medical director of Behavioral Health System Baltimore and an OB-GYN and addiction specialist who volunteers on the needle exchange van. “She’s really asking how the environment of the clubs determines the landscape of an individual’s opportunities for risk reduction.”

To answer that question, Sherman expanded her focus beyond The Block in 2012, undertaking a two-year research project funded by the National Institute on Drug Abuse. In the first phase, Sherman developed a measurement tool to characterize the risk in exotic dance clubs along five domains: physical, social, economic, drug and policy. This tool, the STILETTO Risk Assessment, can be used to quantify the risk factors of any environment where sex work occurs, including massage parlors and bars.

Sherman’s team then went into 26 of the 35 exotic dance clubs licensed in Baltimore city and county and asked staff members—bartenders and managers, as well as dancers—to complete a 15-minute survey that described everything from safe sex practices in the club to the prevalence of hard drug use. After entering participants’ responses into the STILETTO Risk Assessment, Sherman was able to rank each club along a continuum from “least risky” to “most risky.” (It came as no surprise to her that the highest concentration of “most risky” clubs is on The Block.)

Then the team embarked on the most challenging phase of the project: recruiting 117 dancers who were new to dancing in order to examine their exposure to the clubs over a six-month period. Even though the researchers had been working in strip clubs for several years by then, getting access was still often difficult. “I saw one doorman one day and he said he’d get the girls together and I could interview them,” says Katherine Footer, a research associate in Epidemiology who was a lead member of Sherman’s team. “The next day he was aggressive and wouldn’t let me in.”

Even after the team successfully recruited dancers, navigating their chaotic lives required patience, flexibility and determination. Dancers missed appointments, changed cellphones and moved more than twice a month, on average. “It is really hard starting something new with a population who’s not accustomed to being studied,” says Sherman. “There’s lots of ways we’re breaking ground.”

And beyond the logistics, the actual research took its toll on Sherman’s team. “What was most shocking to me were the conditions in many of the clubs,” says Footer. “Women are working in conditions that are unhygienic, oppressive and coercive. The negative feedback that such an environment generates is palpable every time you visit a club.”

Sahnah Lim, a doctoral student who worked on the study, saw physical fights between dancers, as well as between customers and angry wives and girlfriends who burst into the club to attack them. Several times while Lim was conducting research, men propositioned her, assuming she was a dancer. Once she witnessed oral sex performed onstage. Lim could only tolerate staying in the clubs for a maximum of two hours.

SEX FOR MONEY

It is tempting to generalize, to say that every dancer who works at a strip club in Baltimore—or elsewhere—is threatened by the club environment. The truth is that though the majority of the 500 dancers Sherman’s team interviewed encountered some form of risk in the clubs, others achieved their goal of making fast money without sustaining significant harm. A. is one of them. She worked on The Block in summer 2012. On her best night, she says she made \$1,300. By the time she left after two months, she’d saved \$5,000.

At the time, A. was 21, petite, tan, and in great shape—but her most valuable asset, she says, was that she was “clean.” “Customers can tell the difference between which dancers do drugs and which don’t,” says A., who estimates that out of 12 dancers working on a weeknight shift at her club, 10 were doing hard drugs, mostly cocaine. “The girls who are clean are in high demand, especially with the clientele who have money.”

Like many dancers, A. had sex for money in the club’s private rooms. But she did so only with customers she found attractive, and she always convinced them to pay her directly rather than the bartender, which allowed her to negotiate her own price. “I hustled,” she says. “I played the system.”

If a customer A. didn’t find attractive asked to buy a half-hour with her, she set a higher price and invited other dancers to perform the sex work while she danced. If a customer refused to wear a condom, she’d tell him, “You forget, I don’t have a drug addiction so I don’t need to have sex with you,” she says. “A lot of homeless dancers were desperate for money so they’d do anything.”

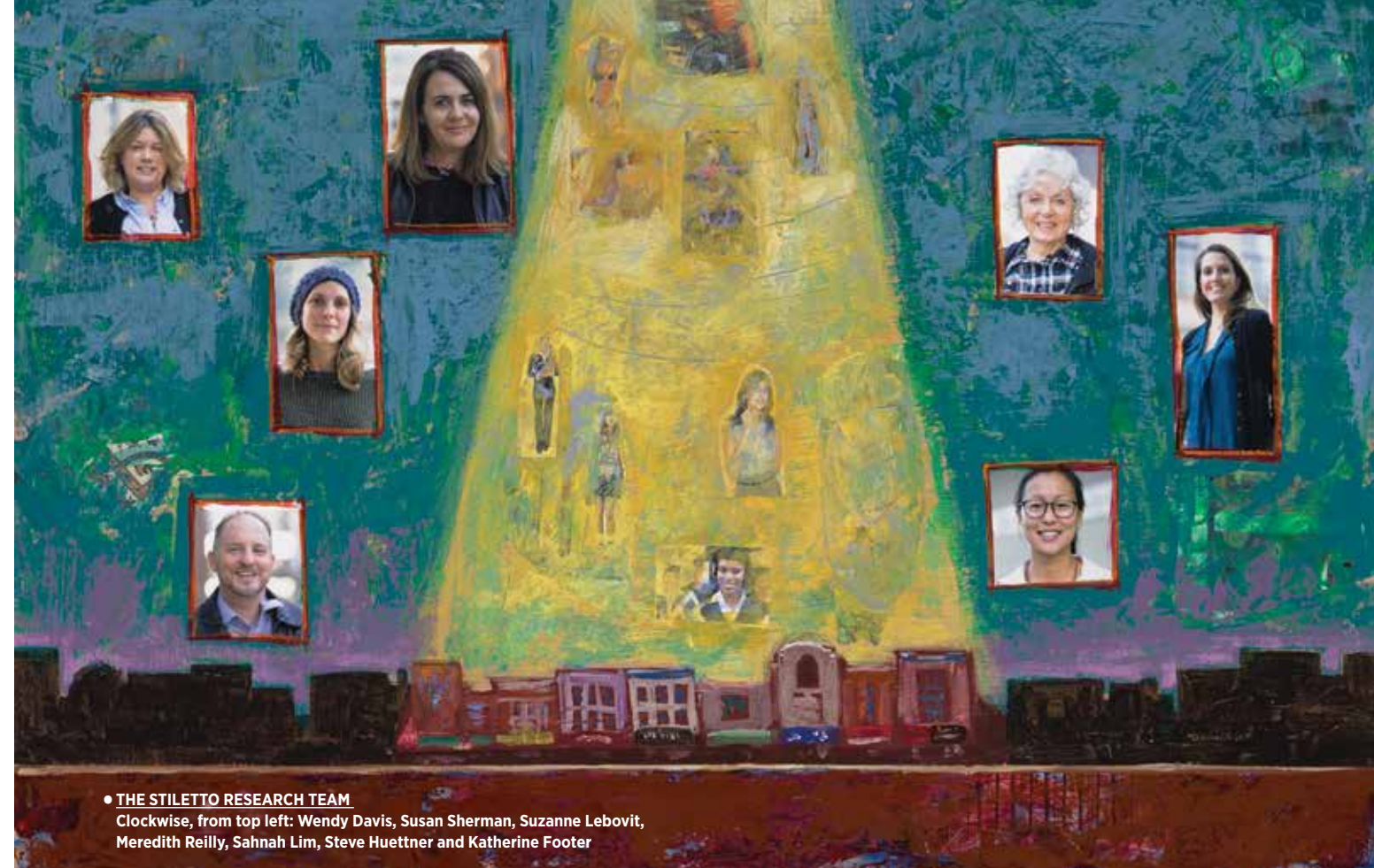
A. says she was desperate the summer she worked at the club—dancing was “a last resort” to pay her rent while she completed an unpaid internship in college. But there’s a stark difference between A.’s definition of desperate, and that of K. and D.—and most of the dancers in Sherman’s study. A. entered the club at a desperate time in her otherwise stable life. She’d been valedictorian of her high school class; she didn’t use hard drugs; she didn’t have a history of abuse or poverty. That meant she could avoid the “bad influences” K. succumbed to before she left the club. And it meant she had the ability to treat dancing as a business and herself as an entrepreneur: to enact a reality for herself in the club that D. can only imagine.

“If you are coming in relatively stable, you’re better equipped with the resources to handle the exposures of the club,” says Meredith Reilly, a doctoral student on Sherman’s team. “You have a higher level of resilience.” But the majority of dancers the team surveyed are entering the club not from a position of stability but from what Footer calls “a general accumulated vulnerability.”

The summer after she worked on The Block, A. graduated from college, and she now has an office job in Washington, D.C. Looking back, she views her time working in the strip club as a strange interlude: something she never would’ve chosen to do, something she’ll never do again, yet something she’s oddly grateful for.

“I ended up with no scars, no abuse, no drug addictions, no kids, no STDs,” she says. “And when you’re not spending your money on crack and heroin, you can make a lot of money.”

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● THE STILETTO RESEARCH TEAM
Clockwise, from top left: Wendy Davis, Susan Sherman, Suzanne Lebovit, Meredith Reilly, Sahnah Lim, Steve Huettner and Katherine Footer

“IT IS WHAT IT IS”

On a recent Thursday night, the sidewalks on The Block are mostly empty. It’s early. The only action is at the corner of East Baltimore and Gay streets, in front of the Big Top adult store, where the needle exchange van is parked at the curb, as it has been every Thursday night since 2008.

About 7 p.m., the dancers begin to line up. They are young and beautiful, and old and ravaged. Some are new to dancing; some have worked at several clubs on The Block over the years. Some hold bags containing 30 syringes; some 100 or more. Some have abscesses from the impurities in the drugs. Some have legs and hands swollen with edema, a symptom of long-term injection drug use. A few minutes after they enter the van, they leave with clean needles, contraceptives and perhaps a bag of toiletries. If they stay a bit longer, they can get trained to use a naloxone injector, which reverses the effects of opiate overdose. D. got trained a few years ago and has saved the lives of three dancers since then, she says. She recently completed 40 hours of additional training in HIV prevention, safer drug use and drug treatment, and she is now a harm reduction peer educator through Behavioral Health System Baltimore. “I’m struggling to pull myself out of this addiction,” D. says, “but there should be a way for others to be safe while they’re in it.”

The Block, everyone says, is not what it used to be. The resident authority on this might be a white-haired woman named Misty who works behind the bar at a club called The Jewel Box. Back in the 1950s, Misty was a burlesque dancer on The Block. She wore hundred-dollar custom gowns; an agent booked her appearances; she danced seductively onstage without ever taking it all off. Now she works at a club where women have sex for money and use hard drugs, where dancing is beside the point. Asked what she thinks about the state of The Block today, Misty shrugs, saying, “It is what it is.”

Sherman believes the STILETTO Center and the resources it offers can change “what it is” by creating a critical consciousness among the dancers to advocate for themselves. “Our ‘eyes on the prize’ is the intervention. Otherwise, how do you witness all of this?” she says. “The clubs will always exist. But they don’t have to violate people’s rights.”

As the hour grows later and the sidewalks fill with potential customers, the doormen on The Block begin to sing their chants: “Girls, girls, girls.” Behind the neon signs and darkened doorways of the clubs, dancers undress, put on makeup, shoot up or snort, and calculate how much money they need by the end of the night—and what they’ll have to do to make it.

Then they put on their stilettos and go to work. ■■