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Invisible glue, holding space and the puzzle pieces of solidarity: United States funding and sex workers in South Africa

Significance:

The recent US funding cuts have far-reaching repercussions for public and global health. Many tailored sex worker health programmes and research projects have been terminated. The far-reaching consequences are not just health related, but also impact on sex worker cohesion, belonging, and the relationships between sex workers, health workers and researchers.

We are researchers on a project entitled 'Cooking and Conversation Circles: Exploring understandings of solidarity and care among young women in the rural Western Cape'. At the time of writing, we are in the middle of fieldwork exploring how young sex workers make sense of solidarity. We do so by having informal conversations around activities such as communal cooking and crafting. Our combined sense-making is intended to inform a multi-country project called the 'Global Health Solidarity Index' funded by a charitable foundation in the UK.

We mention the location of the funders of the project deliberately. While the mechanics of the research project itself may not be threatened by the global health funding cuts by the US, the world in which it is situated has profoundly changed since these developments.

Sex workers are severely affected by the programmatic stop-work orders, the reviews and funding terminations (particularly by PEPFAR), possible and actual NIH research funding cuts, and the hollowing out of USAID. Whilst early predictions about the impact of these funding cuts are grim – an expected 600 000 additional deaths in the next ten years[1] – sex workers may be at the coal face of those impacts. A modelling study warns that "key populations could potentially become even more marginalised"[2].

We are aware of the irony of conducting research on solidarity, and having the means to do so, while the global order is being shaken by its exact opposites – antipathy, hostility and self-seeking. As researchers, we are asking participants to spend time with us dissecting a concept that might hold little sway in their specific context as public institutions and services have traditionally shown little empathy with sex workers.

The issues that we discuss include concepts like 'allyship', 'inclusivity', 'belonging', 'gender', 'health equity', 'key populations', 'marginalised', 'diversity' and 'social justice' – terms that have been flagged as so-called 'woke language' and that are scrubbed from US agency websites and school curricula and may lead to the automatic review of grants.[3] In fact, the Trump administration has directed CDC scientists to withdraw academic papers that include some of these terms.[4] This increasingly venomous environment is having a profoundly chilling effect on research, researchers and programmes with sex workers and other key populations in South Africa and elsewhere. As Hatcher and colleagues write, "Indirect attacks on science funding and direct attacks on some human bodies have the same goal: to make us quiet and fear fighting back together."[5]

In the early 1990s, prejudice and hostility against sex workers and other marginalised groups were increasingly shown to have a negative impact on the spread of HIV.[6] In response, US HIV funding from the late 1990s onwards specifically started to include highly stigmatised or vulnerable populations, including sex workers. This research funding included compensation for research-related costs for participants, attentive health services for research participants, and employment opportunities as fieldworkers or research assistants. Whilst HIV research has changed the trajectory of the AIDS epidemic dramatically – to the extent that there was some hope we could "End AIDS" by 2030[7] – another, less recognised effect is that of providing safe spaces for members of key populations, sex workers included.

With the progressive extension of HIV research to key populations – those most at risk of HIV – these funds brewed a powerful (and unintended) invisible glue for sex workers. Health services – whether as part of programmes or research – often created "safe spaces" for sex workers. These are physical places where sex workers can gather, where they can speak openly and proudly, and that they can call "their own". These spaces built cohesion, political education and consciousness-raising, while supporting healthcare workers and other service providers to become allies and patient advocates for sex workers.

This invisible glue was not automatically weakened by US ideological funding requirements like the 'PEPFAR Anti-Prostitution Pledge' and the 'Global Gag Rule'. Some programme implementers and researchers worked within these systems to 'hold space' for sex workers and their health, and to continue important services without falling foul of their contractual requirements.

Catastrophically, three chaotic months of US funding cuts may have already jeopardised years' worth of careful relationship- and trust-building between healthcare workers and members of key populations, sex workers included. Our experience is that some will now avoid health care altogether. Few other spaces with invisible glue exist – particularly as South African law still perplexingly retains apartheid-era laws that criminalise adult, consensual sex work (or 'prostitution').[8] Against this background, early directives from health NGO managers to staff to not speak to the media or on social media are particularly painful.[9] It muzzled key allies of key populations at a time of acute crisis and uncertainty, thus fuelling more distrust and doubt over true allyship.

Key populations have lost important lifelines and allies through the dismantling of stand-alone health programmes and through research funding cuts. Equally worryingly is that the South African government is yet to publish an emergency plan to cushion these effects.[10,11] As researchers, we know the evidence, the mathematical modelling and best practice, and we will persist in pressuring government to save the lives of key populations.

Within this layered and painful context, we will continue our research on solidarity. We will arrive at the small community centre with a box of bright paper, glitter glue and fabric paint to sketch body-maps, to redraw township maps and to talk about "community" and its "assets". We will talk about connection and care, and how it manifests in the material realities of our very different lives.

If we are lucky, we might be able to dream the shape of an imagined, new world together, of what true solidarity might look like, and then carefully conjure one or two of the puzzle pieces that are needed to build it.

When so much feels unbearable, perhaps a researcher's role here is to create and hold space for others, especially when it is rapidly eroding elsewhere. To document, to "refuse to abandon HIV science"[5], and to use evidence to demand better. And to help reimagine a better world.

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Declarations

We have no competing interests to declare. We have no AI or LLM use to declare. Both authors read and approved the final manuscript.

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