

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 008
(I-19)

Introduced by: Medical Student Section

Subject: Improving the Health and Safety of Consensual Sex Workers

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, The World Health Organization, UNFPA, UNAIDS, the Global Network of Sex Work Projects, Amnesty International, and Human Rights Watch all recommend decriminalization of consensual sex work to improve access to health care for high risk populations, with the WHO specifying that decriminalization would help reduce HIV incidence¹⁻³; and

Whereas, Sex work is currently legal in the United Kingdom, Australia, Belgium, Argentina, Denmark, Israel, the Netherlands, New Zealand, Spain, Switzerland, Singapore, and the US state of Nevada⁴⁻¹¹; and

Whereas, Legalization of sex work bestows official legal status on the practice of prostitution, allowing more regulatory control than mere decriminalization¹²; and

Whereas, Studies in Australia found statistically significant decreases in HIV and STI rates and statistically significant increases in condom use with decriminalization¹³⁻¹⁵; and

Whereas, An Australian study revealed 50% of illegal sex workers were offered more money to have sex without a condom compared to 13% of legal sex workers, and 52% of illegal sex workers had been raped by a client in the past year compared to 9% of legal sex workers¹⁶; and

Whereas, In a study on the mental health of legal and illegal sex workers, illegal sex workers were four times more likely to report mental health issues, possibly due to increased risks that come with illegal sex work such as assault and arrest¹⁶; and

Whereas, In countries where sex work is criminalized, sex workers are less likely to seek treatment if they get infected with an STI and less likely to disclose their profession to a physician leading to decreased education and testing^{17,18}; and

Whereas, Because sex work is illegal in the United States, many sex workers struggle to obtain health insurance, leading to the majority being uninsured and paying out of pocket for healthcare¹⁸; and

Whereas, A systematic review of the literature estimates that 15-20% of men in the United States have paid for sex at least once¹⁹; and

Whereas, Following the brief decriminalization of prostitution in Rhode Island in 2003, gonorrhea rates declined by 39%, not only for sex workers, but for the general population²⁰; and

1 Whereas, In 2016, 33,309 people, many of whom are parents, were arrested for prostitution and
2 commercial vices in the United States, putting their children at an increased risk for depression,
3 anxiety, antisocial behavior, drug use, and cognitive delays^{21,22}; and
4

5 Whereas, A recent systematic review found lifetime prevalence of workplace-based violence
6 among sex workers to be 45-75%, and a recent study of sex workers in Chicago who had a
7 pimp found that over half of them had experienced violence as coercion with increasing levels of
8 violence since original recruitment²³; and
9

10 Whereas, A study of sex workers in New York City showed 27% had experienced violence and
11 17% reported sexual harassment, including rape, from police and interactions with the police
12 are commonplace because sex work is illegal^{24,25}; and
13

14 Whereas, The threat of potential arrest forces sex workers to move their business into sparsely-
15 populated and poorly-patrolled areas such as rural or industrial settings, where pimps and
16 clients can perpetrate violence with impunity²⁶; and
17

18 Whereas, The legalization of prostitution in the state of Nevada shows that legalization of sex
19 work reduces violence against sex workers, violence in the community and rates of sexually
20 transmitted diseases²⁷; and
21

22 Whereas, In a nationwide study 12% of trans women reported earning income through sex
23 work, with higher rates among trans women of color, and 77% of these women reported intimate
24 partner violence, 72% reported sexual assault, and 86% reported police harassment²⁸; and
25

26 Whereas, Legalization of sex work could allow for sex worker union formation, a measure
27 shown to decrease income inequality, improve working conditions, and better the health of
28 union and non-union members, as was the case with the formation of the Exotic Dancers Union
29 in 1993²⁹⁻³¹; and
30

31 Whereas, The 2018 Fight Online Sex Trafficking Act (FOSTA) prohibits solicitation of illegal,
32 consensual sex work online, despite internet-vetted sex work causing lower rates of STIs, less
33 reliance on exploitative pimps, and less violence by dangerous clients^{32,33}; and
34

35 Whereas, A meta-analysis of 134 studies across 13 countries found that repressive policing of
36 sex workers, their clients, and sex work venues deprioritized the safety, health, and rights of sex
37 workers and hinders their access to due process of the law²; therefore be it
38

39 RESOLVED, That our American Medical Association recognize the adverse health outcomes of
40 criminalizing consensual sex work. (New HOD Policy)

Fiscal Note: not yet determined

Date Received: 10/01/19

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RELEVANT AMA POLICY**Commercial Exploitation and Human Trafficking of Minors H-60.912**

Our AMA supports the development of laws and policies that utilize a public health framework to address the commercial sexual exploitation and sex trafficking of minors by promoting care and services for victims instead of arrest and prosecution.

Citation: Res. 009, A-17

Promoting Compassionate Care and Alternatives for Individuals Who Exchange Sex for Money or Goods H-515.958

Our AMA supports efforts to offer opportunities for a safe exit from the exchange of sex for money or goods if individuals choose to do so, and supports access to compassionate care and best practices. Our American Medical Association also supports legislation for programs that provide alternatives and resources for individuals who exchange sex for money or goods, and offer alternatives for those arrested on related charges rather than penalize them through criminal conviction and incarceration.

Citation: Res. 14, A-15; Modified: Res. 003, I-17

HIV/AIDS as a Global Public Health Priority H-20.922

In view of the urgent need to curtail the transmission of HIV infection in every segment of the population, our AMA:

- (1) Strongly urges, as a public health priority, that federal agencies (in cooperation with medical and public health associations and state governments) develop and implement effective programs and strategies for the prevention and control of the HIV/AIDS epidemic;
- (2) Supports adequate public and private funding for all aspects of the HIV/AIDS epidemic, including research, education, and patient care for the full spectrum of the disease. Public and private sector prevention and care efforts should be proportionate to the best available statistics on HIV incidence and prevalence rates;
- (3) Will join national and international campaigns for the prevention of HIV disease and care of persons with this disease;
- (4) Encourages cooperative efforts between state and local health agencies, with involvement of state and local medical societies, in the planning and delivery of state and community efforts directed at HIV testing, counseling, prevention, and care;
- (5) Encourages community-centered HIV/AIDS prevention planning and programs as essential complements to less targeted media communication efforts;
- (6) In coordination with appropriate medical specialty societies, supports addressing the special issues of heterosexual HIV infection, the role of intravenous drugs and HIV infection in women, and initiatives to prevent the spread of HIV infection through the exchange of sex for money or goods;
- (7) Supports working with concerned groups to establish appropriate and uniform policies for neonates, school children, and pregnant adolescents with HIV/AIDS and AIDS-related conditions;
- (8) Supports increased availability of anti-retroviral drugs and drugs to prevent active tuberculosis infection to countries where HIV/AIDS is pandemic; and
- (9) Supports programs raising physician awareness of the benefits of early treatment of HIV and of "treatment as prevention," and the need for linkage of newly HIV-positive persons to clinical care and partner services.

Citation: CSA Rep. 4, A-03; Reaffirmed: Res. 725, I-03; Reaffirmed: Res. 907, I-08;

Reaffirmation I-11; Appended: Res. 516, A-13; Reaffirmation I-13; Reaffirmed: Res. 916, I-16;

Modified: Res. 003, I-17

Global HIV/AIDS Prevention H-20.898

Our AMA supports continued funding efforts to address the global AIDS epidemic and disease prevention worldwide, without mandates determining what proportion of funding must be designated to treatment of HIV/AIDS, abstinence or be-faithful funding directives or grantee pledges of opposition to the exchange of sex for money or goods.

Citation: Res. 439; A-08; Modified: Res. 003, I-17;

Physicians Response to Victims of Human Trafficking H-65.966

1. Our AMA encourages its Member Groups and Sections, as well as the Federation of Medicine, to raise awareness about human trafficking and inform physicians about the resources available to aid them in identifying and serving victims of human trafficking. Physicians should be aware of the definition of human trafficking and of resources available to help them identify and address the needs of victims.

The US Department of State defines human trafficking as an activity in which someone obtains or holds a person in compelled service. The term covers forced labor and forced child labor, sex trafficking, including child sex trafficking, debt bondage, and child soldiers, among other forms of enslavement. Although it's difficult to know just how extensive the problem of human trafficking is, it's estimated that hundreds of thousands of individuals may be trafficked every year worldwide, the majority of whom are women and/or children.

The Polaris Project -

In addition to offering services directly to victims of trafficking through offices in Washington, DC and New Jersey and advocating for state and federal policy, the Polaris Project:

- Operates a 24-hour National Human Trafficking Hotline
- Maintains the National Human Trafficking Resource Center, which provides
 - a. An assessment tool for health care professionals
 - b. Online training in recognizing and responding to human trafficking in a health care context
 - c. Speakers and materials for in-person training
 - d. Links to local resources across the country

The Rescue & Restore Campaign -

The Department of Health and Human Services is designated under the Trafficking Victims Protection Act to assist victims of trafficking. Administered through the Office of Refugee Settlement, the Department's Rescue & Restore campaign provides tools for law enforcement personnel, social service organizations, and health care professionals.

2. Our AMA will help encourage the education of physicians about human trafficking and how to report cases of suspected human trafficking to appropriate authorities to provide a conduit to resources to address the victim's medical, legal and social needs.

Citation: (BOT Rep. 20, A-13; Appended: Res. 313, A-15)

Human Trafficking / Slavery Awareness D-170.992

Our AMA will study the awareness and effectiveness of physician education regarding the recognition and reporting of human trafficking and slavery.

Citation: Res. 015, A-18