Not for consideration

Resolutions not for consideration

008 Improving the Health and Safety of Consensual Sex Workers

012* Study of Forced Organ Harvesting by China

601 Amending AMA Policy G-630.140, "Lodging, Meeting Venues, and Social Functions"

926* School Resource Officer Qualifications and Training

** Contained in Handbook Addendum*

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

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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 incidence[1-3]; 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 Nevada[4-11]; and

Whereas, Legalization of sex work bestows official legal status on the practice of prostitution, allowing more regulatory control than mere decriminalization[12]; and

Whereas, Studies in Australia found statistically significant decreases in HIV and STI rates and statistically significant increases in condom use with decriminalization[13-15]; 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 workers[16]; 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 arrest[16]; 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 healthcare[18]; and

Whereas, A systematic review of the literature estimates that 15-20% of men in the United States have paid for sex at least once[19]; 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 population[20]; and

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

Whereas, A recent systematic review found lifetime prevalence of workplace-based violence among sex workers to be 45-75%, and a recent study of sex workers in Chicago who had a pimp found that over half of them had experienced violence as coercion with increasing levels of violence since original recruitment[23]; and

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

Whereas, The threat of potential arrest forces sex workers to move their business into sparsely-populated and poorly-patrolled areas such as rural or industrial settings, where pimps and clients can perpetrate violence with impunity[26]; and

Whereas, The legalization of prostitution in the state of Nevada shows that legalization of sex work reduces violence against sex workers, violence in the community and rates of sexually transmitted diseases[27]; and

Whereas, In a nationwide study 12% of trans women reported earning income through sex work, with higher rates among trans women of color, and 77% of these women reported intimate partner violence, 72% reported sexual assault, and 86% reported police harassment[28]; and

Whereas, Legalization of sex work could allow for sex worker union formation, a measure shown to decrease income inequality, improve working conditions, and better the health of union and non-union members, as was the case with the formation of the Exotic Dancers Union in 1993[29-31]; and

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

Whereas, A meta-analysis of 134 studies across 13 countries found that repressive policing of sex workers, their clients, and sex work venues deprioritized the safety, health, and rights of sex workers and hinders their access to due process of the law[2]; therefore be it

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

Fiscal Note: Minimal - less than $1,000

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

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 012
(I-19)

Introduced by: District of Columbia

Subject: Study of Forced Organ Harvesting by China

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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Whereas, Our AMA's "Declaration of Professional Responsibility: Medicine's Social Contract With Humanity" (attached) adopted by this House of Delegates in December of 2001, outlines and declares that "we, the members of the world community of physicians, solemnly commit ourselves to:"; and

Whereas, The Independent Tribunal on Forced Organ Harvesting, after thorough study and review, released its findings and conclusions on June 17th 2019 (https://chinatribunal.com); and

Whereas, The Tribunal's findings and conclusions clearly indicate beyond reasonable doubt that China has killed and continues to kill prisoners of conscience for their organs--and that elements of genocide against Falun Gong members are clearly established; and

Whereas, Both the Tribunal and Doctors Against Forced Organ Harvesting (DAFOH) have issued calls (http://t2m.io/ogJX931f) for further investigation and reporting on this matter; and

Whereas, We have pledged to educate ourselves and the public "about present and future threats to the health of humanity"; therefore be it

RESOLVED, That our American Medical Association gather and study all information available and possible on the issue of forced organ harvesting by China and issue a report to our House of Delegates at the 2020 Annual Meeting. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 10/17/19

DECLARATION OF PROFESSIONAL RESPONSIBILITY: MEDICINE'S SOCIAL CONTRACT WITH HUMANITY

Preamble

Never in the history of human civilization has the well-being of each individual been so inextricably linked to that of every other. Plagues and pandemics respect no national borders in a world of global commerce and travel. Wars and acts of terrorism enlist innocents as combatants and mark civilians as targets. Advances in medical science and genetics, while promising great good, may also be harnessed as agents of evil. The unprecedented scope and immediacy of these universal challenges demand concerted action and response by all.

As physicians, we are bound in our response by a common heritage of caring for the sick and the suffering. Through the centuries, individual physicians have fulfilled this obligation by applying their skills and knowledge competently, selflessly and at times heroically. Today, our profession must reaffirm its historical commitment to combat natural and man-made assaults on the health and well-being of humankind. Only by acting together across geographic and ideological divides can we overcome such powerful threats. Humanity is our patient.

Declaration

We, the members of the world community of physicians, solemnly commit ourselves to:

1. Respect human life and the dignity of every individual.

2. Refrain from supporting or committing crimes against humanity and condemn all such acts.

3. Treat the sick and injured with competence and compassion and without prejudice.

4. Apply our knowledge and skills when needed, though doing so may put us at risk.

5. Protect the privacy and confidentiality of those for whom we care and breach that confidence only when keeping it would seriously threaten their health and safety or that of others.

6. Work freely with colleagues to discover, develop, and promote advances in medicine and public health that ameliorate suffering and contribute to human well-being.

7. Educate the public and polity about present and future threats to the health of humanity.

8. Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.

9. Teach and mentor those who follow us for they are the future of our caring profession.

We make these promises solemnly, freely, and upon our personal and professional honor.

Adopted by the House of Delegates of the American Medical Association
in San Francisco, California on December 4, 2001

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601
(I-19)

Introduced by: Medical Student Section

Subject: Amending AMA Policy G-630.140, “Lodging, Meeting Venues, and Social Functions”

Referred to: Reference Committee F

Whereas, The seven regions of our AMA-MSS are a primary link between the national initiatives of our MSS and student members at the section level; and

Whereas, In the fall of 2018, our AMA started a pilot program hosting individual, geographically-separate MSS Region Meetings with the goal of strengthening Region cohesion, fostering inter-student mentorship, and enriching the student experience; and

Whereas, The pilot included geographically-separate MSS Region Meetings hosted in each individual Regions because of feedback received from 2015 to 2018, when all Region meetings were held simultaneously, in conjunction with Advocacy Day in Washington, DC; and

Whereas, During this period of time, MSS leadership and staff received reports that students had difficulty attending Region meetings due to financial constraints on travel to Washington, DC and the inflexibility of holding all Region meetings on one day; and

Whereas, Through the Region Meetings pilot program, six Regions planned and held Region Meetings between January and February 2019; and

Whereas, Region 3 was limited in organizing their Region Meeting due to AMA Policy G-630.140 Lodging, Meeting Venues, and Social Functions, which was amended at A-17 to ensure that future AMA-organized or -sponsored meetings do not take place in towns, cities, counties, or states with discriminatory policies; and

Whereas, G-630.140 with the amendment currently restricts the AMA from organizing or sponsoring meetings in Alabama, Kansas, Kentucky, Mississippi, North Carolina, Oklahoma, South Dakota, Tennessee, and Texas; and

Whereas, Based on the list of restricted states, Region 3 cannot hold Region meetings in four of their six states (Kansas, Mississippi, Oklahoma, Texas), and the two remaining states (Arkansas, Louisiana) are not centrally located; and

Whereas, Region 3 held their Region Meeting in Louisiana, and received multiple reports from students about the difficulty of attending the Region Meeting based on travel distance; and

Whereas, Based on the list of restricted states, Region 1 cannot hold meetings in South Dakota, Region 4 cannot hold meetings in three of their six states (Alabama, North Carolina, Tennessee), and Region 5 cannot hold meetings in Kentucky; and

Whereas, The AMA Board of Trustees in conjunction with AMA legal counsel determined that Region Meetings do not qualify for exemption from G-630.140 as a special circumstance; and

Whereas, While G-630.140 should be enforced for national meetings such as Annual and Interim to uphold the AMA's commitment to non-discrimination, enforcement for Region Meetings reduces participation in small gatherings for students who are financially and temporally limited in their ability to travel, especially in disproportionately affected Regions; therefore be it

RESOLVED, That our American Medical Association amend Policy G-630.140, "Lodging, Meeting Venues, and Social Functions," be amended by addition to read as follows:

Lodging, Meeting Venues, and Social Functions, G-630.140

1. Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.
2. Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity.
3. All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.
4. It is the policy of our AMA not to hold national meetings organized and/or primarily sponsored by our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.
5. Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping. (Reaffirm HOD Policy)

Fiscal Note: Minimal - less than $1,000

Received: 08/28/19

RELEVANT AMA POLICY

Lodging, Meeting Venues, and Social Functions G-630.140

1. Our AMA supports choosing hotels for its meetings, conferences, and conventions based on size, service, location, cost, and similar factors.
2. Our AMA shall attempt, when allocating meeting space, to locate the Section Assembly Meetings in the House of Delegates Meeting hotel or in a hotel in close proximity.
3. All meetings and conferences organized and/or primarily sponsored by our AMA will be held in a town, city, county, or state that has enacted comprehensive legislation requiring smoke-free worksites and public places (including restaurants and bars), unless intended or existing contracts or special circumstances justify an exception to this policy, and our AMA encourages state and local medical societies, national medical specialty societies, and other health organizations to adopt a similar policy.

4. It is the policy of our AMA not to hold meetings organized and/or primarily sponsored by our AMA, in cities, counties, or states, or pay member, officer or employee dues in any club, restaurant, or other institution, that has exclusionary policies, including, but not limited to, policies based on, race, color, religion, national origin, ethnic origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age unless intended or existing contracts or special circumstances justify an exception to this policy.
5. Our AMA staff will work with facilities where AMA meetings are held to designate an area for breastfeeding and breast pumping.
Citation: Res. 2, I-87 Reaffirmed: Sunset Report, I-97 Res. 512, I-98 Consolidated: CLRPD Rep. 3, I-01 Reaffirmation A-04 Modified: CCB/CLRPD Rep. 3, A-12 Modified: CCB/CLPRD Rep. 2, A-13 Modified: BOT Rep. 17, A-17

Meeting Calendar and Locations G-600.130
AMA policy on the meeting calendar for the House includes the following: (1) Our AMA should make reasonable efforts to avoid scheduling future Annual Meetings that conflict with Father's Day weekend; (2) The Interim Meeting of the House of Delegates will be held in the second or third week in November; and (3) Our AMA supports scheduling more meetings in Washington, DC, specifically including Interim Meetings of the House on a rotating schedule as frequently as practicable. Our AMA believes, however, that it would not be financially prudent to hold all Interim Meetings in Washington, DC, nor would such a decision be equitable for other regions of the country.
Citation: BOT Rep. I, I-90 BOT Rep. 36, A-94 BOT Report 1, I-98 Modified: Speakers Advisory Committee Rep., A-99 Reaffirmed: Sunset Report, I-00 Resolution 609, A-01 Consolidated: CLRPD Rep. 3, I-01 Appended: Res. 610, A-02 Appended: Res. 609, A-04 Reaffirmed in lieu of Res. 609, A-06 CC&B Rep. 3, I-08 CCB/CLRPD Rep. 3, A-12 Modified: Res. 606, A-16

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 926
(I-19)

Introduced by: Women Physicians Section

Subject: School Resource Officer Qualifications and Training

Referred to: Reference Committee K

Whereas, There has been a rash of shootings and violence in Colorado, Connecticut, Texas, Florida and other less well publicized school settings; and

Whereas, Many schools throughout this country have hired school resource officers (SROs) who are paid employees; and

Whereas, Some schools have chosen to arm these individuals without adequate training in child psychology, restorative justice, and conflict de-escalation and resolution, for example;[1] therefore be it

RESOLVED, That our American Medical Association encourage an evaluation of existing national standards (and legislation, if necessary) to have qualifications by virtue of training and certification that includes child psychology and development, restorative justice, conflict resolution, crime awareness, implicit/explicit biases, diversity inclusion, cultural humility, and individual and institutional safety and others deemed necessary for school resource officers (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the development of policies that foster the best environment for learning through protecting the health and safety of those in school, including students, teachers, staff and visitors (New HOD Policy); and be it further

RESOLVED, That our AMA encourage mandatory reporting of de-escalation procedures by school resource officers and tracking of student demographics of those reprimanded to identify areas of implicit bias. (Directive to Take Action)

Fiscal Note: Minimal - less than $1,000

Received: 10/08/19

Reference:

[1] "Training Courses." National Association of School Resource Officers. Available at https://nasro.org/. Accessed September 2019.

RELEVANT AMA POLICY

Providing Medical Services through School-Based Health Programs H-60.991
(1) The AMA supports further objective research into the potential benefits and problems associated with school-based health services by credible organizations in the public and private sectors. (2) Where school-based services exist, the AMA recommends that they meet the following minimum standards: (a) Health services in schools must be supervised by a physician, preferably one who is experienced in the care of children and adolescents. Additionally, a physician should be accessible to administer care on a regular basis. (b) On-site services should be provided by a professionally prepared school nurse or similarly qualified health professional. Expertise in child and adolescent development, psychosocial and behavioral problems, and emergency care is desirable. Responsibilities of this professional would include coordinating the health care of students with the student, the parents, the school and the student's personal physician and assisting with the development and presentation of health education programs in the classroom. (c) There should be a written policy to govern provision of health services in the school. Such a policy should be developed by a school health council consisting of school and community-based physicians, nurses, school faculty and administrators, parents, and (as appropriate) students, community leaders and others. Health services and curricula should be carefully designed to reflect community standards and values, while emphasizing positive health practices in the school environment. (d) Before patient services begin, policies on confidentiality should be established with the advice of expert legal advisors and the school health council. (e) Policies for ongoing monitoring, quality assurance and evaluation should be established with the advice of expert legal advisors and the school health council. (f) Health care services should be available during school hours. During other hours, an appropriate referral system should be instituted. (g) School-based health programs should draw on outside resources for care, such as private practitioners, public health and mental health clinics, and mental health and neighborhood health programs. (h) Services should be coordinated to ensure comprehensive care. Parents should be encouraged to be intimately involved in the health supervision and education of their children.
Citation: (CSA Rep. D, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: Res. 412, A-05; Reaffirmed in lieu of Res. 908, I-12)