Open letter to the BMA

Mark Porter, Chair of the BMA, members of the BMA council,
Jeeves Wijesura, Chair of the JDC, and members of the JDC
BMA House,
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23 May 2017

Dear Mark Porter, Jeeves Wijesura, and BMA council and JDC members

We write to express our dismay at the adoption of the J1126 64 motion from North Thames RJDC (the full text of which is set out in an appendix to this document) at the recent Junior Doctors Conference 2017 and to request that the BMA does not implement it. It is based on a false premise and, as explained below, it is dangerous.

The motion is based on a false premise

The motion starts: “This conference: (i) Recognises the evidence that the policy approach of full decriminalisation of sex work, as adopted by New Zealand, has resulted in public health benefits for both sex workers and wider society – in particular by improving sexual health, personal safety and tackling human trafficking;”

This is factually incorrect. New Zealand changed its prostitution law in 2003, when the Prostitution Reform Act (known as the PRA) was passed. Before that, soliciting was illegal, along with pimping and brothel keeping; and allegations of police violence and corruption were common. But within those constraints prostituted women were able to negotiate their own deals with punters, and maintain clear boundaries, including insisting on condoms and banning kissing.

This all changed after the PRA, which decriminalised all of the actors including pimps. Brothels now set the price through “all inclusives” and prices fell. Men expect more, including anal, kissing, and no condoms. Where before the men paid for the act – direct to the woman – now they pay the brothel, by the hour or half hour, and they expect whatever they want as many times as possible within that time.

Punter violence remains common and in 2008 the New Zealand Prostitution Law Review Committee found that a majority of prostituted persons felt that the PRA “could do little about violence that occurred.” The Committee further reported that abusive brothels did not

2 http://melindatankardreist.com/2016/05/the-discrimination-we-face-and-the-services-we-need-to-exit-after-years-in-the-sex-industry-sabrinna-speaks-out-for-the-first-time/
improve conditions for prostituted individuals; the brothels that “had unfair management practices continued with them.”

It is incorrect therefore to say that decriminalisation has improved the sexual health and personal safety of prostituted persons.

People campaigning for the PRA wanted to improve things for the women – to give them more power. In fact the PRA had the opposite effect. More power has gone to the pimps and punters. Although police violence is now less common, women seldom report pimp and punter violence to the police.

Local authorities have some control over where the larger brothels are sited but not the smaller ones, classified as “Small Owner Operated Brothels” (or SOOBs), over which authorities and local residents have no say. There’s been rapid expansion in the number of SOOBs, and many are run by pimps. SOOBs are excluded from the official brothel data, which therefore gives a distorted view of the reality.

Sex trafficking is now recognised to be prevalent in New Zealand, and Māori and Pacific Islander women and children are disproportionately represented. Because brothels and SOOBs are legal, there is little or no oversight from the police.

The PRA has also failed to stop the prostitution of children, which remains a major problem. Mama Tere Strickland, a community worker, says: “At least the old law kept a lid on the numbers, but with no law on the streets, the pimps and gangs have moved in.” The children typically have a background in family violence and sexual abuse.

Since the change in the law there’s been a significant rise in reported rape, sexual assault and other male violence against women and girls in the general population. This is not surprising given that there’s been an increase in the amount of prostitution, and evidence that prostitution-buying makes men more prone to sexual violence.

Violence is intrinsic to prostitution

Study after study has shown that prostitution is damaging both to those in it and to society more generally. For example:

- A meta study conducted by UCL found that “violence is a prominent feature in the lives of sex workers in almost all sex work settings”; “a single year of engagement in sex work is likely to have the same impact on mental health as an entire life of experiences

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4 http://www.catwa.org.au/?page_id=73
5 http://m.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11711211
7 http://www.stuff.co.nz/nelson-mail/news/235734/Teenage-hookers-slip-into-shadow
prior to involvement in sex work;” and “Social exclusion is the leading cause of entrance into sex work and exclusion is often deepened as a result of engaging in sex work.”

- A UN multi-country study 10 found that men perpetrating rape of non-partners and violence against intimate partners are associated with prostitution-buying. Studies of punters 11 have found they are more likely to commit rape and other aggressive sexual acts. In addition, the contempt they have for women is borne out by survivor testimony 12 and research on punter forums. 13

Health risks are not limited to STIs

Prostitution typically involves a series of male strangers penetrating a woman’s mouth, vagina and/or anus, often with violent and prolonged thrusting. This can lead to infection with HIV and other STIs and injuries to the reproductive and other internal organs, which can cause sterility, problems in pregnancy, and long-term ill-health.

A German study 14 based on medical examinations of 1,000 prostituted women found that:

- Most suffer from chronic lower abdominal pain caused by inflammation and mechanical trauma.
- Most show signs of premature ageing, a symptom of persistent stress.
- Most had injuries caused by the overuse of their delicate sexual organs and orifices.
- Most had injuries deliberately inflicted by punters.

This makes women more vulnerable to infections. Condoms provide little or no protection. Financial or other pressures meant that most of the women in the study had to continue in prostitution even when they were in severe physical pain.

Risks to mental health

Prostitution often has a profound negative impact on mental health. In order to endure the undesired groping and sexual penetration by multiple strangers on a daily basis, many women describe needing to “split off” from their conscious selves and/or to take alcohol or drugs in order to endure it. This can lead to addictions and long term psychological difficulties.

Not surprisingly given the prevalence of violence, prostituted women experience high levels of post traumatic stress disorder (PTSD). For example, in a study of 854 people 15 in prostitution in 9 countries (including Germany where it is fully decriminalised), 68% of the

12 http://nordicmodelnow.org/testimonial/
respondents met the criteria for PTSD. This is in the range found in war veterans. Other studies have had similar results.

Mortality

Prostitution can also be lethal. A Canadian commission 16 found that the death rate of women in prostitution was 40 times higher than that of the general population. Women in indoor prostitution in particular have a very high rate of suicide. In one study, 17 75% of women in escort prostitution had attempted it.

Many prostituted women are murdered by punters and pimps and sadly this remains true in New Zealand 18 since the PRA. The more prostitution that takes place, the more murders 19 of prostituted women there are.

Stigma

Prostitution is not the commodification of a person’s labour as in other forms of work, but of her body and her self. This reduces her status (and by extension the status of all women) to that of an object that can be bought and sold. This is the root of the stigma associated with prostitution: it is intrinsic to its very nature. We believe that it is therefore not possible to eradicate stigma without eradicating prostitution itself.

Sex trafficking increases under decriminalisation/legalisation

A large body of evidence shows that when the sex trade is decriminalised and/or legalised, sex trafficking increases. For example:

- A study 20 with data from 150 countries found that countries with “legalized prostitution experience a larger reported incidence of trafficking inflows.”
- An economic analysis 21 concluded the same thing.
- And so did an extensive study 22 by the European Parliament.

Germany

The idea that full decriminalisation of the sex trade, including of brothel owners, pimps and profiteers as implemented in New Zealand, can bring prostitution to an acceptable level of safety is not only far-fetched, but dangerous.

16 http://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1814&context=sjsj
17 http://www.rape.org/activism/prostitution/prostitutionfacts.html
19 https://nordicmodelnow.org/facts-about-prostitution/fact-prostitution-is-inherently-violent/
20 http://eprints.lse.ac.uk/45198/1/Neumayer_Legalized_Prostitution_Increase_2012.pdf
New Zealand has a small population and is uniquely geographically isolated. Since the law changed, it has become a sex tourist destination. However, its isolation and the expense of getting there, mean numbers are relatively low. Were New Zealand situated in Europe, no doubt numbers would be closer to Germany’s and so would the reality.

Germany fully decriminalised prostitution in 2002. Prostitution is now big business,\(^{23}\) and generates large tax revenues for the government. There are about 3,500 registered brothels and large numbers of smaller unregistered ones.

Practices are more dangerous than before with less protection for the women. There are “menus”\(^{24}\) where men can choose from a long list that includes things like anal fist fucking, group sex, man shits on woman, two men to one woman, and flat-rate “all you can eat” deals. There’s even a demand for pregnant women, who have to serve up to 40 men a day, right up until they give birth.

Mega-brothels cater for up to 1,000 men at a time. Germany is now a sex tourist destination. Buses transport men from the airport directly to the mega-brothels.

Police estimate there are half a million women in prostitution in Germany, of whom only about 44 are registered. Most of the women come from poor communities in Eastern Europe, many trafficked. Women are shipped from town to town, because men want “fresh meat.” They live in the brothels, eat and sleep in the same room they serve the punters. They live under constant fear: of violent punters, of not earning enough to pay the daily fixed costs, of getting sick, of getting pregnant, of the police, of the pimps, of the competition…

A clinical psychologist\(^ {25}\) specialising in trauma says: “The German model is producing hell on earth. The lives and rights of the women are sacrificed, but for what? Are they defending our democracy? Is it to protect our land from invasion or terrorism? No, these women are sacrificed so that some men can have sex whenever they want.”

A police inspector says the law has made Germany an Eldorado for traffickers, pimps and brothel owners.

The Nordic Model

Rather than full decriminalisation of the sex trade, the Nordic Model\(^ {26}\) is the human rights-based and equality model. Also known as the Sex Buyer Law, it decriminalises all those who are prostituted, provides services to help them exit, and makes buying prostitution a criminal offence, while imposing tough penalties on pimps and traffickers. The aim is to change behaviour and reduce the demand that drives sex trafficking; thus setting new social norms.

Because prostituted persons are fully decriminalised under the Nordic Model, there is no reason for their access to sexual health care and condoms to be restricted.

\(^{23}\)http://www.feministcurrent.com/2016/05/09/legalization-has-turned-germany-into-the-bordello-of-europe-we-should-be-ashamed/
\(^{26}\)http://nordicmodelnow.org/what-is-the-nordic-model/
Those who insist that the Nordic Model puts prostituted persons at heightened risk from HIV and STIs usually base their research in countries that follow a full prohibition model where all parties are criminalised. For example, in written evidence\(^{27}\) to the Home Affairs Select Committee, the Sex Work Research Hub when arguing against the Nordic Model (which they refer to as “criminalising sex work”) stated that “data from multiple countries linked criminalisation of sex work with up to a five-fold increase in risk of HIV infection or other sexually transmitted infections.” However, the research referenced was not conducted in a country that has implemented the Nordic Model approach, but rather where all parties are criminalised.

Conclusion

We have shown above that the motion is based on a false premise and is misguided. We therefore call on the BMA to reject it.

We question the wisdom of a BMA conference deciding policy about a complex social and political issue by a vote after a short discussion – particularly when that policy has profound implications for sex equality and the human rights, health and well-being of women and children and the most disadvantaged groups in society, and over which powerful vested interests lobby hard.

We believe that when the full evidence is examined honestly and dispassionately, it will be clear that the Nordic Model is a better approach.

While we welcome the spirit of wanting to consult and collaborate with “peer-led sex worker organisations,” caution needs to be applied. Many people who style themselves as “sex workers” and campaign for full decriminalisation have not experienced being prostituted \(\text{per se}\) and some are pimps and brothel keepers. Recently \(\text{12 high-profile people}\)\(^{28}\) who publicly identify as “sex workers,” promote decriminalized pimping, and are associated with “sex worker” unions, collectives or advocacy groups, were exposed as having sold others in prostitution directly or indirectly. Clearly such people have a conflict of interests.

SCOT-Pep and the SWARM Collective are organisations of self-styled “sex workers” that campaign for the full decriminalisation of the sex trade, including pimps. The English Collective of Prostitutes (ECP) claims to be a prostitute collective, but it refuses to declare the backgrounds or occupations of its members. We do not believe that these organisations are representative of the vast majority of prostituted persons.

Many prostituted women \(\text{reject the term}\)\(^{29}\) “sex worker” because they do not see prostitution as work, and few, if any, of the most marginalised women in prostitution are in a position to speak frankly. Many have faced beatings for attempting to speak in the past or have heard of others who have suffered this.

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\(^{27}\) http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/prostitution/written/28912.html

\(^{28}\) http://logosjournal.com/2016/farley-2/

Of course, those who are and have been prostituted should be consulted. However, for the reasons described above, there are many difficulties to be addressed. Perhaps therefore the most important voices are those in the growing movement of women who have survived prostitution and have managed to leave it and build a life outside, where they are no longer dependent on pleasing punters or the sex trade and its vested interests.

Survivors of prostitution make up some of the most active and committed members of the international movement campaigning for the adoption of the Nordic Model. We urge you to listen to them.

However, prostitution affects all women because it affects how all men see and treat women. Therefore there must be a consultation with a wide variety of women’s organisations, including organisations like Nia, Women @ the Well, and Routes Out that provide services to help women exit prostitution; women’s organisations like the European Women’s Lobby, Equality Now, and NAWO; and organisations that research policy affecting women and children, like the End Violence Against Women Coalition, the Child and Woman Abuse Studies Unit, Women Analysing Policy on Women, and the Women’s Budget Group.

A note about Amnesty International

Amnesty International made many very serious procedural errors in developing its prostitution policy. Amnesty International admitted in testimony that Douglas Fox, who was a member in one of their north-east branches, and running the largest prostitution ring in the north-east of England, was a member of the group that brought forward the motion calling for the organization to adopt a policy of full decriminalization. There were a few concessions over the successive drafts – the original premise that buying sex is a human right was taken out, after it was realised that it couldn’t actually be justified.

They inserted a section on “intersectional discrimination and structural inequalities,” which conspicuously lacks any discussion of the racism inherent in prostitution, or prostitution’s role in colonialism and maintaining the structural inequalities between the sexes, or the rights of women and girls to live free from commercial sexual exploitation.

The original reliance on advice from the Global Network of Sex Work Projects was downplayed after feminist writer and activist Kat Banyard exposed that its vice-president Alejandra Gil was a pimp who has now been jailed for 15 years for sex trafficking.

But the essence of the final policy remained as Fox first suggested: that all aspects of “consensual adult sex work,” including pimps and brothel-keepers (now called “organisers”), must be fully decriminalised in order to secure “sex workers’ human rights” even though,

30 http://www.spaceintl.org/
31 http://thefeministahood.wordpress.com/2015/08/24/what-amnesty-did-wrong/
32 http://www.faber.co.uk/blog/a-human-rights-scandal-by-kat-banyard/
33 http://nordicmodelnow.org/2016/05/28/response-to-amnestys-prostitution-policy/
way back in 1949, the United Nations defined prostitution as incompatible with the human rights set out in the Universal Declaration of Human Rights.

Most shockingly, at no time did Amnesty International carry out any research in any country, like New Zealand or Germany, that has in fact implemented the policy for which they now lobby.

Finally

We urge you to rethink this policy, informed by women’s groups, survivors’ organisations and a full consideration of the comprehensive problems of the New Zealand approach. We also request a meeting with senior BMA and JDC officers to discuss the issues in more depth.

Appendix

J1126 64 Motion by NORTH THAMES RJDC

This conference:

(i) Recognises the evidence that the policy approach of full decriminalisation of sex work, as adopted by New Zealand, has resulted in public health benefits for both sex workers and wider society – in particular by improving sexual health, personal safety and tackling human trafficking; therefore Calls upon the BMA to:

(ii) Publicly announce support for this policy approach and to lobby the government towards this end

(iii) Develop educational resources to enable doctors and medical students to better understand and respond to the specific healthcare needs of sex workers, such as CPD events and BMJ Learning resources

(iv) Create a working group to work on the above and consider collaboration with peer-led sex worker organisations such as SCOT-Pep, the English Collective of Prostitutes and the SWARM Collective, and other organisations working on this issue such as Amnesty International, in order to achieve the above aims

http://www.ohchr.org/EN/ProfessionalInterest/Pages/TrafficInPersons.aspx