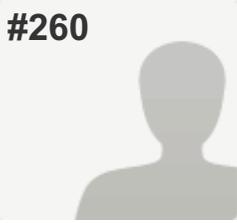


# Ending the Epidemic Task Force Recommendation Form

#260



**COMPLETE**

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**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

First Name	Julienne
Last Name	Verdi
Affiliation	Planned Parenthood of New York City
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**Q2: Title of your recommendation** Ending the Persecutory Use of Condoms As Evidence of Prostitution

**Q3: Please provide a description of your proposed recommendation**

Planned Parenthood of New York City (PPNYC) strongly supports the New York State Legislative Bill A1008/S323, comprehensive legislation to ensure that all New Yorkers have access to condom contraception without fear of prosecution. Under current law, police officers are permitted to confiscate condoms from those they allege are engaged in prostitution in order to justify arrests or to use as evidence at trial, and District Attorneys can refer to the number of condoms a person had in their possession at the time of arrest in criminal court complaints accusing individuals of engaging in prostitution-related offenses. The proposed legislation would end this practice. The legislation provides that "possession of a condom may not be received in evidence in any trial, hearing or proceeding as evidence of prostitution, patronizing a prostitute, promoting prostitution, permitting prostitution, maintaining a premises for prostitution, lewdness or assignation, or maintaining a bawdy house." PPNYC stands alongside LGBT organizations, women's groups, anti-trafficking advocates, public health advocates and civil rights groups in calling for the passage of this much needed legislation.

As a leading reproductive health care provider in New York City, PPNYC understands the importance of safe and secure access to contraception in protecting both ourselves and our families. PPNYC has fought tirelessly to combat the staggering rates of HIV and AIDS in New York City. Through programs such as Project Street Beat, we meet at-risk residents on the street, in their communities where we provide among other services, rapid HIV/AIDS testing, counseling and harm reduction services. Moreover, HIV positive patients are connected on the spot to follow-up care. Many of the young men and women that our services and programs aim to reach are disproportionately stopped in the streets and profiled for possessing condoms. This type of targeting and fear of harassment and prosecution can discourage many of our at-risk and HIV positive patients from carrying and using condoms to protect themselves. Ending the persecutory use of condoms as evidence would be an important step in helping to end the epidemic by 2020.

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Other (please specify)
Combating the spread of HIV and improving public health.

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**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

New policy

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Statutory change required

**Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Studies have shown that LGBTQ, undocumented and young women of color are disproportionately profiled for carrying condoms. While possessing condoms is not illegal in New York, being subjected to harassment and potential arrest for possession is tantamount to the same. From a public health perspective, allowing for the persecutory use of condoms as evidence of prostitution puts the health of thousands of New Yorkers at risk. Studies have shown that with increased education and use of condoms, rates of infection can be reduced.

According to New York City's Department of Health, the number of newly diagnosed AIDS cases has dropped from about 12,700 in 1993 to just over 2,500 in 2010. New York City has taken a leading role in combating HIV, as the first municipality to distribute free city branded condoms, putting to practice the belief that access and education are the best methods for improving the reproductive and sexual health of all New Yorkers. In fact, New York City spends millions of dollars distributing free condoms to sex workers. However, supporting a practice whereby officers are permitted to confiscate and arrest individuals for protecting themselves gravely undermines the success of the city's public health initiative. As an organization committed to addressing the social determinants of health as well as clinical needs, we know all too well the economic and social barriers to health care services our patients face. Together, we have the opportunity to break down a very real barrier, and so we call on the Task Force to take a stand to end the persecutory use of condoms as evidence in New York State.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

None.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

We recognize that implementing this recommendation would require additional police training. However, the cost associated with implementing the recommendation is minimal when compared to the positive impact of increasing access to condoms to prevent the spread of HIV. In fact, studies show that when it comes to HIV transmission, using a condom makes sex 10,000 times safer than when not using a condom. (Carey, Ronald F., et al. (1992). "Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus-Sized Particles under Conditions of Simulated Use." *Sexually Transmitted Diseases*, 19(4), 230–234; See also <http://www.plannedparenthood.org/about-us/newsroom/press-releases/ten-little-known-facts-about-condoms-planned-parenthood>)

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Again, the estimated return of investment can be calculated by the increased condom use among profiled communities, understanding that condom use makes sex 10,000 safer than when not using a condom with respect to HIV transmission

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The key individuals/stakeholders who would benefit from ending the persecutory use of condoms as evidence include those most commonly profiled for carrying condoms including LGBTQ persons, undocumented persons and young women of color. However, from a public health perspective, New York State as a whole would benefit if at risk populations, such as sex workers, women of color and men who have sex with men felt safe to carry condoms without fear of repercussions. The regular use of condoms will help lower the rates of new infections throughout the State.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

Suggested measures to assist in monitoring the impact of ending the persecutory use of condoms as evidence include measures to help facilitate data collection from organizations working with at risk communities who are now most commonly profiled for possession of condoms. Also, we suggest that organizations working with at risk communities receive increased funding to help distribute, educate, and promote the regular use of condoms among these communities.

**Q15: This recommendation was submitted by one of the following** Advocate