



YHHA
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REVIEW

Virginia's magazine for hospitals and health systems

VIRGINIA
RESPONDS
TO HUMAN
TRAFFICKING



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Michael P. McDermott, MD
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Sean T. Connaughton
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The stories are heartbreaking and graphic. They can be difficult to read, hear, and process emotionally. And yet, we cannot and must not look away because human trafficking is a growing health and public safety challenge that is inching ever closer than any of us would wish to believe.

Trafficking entails the use of force, fraud, or coercion to compel a person into a form of modern-day bondage in forced servitude, labor, or sexual exploitation. Globally, the International Labour Organization estimates there are more than 40 million people exploited in human trafficking, which is a \$150 billion industry worldwide. One-fourth of those exploited are children victims, and three-fourths are women and girls.

“Trafficking does not discriminate. It can affect people of any gender, age, race, ethnicity, or nationality. It can impact people living in poverty and those from more financially secure situations.”

Trafficking does not discriminate. It can affect people of any gender, age, race, ethnicity, or nationality. It can impact people living in poverty and those from more financially secure situations. Those who traffic people may use any number of tactics – such as manipulation, violence, blackmail or intimidation, false promises of employment, or even family and romantic relationships – to gain control of a person.

Here in the United States, we are not immune to the effects of this horrendous form of criminal abuse. The National Human Trafficking Hotline has received more than 49,000 reports of human trafficking cases in the past 10 years. And statistics show the number of identified trafficking cases had been steadily rising year-over-year through 2017, before receding some in 2018. Even so, the National Human Trafficking Hotline fielded more than 14,000 calls and identified more than 5,000 human trafficking case last year. Nearly 100 of those cases are from Virginia.

In hospitals around Virginia, trained forensic and sexual assault nurses encounter suspected trafficking patients when they visit emergency rooms, often for other medical conditions. These dedicated, frontline health care providers are trained to recognize the clues that indicate a patient is being exploited by a trafficker. In those moments, providers have two goals: meet the immediate medical needs of the patient and try to connect them with support services and resources that can help free them from being exploited.

Meanwhile at the VHHA, a Task Force with representatives from hospitals across Virginia are working on developing a set of guidelines, recommendations, and resources to assist hospitals in responding to patients who have been trafficked.

As with so many community challenges, health care providers are part of a broader response to human trafficking. Law enforcement, community advocates, stakeholders, and elected officials are all engaged in the work to support these patients in breaking the trafficking cycle.

In the pages of this edition of *REVIEW Magazine*, you will read accounts from hospital staff members who have treated trafficking patients, about public policy efforts and law changes to empower law enforcement responses to trafficking, and other initiatives related to this important issue. Combating human

trafficking requires a multi-stakeholder response and the Virginia hospital community is committed to that work. ♡

HUMAN TRAFFICKING PATIENT STORIES

*As Told to (and Witnessed by)
Virginia Hospital Personnel*



Editor's Note: The stories that follow contain graphic details and descriptions. Names and other identifying information has been changed to protect patient confidentiality. Reader discretion is advised.

ALICE

Alice was only a teenager when she was abducted into exploitation. An acquaintance lured her with an offer to hang out, before kidnapping her.

Alice's acquaintance subsequently began offering her up as a sex slave to willing buyers.

Travelling the nation, the kidnapper sold Alice. When she wasn't being exploited, Alice was severely abused, beaten, tortured, deprived of food and water, and unspeakably violated by her captor as a means of keeping her frightened and under control. Her captor showed her no mercy.

Alice was freed from exploitation by happenstance when a good Samaritan got involved.

When police – and later health care providers – were brought in, Alice's ordeal of abduction, torture, and exploitation was exposed. Her wounds were so extensive, it took hospital staff and multiple specialists several hours to document her injuries.

This young woman was thin, frail, trembling, thirsty and hungry. She was so frightened following her ordeal that anytime she heard someone knock at the door, she almost jumped out of her skin for fear that her captor was coming back to get her.

Her trafficker was ultimately convicted and sentenced to decades in prison, which I don't think is nearly long enough for what was done to her.

You have to ask yourself, what kind of person would buy a trafficking victim? Because looking at this girl, you can't fathom why anyone would want to do such horrible things to her.

VERONICA

Several years ago, one of my patients was a teenage

woman we'll call Veronica. She was raised in a dysfunctional home without a father figure, based on her description. I can't even say Veronica would tell you she was super loved by her mother, who she characterized as a drug user largely absent from her life. The sad fact is that drugs often are a contributing factor for people who become ensnared by human trafficking and Veronica, unfortunately, is not an exception to that.

When I encountered her at the hospital, it was at the end of a sordid and tragic ordeal involving her abuse and exploitation at the hands of a trafficker and the men to whom he sold her. What's unique about Veronica's case is that she was brought to us for care by law enforcement officials after she escaped her exploiter with the help of a person who had paid for sex with her and then apparently had a bout of guilty conscience.

The events preceding my introduction to Veronica are difficult to repeat. Veronica told me that over the course of one weekend, she had contact with dozens of men who purchased sex with her. The purchases were arranged through an online classified advertising service, according to law enforcement officials. Over the weekend, she wasn't allowed to shower in between encounters. The sheets on the bed were never changed. And none of the people who paid to be with her used a condom.

During her treatment, Veronica tested positive for hepatitis. She also revealed that the man who was trafficking her claimed his wife was HIV-positive. Veronica believed this to be true and she revealed that he beat and raped her, even as he told her he continued to have intercourse with his allegedly HIV-positive wife. If true, that means the men who paid for unprotected sex with Veronica exposed themselves to any infection or disease she may have had, and they exposed her to anything they might have had. In addition to the horrible exploitation of victims, another tragic facet of human trafficking is the risks it represents for spreading venereal disease.

Since all of Veronica's sexual contacts apparently were exposed to hepatitis, we contacted public health agencies to report the situation as required. That put public health officials in the position of trying to track down and contact the men who had purchased time with Veronica. Doing so was virtually impossible because all

the arrangements occurred through the internet and a messaging app that granted buyers a measure of anonymity. And Veronica had no idea who the men were. We may never know the extent of any corresponding public health fallout from Veronica's encounters with those men, but it's reasonable to assume some of the men who spent time with her that weekend contracted hepatitis and subsequently exposed other sexual partners to it.

Veronica escaped captivity when the final buyer she encountered that weekend took pity on her after she broke down crying and told him she was not involved in the sex trade of her own free will. The buyer evidently felt too guilty to have sex with her and he ended up helping her slip out of the hotel and away from her trafficker. The entire time, Veronica and the buyer were petrified that they were being watched, followed, or recorded during the escape.

Veronica was brought to the hospital after she contacted a law enforcement official she had previously interacted with who was aware she had been trafficked. Her mother showed up at the hospital during her care, which I think speaks volumes because so many of our patients in that circumstance don't have anyone in their life who cares about them. Initially, Veronica expressed a willingness to receive necessary medical care and complete a drug rehabilitation program. Veronica used narcotics during the time she was exploited. Her trafficker used drugs as a form of control, providing her enough to get high, then withholding intoxicants from her when she experienced withdrawal symptoms to keep her dependent and trapped.

What we often see with trafficking victims is that when they present for care at their very worst moment, they are willing to do all the things we recommend – rehab, medical care, psychiatric care or counseling. Drug withdrawal is a powerful force that leaves people in significant pain with vomiting, violent stomach aches, and other debilitating symptoms. As withdrawal symptoms set in for Veronica, her attitude changed. Her outlook shifted from being fully committed to drug rehab to complete refusal. When the time came for her to enter rehab, she told us “Nope, I'm outta here.”

I have no idea where she is today. I have not seen her back in the hospital since then. I just hope that she is

HUMAN TRAFFICKING

BY THE NUMBERS



47%

Of victims reported that their traffickers restricted access to health care, according to the Polaris Project



88%

Up to 88 percent of victims seek medical services during their trafficking, according to the Polaris Project

not back in that life again, but the sad likelihood is that she probably is. One of the reasons her case has stayed with me is the fact that she received a small measure of help from one of the men who paid for sex with her. In situations like this we don't typically think of buyers as helping trafficking victims. For Veronica, the last man she saw that weekend helped her. That doesn't excuse the fact that he only encountered Veronica after making online arrangements to purchase sex with her. But at least he got her out that day, and in some small way gave her a chance for a safer, healthier life. Preventing human trafficking requires a multi-pronged approach that includes shutting off the pipeline of demand. If the people who are making these purchases don't stop, and aren't stopped, trafficking will continue.

BRITTANY

Brittany is only 19 when emergency personnel find her barely breathing at a Central Virginia-area motel. The paramedic fears she has overdosed on medications, so she is taken to a local hospital emergency department. The truth is shocking, but unfortunately a reality all too common.

After a few days in the hospital unconscious, Brittany wakes up. She tells the nurse how she left home, feeling controlled by her mother. In her newly-found independence, she was offered a free photo shoot by a friend of a friend, which leads to a trip to the beach to take more photos.

While there, Brittany was introduced to a man from another state.

She describes how the man was "really sweet" and told her how beautiful she was; she should be a model. Brittany says the two "became boyfriend and girlfriend" within days.

The compassionate eyes and ears of the nurse are still on Brittany as she continues her story. While at the beach, her boyfriend asked her to help him make money so they could travel together. He promised the money would be for the both of them. He talked her into placing an ad for "dates" on social media. Brittany confides in the nurse that she was very hesitant; however, her boyfriend told her the only way they could stay together would be for her to go on these dates. After each date, Brittany gave the money to her boyfriend. He would drive her to different states where they lived out of motels, much like the one where she was found.

The sexual violence and physical abuse from her boyfriend pushed Brittany into desperation and she attempted suicide. This time, she arrived at the hospital emergency room because of an overdose.

Lucky for her, our hospital has the longest standing forensic nursing program in the country in place to help victims like her find healing, justice, and resources to get back on their feet.

Hundreds of thousands of these victims are in the United States, with so many in our own backyard, due in large part to our mid-Atlantic location and the I-95 corridor. As stories of the horrors of human trafficking continue to emerge and public awareness increases, it is important to remember that there are also as many stories of help and hope waiting to be told.

YOUNG CHILD EXPLOITATION

There are telltale signs commonly associated with human trafficking patients. While there are no hard and fast rules because each patient and each case is unique, typically the patient we look out for when it comes to sex trafficking victimization is a minor, maybe a runaway or someone with a history of being a runner. Mental health issues are often present. People who have encountered the juvenile justice or foster care systems are perceived as more likely to be victims, as are people who have experienced substance abuse and addiction. When a patient receives

care in a hospital setting, they are often accompanied by the person victimizing them who identifies as a boyfriend or an uncle. In that way, these cases can resemble intimate partner violence. When you go through forensic nurse and sexual assault nurse training, that is the sort of victim archetype you're working with.

It's noteworthy, then, that the majority of trafficking cases that we've had direct involvement with in our program, believe it or not, are a little different than some of the scenarios that we're trained to be watching out for.

The communities we serve are more rural. What we tend to see is human trafficking patients who are children being trafficked by caregivers who use the money they make from this sickening form of exploitation to support a drug habit. Many people are under the impression that trafficking involves movement. But there are plenty of exploited people who still live at home and even attend school regularly. The sad reality is trafficking can happen when a person is exploited inside the home, in their neighborhood, or at school.

Several years ago, one of the cases I worked on involved a young child who hadn't yet reached school age. The case was uncovered when law enforcement officials were trailing a person suspected of being a child pornography purveyor. During the raid of a house where the suspect had been spending time, law enforcement officials recovered a trove of child pornography paraphernalia including videos and photographs of

young, pre-pubescent children.

Inside the home was the young child, whose father also lived at the residence. As a precaution, the child was brought to the hospital for examination even though it was unclear at the time if any victimization or exploitation had occurred.

A child advocacy interview was conducted and a physical exam was performed. Neither evaluation gave a clear indication that abuse had occurred. Later, when law enforcement personnel processed the contraband recovered from the home, we learned that the child had been exploited based on the child's appearance in graphic photos and videos.

This case serves as a reminder that while many trafficking patients who are examined by trained professionals show unmistakable signs of abuse and exploitation, some patients who receive a forensic exam don't exhibit visible signs of being assaulted. Many exams can appear normal, even in some cases when something terrible and violent is happening to a person.

With trafficking, a lot of times older patients have signs of physical injury because they're being beaten and their controllers use violence. That isn't always the case with younger patients who can be easier to control by the person exploiting them.

To the average person, it can be hard to believe something this heinous is happening in Virginia communities. The truth is it may exist in your community. ♡



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Virginia Lawmakers Take Aim at Human Trafficking

Words by Julian Walker and Lindsey Lanham

As awareness regarding the ills of human trafficking has increased, a bipartisan group of officials in the Commonwealth has come forward to take action by passing laws to more clearly define trafficking, toughen penalties, facilitate criminal prosecution of those who exploit people, raise public awareness about the dangers of trafficking, and to establish support services for its victims. For instance, the Virginia General Assembly in 2007 approved a proposal by then-Delegate (now Senator) Adam Ebbin (D-Alexandria) calling for the establishment of a legislative commission charged with developing and implementing a “State Plan for the Prevention of Human Trafficking.”

A few years later in 2011, Senator Steve Newman (R-Lynchburg) carried legislation updating state code to require Virginia’s Department of Criminal Justice Services (DCJS), in conjunction with the Office of the Attorney General (OAG), to advise law enforcement agencies and government attorneys about ongoing work to identify, investigate, and prosecute human trafficking offenses under existing law. Delegate Tim Hugo (R-Fairfax County) patroned a bill to amend the law and make it a felony to abduct a minor to make

child pornography or to abduct any person and push them into prostitution. Also in 2011, then-Delegate Ebbin carried legislation directing the Virginia Department of Social Services (DSS) to develop a plan for providing services to human trafficking victims. The next year, Senator Ebbin and Delegate Vivian Watts (D-Fairfax County) carried legislation requiring the state Board of Education, with assistance from DSS, to provide awareness and training materials for local school divisions on human trafficking, including strategies to prevent the trafficking of children. Meanwhile, Delegate David Bulova (D-Fairfax County) sponsored successful legislation in 2012 mandating that exotic dance parlors post informational notices about the National Human Trafficking Resource Center hotline; violators of that law face a \$500 fine. Delegate Bulova carried legislation the following year requiring truck stop owners to post notices about the human trafficking hotline under threat of fine for non-compliance.

In 2014, Senator Mark Obenshain (R-Harrisonburg) sponsored a law change requiring DCJS to publish and share with law enforcement agencies a “model policy” to raise awareness about human trafficking offenses

HUMAN TRAFFICKING

BY THE NUMBERS



40 Million

Victims of human trafficking globally, according to the Polaris Project



\$150 Billion

Is the estimated annual amount of worldwide human trafficking profit, according to the International Labour Organization

and the identification of its victims. Also that year, Senator Obenshain and Delegate Robert Bell (R-Albemarle County) carried legislation making it a felony offense to take or detain a minor for the purpose of prostitution. Prosecutors gained additional authority to subpoena records in certain abduction and prosecution cases under legislation sponsored by Delegate Hugo in 2014.

Legislation from Delegate Bell in 2015 toughened criminal penalties for parents, guardians, or legal custodians who allow a person to be taken into prostitution. Delegate David Toscano (D-Charlottesville) carried legislation in 2017 to amend state law so that victims of sexual violence and human trafficking are covered by the state Address Confidentiality Program.

Legislation in 2018 from Senator Siobhan Dunnivant (R-Henrico County) requires local health departments, the Department of Transportation (at highway rest stops), and hospitals with emergency departments to post notices about the human trafficking hotline. Also that year, legislation from Delegate Mike Mullin (D-Newport News) amended state law to require that any person accused of receiving money for procuring a prostitute or human trafficking victim faces the rebuttable legal presumption that their bail request should be denied during court proceedings.

This year, Senator Bill DeSteph (R-Virginia Beach) sponsored a bill requiring the state to incorporate into commercial driver license training information about recognizing, preventing, and reporting human trafficking. Senator Barbara Favola (D-Arlington County) brought forth legislation directing the state Board of Education to incorporate into its family life education curriculum guidelines provisions for human trafficking prevention instruction.

Also this year, legislation from Delegate Jason Miyares (R-Virginia Beach) added Virginia's Alcoholic Beverage Control Authority and the Virginia Employment Commission to the roster of state entities required to post human trafficking hotline information in its stores and employment offices. And Delegate Karrie Delaney (D-Fairfax County) helped outlaw the practice of travel agents using

prostitution as a selling point for promoting trips.

These are some examples of recent Virginia law changes targeting human trafficking. Other bills dealing with this issue have been filed over the years. Two of those proposals from 2018 – one pertaining to expungement of prostitution convictions on the grounds of a person being forced into that situation, and another to make child prostitution victims eligible for a particular type of support services – resulted in the Virginia State Crime Commission (VSCC) conducting a broad review of commercial sex trafficking in Virginia. Following a comprehensive review of existing federal and state laws, an analysis of arrest and conviction data, and consultation with experts and victims, the Crime Commission in 2018 endorsed a series of recommendations to strengthen state laws and procedures to enhance the fight against sex trafficking, including:

- Update Virginia law to clarify that sex traffickers do not need to be a caretaker for DSS to become involved, allow DSS to take emergency custody of child sex trafficking victims, require DSS to conduct a family assessment when a child victim is identified, and to clarify jurisdiction of local DSS agencies. The General Assembly this year approved legislation from Delegate Charniele Herring (D-Alexandria) and Senator Mark Peake (R-Lynchburg) to address these issues. This legislation created a new sex trafficking assessment to be conducted by local DSS agencies.
- Amend Virginia law to allow police and prosecutors to charge sex traffickers with each individual act of commercial sex trafficking. Delegate Bell carried successful legislation regarding this recommendation. Senator Obenshain also carried a comprehensive bill focused on several Crime Commission recommendations.
- Modify Virginia law to increase penalties for offenders who aid in prostitution or use a vehicle to promote prostitution when the victim is a minor. Delegate Bell carried successful legislation regarding

this recommendation. And update the law to establish consistency in commercial sex trafficking felony laws, related offenses, and relevant code standards.

- Amend Virginia law to include sexual touching of the genitals within the definition of a prostitution sex act.
- Establish a statewide Sex Trafficking Response Coordinator position within DCJS. Legislation from Delegate Paul Krizek (D-Fairfax County) and Senator Jill Holtzman Vogel (R-Fauquier County) addressing this recommendation has been enacted, and additional funding has been appropriated to DCJS for a related initiative.
- Require the Criminal Injuries Compensation Fund (Virginia Victims Fund) to develop a set of policies for the investigation and consideration of claims by sex trafficking victims for reimbursement of medical care and other expenses. The Crime Commission sent a letter to the Criminal Injuries Compensation Fund requesting administrative action.
- Create a Virginia Prevention of Sex Trafficking Fund administered by DCJS to promote sex trafficking education, training, and awareness. Delegate David Yancey (R-Newport News) sponsored successful legislation addressing this recommendation.
- Update state law to allow juvenile sex trafficking victims and witnesses to testify via a closed-circuit video system. Delegate Christopher Collins (R-Winchester) sponsored successful legislation addressing this recommendation.
- Request that DCJS's Committee on Training establish compulsory training standards on sex trafficking awareness and identification for law

enforcement officers. The Crime Commission sent a letter to DCJS requesting administrative action on this issue.

- Request that DCJS continue to allocate a portion of Victims of Crime Act (VOCA) funding to victim treatment and services. The Crime Commission sent a letter to DCJS requesting administrative action on this issue.
- Direct Crime Commission staff to continue work on the study for an additional year to identify additional need areas and solutions.

In conjunction with this recommendation, the Crime Commission sent letters to the following agencies requesting that training on sex trafficking and the demand for commercial sex be provided to professionals represented by these organizations: Commonwealth's Attorneys' Services Council, Indigent Defense Commission, Office of the Executive Secretary of the Supreme Court of Virginia, Virginia Association of Chiefs of Police and Foundation, Virginia Department of Education, Virginia Department of Juvenile Justice, Virginia Department of Social Services, and the Virginia Sheriffs' Association.

These law changes and policy efforts are just some of the multi-stakeholder initiatives occurring in the Commonwealth to combat human trafficking. Legislative and administrative action taken in 2019, and in years prior, demonstrates the Commonwealth and its officials are focused on finding workable policy solutions to assist victims, prosecute offenders, and appropriately respond to this multi-layered, complex, societal problem that is felt in far too many communities and has harmed families and victims.

Visit <http://www.oag.state.va.us/files/HumanTraffLaws.pdf> to learn more about human trafficking laws in Virginia. ♡



HosPAC is VHHA's political action committee. Its mission is to provide organized and effective political action, and to support state candidates who will work to improve quality health care through policies supported by Virginia's hospitals and health systems. To learn more about HosPAC, or to contribute, visit www.vahospac.com.



Strengthening Human Trafficking Laws

Guest Column by Delegate Tim Hugo

It's easy to think of human trafficking as something that happens far away. It's not something that happens in our country, let alone Virginia. If only that were the case.

According to the National Human Trafficking Hotline, Virginia has been the location for over 1,000 cases of trafficking. As of 2017, Virginia ranked 15th in the nation for the amount of reported trafficking cases. Of those cases reported, 70 percent were sex trafficking crimes.

What is human trafficking? Said simply, it's modern-day slavery. Victims are coerced through fraud, force, or other means of influence to obtain some type of labor or sex act. Traffickers look for people who are easy to exploit. It can be someone with an emotional vulnerability, an economic hardship, or the need to escape political instability in their home country.

Official statistics on the matter can only speak to cases that are reported. Many instances of human trafficking happen every day in the Commonwealth without anyone ever noticing. In an effort to end this heinous criminal activity, the Virginia General Assembly has made cracking down on human trafficking a top priority in recent years.

Not so long ago, Virginia was given an "F" ranking for the legal protections it provided to victims of human trafficking. At that time, human trafficking could only be prosecuted as a misdemeanor. Holding another human being in bondage is abhorrent. Working with my colleagues in the legislature, I sponsored multiple pieces of legislation to classify trafficking as a felony to ensure that modern-day slavers spend time behind bars when they're discovered.

First, I introduced HB 1898 in 2011, which raised the penalty for abducting any individual for the purposes of prostitution or abducting a minor for child pornography. In 2013, we followed that legislation up with HB 1606 which stiffened the penalty for soliciting a minor for prostitution by increasing it from a Class 1 misdemeanor to a felony.



Delegate Tim Hugo

THE HUMAN TRAFFICKING EDITION

In 2014, we then passed HB 485 to expand the toolbox for Virginia law enforcement to track down and prosecute suspected traffickers operating online. Finally, in 2015, we passed HB 1964 establishing Virginia's first standalone sex trafficking statute and provided for felonies for any offender caught trafficking children, regardless of whether the victim was forced, intimidated, or coerced.

These pieces of legislation unanimously passed the House and Senate and have been instrumental in bringing justice to human trafficking victims. But there was more work to be done, and I'm proud to say we haven't stopped.

Just this past legislative session, my House colleague, Jason Miyares (R-Virginia Beach), introduced HB 1887. This bill required the Virginia Alcoholic Beverage Control Authority and the Virginia Employment Commission to post notice of the existence of a human trafficking hotline in government stores. This legislation took effect July 1 and it is intended as a way to alert possible witnesses or victims of human trafficking to the availability of reporting crimes or gaining assistance.

By passing this legislation, the Virginia General Assembly has lived up to its responsibility to protect the most vulnerable and keep our communities safe. While I am proud to say we have made great improvements towards that end in combatting human trafficking, I recognize there is still substantial progress to be made.

Our work will not be done — and we will not stop — until the last victim of the modern-day slave trade is freed, and the last of the modern-day slave traders are locked up for good. ♡

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Contact David Jenkins at (804) 965-1350 or djenkins@vhha.com.



Enhancing Forensic Nursing in Virginia

Guest Column by Delegate Karrie Delaney

During the 2019 General Assembly session, I had the great pleasure of starting a conversation on the lack of information on the forensic nursing programs and forensic nurse examiners in the Commonwealth.

Currently, Virginia has only 14 forensic nursing programs in the state, leaving all of northwest, southwest, and any location south of Petersburg without proper access to forensic nursing care.

This results in numerous abused children, assaulted women, and battered adults and elderly patients going to hospitals where they are told to drive hours to the nearest facility with a forensic with a nursing team. Alternatively, these crime victims are admitted to the hospital where their wounds are medically treated, no evidence is collected, and they are referred to the police without the forensic samples needed to convict their assailant.

Having served as a sexual assault crisis counselor, I have stood by women in hospitals as their advocate during some of the worst moments of their lives. I understand how essential it is to have access to trained forensic nurses who are able to see these patients, properly assess their abuse, and collect needed evidence. Unfortunately, not every victim in the Commonwealth is provided with the same access. This is a disservice to our children and those Virginians looking for support and justice after a very traumatic experience. We must gain a better understanding of the state of forensic nursing in the Commonwealth and find solutions which will allow every Virginian access to someone who is properly trained.

Forensic nurse examiners are an integral part of the system that allows victims of abuse access to justice. In previous legislative years, we have passed provisions and funded programs which would assist with the backlog of physical evidence recovery kits and would allow the Virginia Department of Forensic Science and their partnering labs to gain the tools and staffing to better meet the needs of the Commonwealth.



Delegate Karrie Delaney

Yet, if we do not have properly trained nurses available to collect evidence, the pathway to justice for victims of assault is minimized and evidence collected may be compromised.

The issue of access to forensic nursing goes beyond sexual assault and exploitation of women and greatly impacts our children and elders. As state agencies continue to study the state of forensic nursing in the Commonwealth, I personally will look for

solutions to fix the state of forensic nursing in Virginia. The more we support and empower those who provide proper medical assistance to those who have been abused, the more we are empowering the survivors, and are providing an easier pathway to justice for those who take their cases of abuse to the courts.

In partnership with hospital systems, nonprofit organizations, and various service providers, I will support future initiatives which will help grow our understanding of the state of forensic nursing and forensic nursing programs in the Commonwealth. With further knowledge, we will be able to grow a stronger, more victim-centered Commonwealth and health system. ♡

**HUMAN
TRAFFICKING**

BY THE NUMBERS



150

Calls are made to the hotline each day, according to National Human Trafficking Hotline



49,000

Cases have been reported to the Hotline in the last 10 years, according to the National Human Trafficking Hotline

A Doctor's Note:

Human Trafficking Hotline Awareness

Guest Column by Senator Siobhan Dunnivant, MD

As a mother, a physician, a woman, and a person, I am appalled by the horrors of human trafficking. There are so many young women and children who are being coerced into these heinous acts. And it's our responsibility to step up and combat these crimes. It's been our responsibility for a while, and I am happy to report there has been some headway. But we still have a long way to go. Human trafficking is something that has plagued our world, our country, and our state for far too long. It's time to stay informed, to stay alert, and to act.

The Department of Homeland Security defines human trafficking as modern-day slavery that involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act.

When I first started learning about human trafficking, I assumed, like most people, that it was girls being forced against their will to come to the United States from another country. But, it's not just that. This egregious form of modern-day slavery affects people from all different socioeconomic, race, and educational backgrounds right here in the United States — including Virginia.

The National Human Trafficking Hotline reports that between December 2007 and June 2017, there were over 950 reported cases of human trafficking and 3,999 calls made to the hotline in Virginia alone. The warning signs are difficult to identify, and those who know how to identify them rarely encounter the victims.

Because of this, many of these cases often go unreported and victims continue to suffer in silence and do not know how to get help.

In 2018, I introduced legislation to expand where notices about the human trafficking hotline are



Senator Siobhan Dunnivant



required to be posted. The Department of Labor and Industry must post notices in adult entertainment and truck stop establishments; two places we know victims of human trafficking unfortunately encounter. The bill I carried expands on current code (§ 40.1-11.3) and requires locations where basic health care services are provided — including pregnancy crisis centers, emergency room restrooms, and local health departments — as well as all rest areas and libraries to post notice of the existence of a human trafficking hotline so that possible witnesses or victims of human trafficking know there is a number to call to report crimes or gain assistance.

So why these places? In a study done by The Health Policy and Law Review of Loyola University Chicago School of Law, 55 percent of sex trafficking victims surveyed had abortions, and of these calls two-thirds were obtained at crisis centers. The hope is that with these notices being more readily available, victims will be able to discreetly learn how to seek help, learn about resources available to them, and ultimately get out of this terrible situation. Having the hotline posted and readily available in public areas will not only benefit victims, but it also has the potential to spread awareness throughout the community and allow those who know victims to seek assistance or notify law enforcement.

The reality is human trafficking is something we must better address in Virginia. According to the National Human Trafficking Hotline, Virginia ranked 15th for the most cases of human trafficking reported to the hotline in 2017. The hotline works, and is an important tool to saving victim's lives, getting them help, and helping fight this terrible crime. Better educating Virginians about the National Human Trafficking Hotline is a very easy step to take and would prove itself wholly justified if even one person were helped.

Currently, I am working with the Department of Health and other stakeholders to determine an environmental scan of health care providers that will assess the level of knowledge regarding human trafficking, develop guidelines for posting signage in health care settings where victims are likely to seek assistance and most importantly, conduct a targeted health campaign to educate providers and develop a screening tool to recognize and assist victims of human trafficking. Going forward, this is an issue I hope to continue to champion in the Senate. ♡

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American Hospital Association Guest Column

Human trafficking is a global public health crisis. The U.S. Department of Health and Human Services' (HHS) Office on Trafficking in Persons (OTIP) states that human trafficking occurs when a trafficker exploits an individual with force, fraud, or coercion to make them perform commercial sex or work. OTIP emphasizes that it can happen to anyone. In 2018, the National Human Trafficking Hotline reported 8,759 cases of human trafficking in the U.S. and noted a 13 percent increase in cases identified.

Hospitals and health systems are among the frontline responders that can help make a difference for these individuals. Claire Zangerle, Chief Nurse Executive of Allegheny Health Networks, and a member of the American Hospital Association (AHA) Board of Trustees says, "The issue of human trafficking happens in every single community, no matter the socioeconomic status of that community. It is important for hospital leaders to be aware of human trafficking issues because providers are at the point of care and able to offer the help that is needed by individuals affected by trafficking."

Recognizing this truth, the AHA launched its Hospitals Against Violence (HAV) initiative in 2016. HAV's goal is to create awareness and provide resources for hospitals and health systems to create effective responses for trafficked individuals.

For example, in 2018 HAV convened experts from the government and health care field to map out more effective ways to identify and assist victims of human trafficking. The group created a new advisory council to disseminate strategies that help providers spot and respond to telltale signs of abuse.

The AHA also shares learnings and tools through a monthly webinar series, covering topics from traffick-

ing in rural areas, legal aspects of human trafficking, key resources and tools for providers, trafficking of children, and the intersection of trafficking and the opioid crisis.

HAV works to highlight encouraging examples from the field of anti-trafficking work. One report, *Confronting Human Trafficking: Houston Hospitals Band Together*, describes the collaborative efforts of several Houston-area hospitals and health systems to address this public health concern by sharing ideas and resources.

One of the most significant victories in the ongoing battle against human trafficking is the AHA-backed creation of new ICD-10 diagnostic codes, which allow hospitals and health systems to better track victim needs and identify solutions to improve the health of their communities. The codes also provide another source for data collection to inform public policy and prevention efforts, as well as support the development of an infrastructure for services and resources. HAV is committed to increasing awareness of the new codes and helping providers use them effectively.

The work continues. This year, at the direction of Congress, HHS will continue its important training program called SOAR – Stop, Observe, Ask, and Respond – to teach health care providers in the basics of effective reaction to human trafficking. At the same time, The National Human Trafficking Training and Technical Assistance Center, funded by HHS, works with hospitals and health systems to provide educational resources and ensure that victims of trafficking, in all forms, have access to the services they need.

To access key resources and other materials, please visit Hospitals Against Violence at www.aha.org/preventviolence. *Laura Castellanos is Associate Director of AHA's Center for Health Innovation.* ♣



Laura Castellanos

Other Human Trafficking Resources

- Office on Trafficking in Persons: <https://www.acf.hhs.gov/otip>
- ACF Partners with Houston to Strengthen Local Responses to Human Trafficking: <https://www.acf.hhs.gov/otip/news/houston>
- OTIP's Resource Guide: <https://www.acf.hhs.gov/otip/resources>
- National Human Trafficking Training and Technical Assistance Center: <https://www.acf.hhs.gov/otip/training/nhttac>
- Claire Zangerle video on combating human trafficking: <https://youtu.be/jGFYiFF-lj4>
- Polaris report on signs of human trafficking: <https://polarisproject.org/human-trafficking/recognize-signs>
- Polaris Project resource guide: <https://polarisproject.org/resources>
- Office of Justice Programs human trafficking resources: <https://ojp.gov/specialfocus/humantrafficking/resources.htm>
- ImPACT Virginia video on human trafficking: <https://www.youtube.com/watch?v=86NIhhqTdto&feature=youtu.be>
- AHA Resources: <https://www.aha.org/topics/human-trafficking>

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Sponsored by the VHHA Foundation, the Summit is an opportunity for clinical, public health, law enforcement leaders, and other behavioral health professionals and stakeholders to convene and network in an atmosphere conducive to sharing best practices and collaborating on the identification and implementation of a multidisciplinary approach to whole person care in Virginia. Participants will gain useful information and tools to help improve outcomes for individuals with a range of behavioral health-related issues.

Register Here: VHABehavioralHealthSummit.com

Research Corner: In-Depth Data Analysis

Words by VHHA Analytics Team

The Use of Human Trafficking ICD-10 Codes in Virginia

In mid-2018, a new set of ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) codes were unveiled to help clinicians classify patient health situations that are indicative of human trafficking. Across the globe, the scope of human trafficking is alarming. It is estimated that more than 40 million people are victims of this inhumane form of subjugation, and that three-fourths of victims are women or girls. Use of the new codes are a way for health care professionals to help patients suffering from this form of abuse, and to contribute to the data gathering efforts so there is a greater understanding of the problem so more effective response strategies can be developed. Effective for fiscal year 2019, the new diagnosis codes address a range of circumstances including forced labor or sexual exploitation of children or adults (whether confirmed or suspected), perpetrators of mistreatment and neglect, encounter for examination and observation of victims follow force labor or sexual exploitation, and personal history of force labor or sexual exploitation (*see inset chart*). The new codes can help differentiate human trafficking victims from people victimized by other forms of abuse, according to the American Hospital Association (AHA), which advocated for the codes

classifying human trafficking abuses. By assigning appropriate codes to patients who are confirmed or suspected trafficking victims, coding professionals can help document critical data points to connect victims

with needed support services and inform community health response efforts. AHA also recommends that hospitals and health systems educate providers

including physicians, nurses, and other clinicians about the importance of collecting data regarding patients subjected to forced labor or sexual exploitation. It should be noted that some health care providers have differing views on the appropriateness of using such codes in patients' medical records because of the potential stigma that documentation could cause a person down the line. Although the diagnosis codes are relatively new, the VHHA Analytics Team conducted a review of available Virginia data to determine the extent to which the new codes are being used. While it should be noted that VHHA has limited access to emergency department data, a shortcoming that undoubtedly has an impact on the results of this analysis, a review did not produce any instances of the new human trafficking-specific ICD-10 codes recorded on available patient records. These findings don't mean frontline hospital staff aren't encountering victims, or that coding professionals aren't denoting patients who have been exploitation victims, perhaps with different diagnosis code designations. Indeed, several hospitals across the Commonwealth have trained clinical staff, including nurses who specialize in forensic and sexual assault examination patient care, who are on the health

care frontlines in the ongoing response to human trafficking. As VHHA, its members, policy makers, and other community stakeholders continue efforts to combat human trafficking, the Analytics

Team will continue to analyze patient diagnosis codes to measure trends in how human trafficking patient cases are coded. (April 2019) ♣

ICD-10-CM CODE	DESCRIPTION
T74.51	Adult Forced Sexual Exploitation, Confirmed
T74.52	Child Sexual Exploitation, Confirmed
T74.61	Adult Forced Labor Exploitation, Confirmed
T74.62	Child Forced Labor Exploitation, Confirmed
T76.51	Adult Forced Sexual Exploitation, Confirmed
T76.52	Child Sexual Exploitation, Confirmed
T76.61	Adult Forced Labor Exploitation, Suspected
T76.62	Child Forced Labor Exploitation, Confirmed

cross-industry innovation: sharing knowledge to improve patient care

ImPACT Virginia and Medical Students Fighting Human Trafficking invite you to learn how health systems can successfully partner to fight human trafficking and sustain a culture of prevention and survivor care.

Thursday, February 6th, 2020, 12 N - 4 PM,
VCU School of Medicine, 5th Floor
McGlothlin Medical Education Center
1201 E Marshall St., Richmond, VA 23298.
FREE Workshop. [Registration Coming Soon.](#)



Jennifer Cox



Jennifer Cox is the family medicine residency program manager for human trafficking, Mercy Family Health Center, Dignity Health. She also is a steering committee member for Dignity Health's human trafficking [response program](#). She has served as a nonprofit leader, speaker and community-based collaboration specialist for more than 25 years in Sacramento, California

Guest Speakers

Jennifer Cox and Sanjosh Paulus

Why we care
Why we collaborate
Why we want to share our programs

Topics Include:

- establishing hospital protocols and system-wide training
- Creating a "medical home" for survivors of human trafficking
- Forging community partnerships
- Contributing to medical education and research

Target Audience:

Hospital administrators, physicians, nurses, and other health care leaders

ImPACT Virginia and Students Fighting Human Trafficking believe that human trafficking is a serious public health issue that requires collaboration between multiple sectors in order to protect and care for vulnerable populations and prevent revictimization. We believe the lack of public awareness about this crime is contributing to its insidious growth in communities across the U.S. We are committed to closing this knowledge gap by providing free trainings for stakeholders. Our Medical Symposium on Human Trafficking, hosted annually by VCU Medical Students, is one way we raise awareness by preparing the next generation of physicians to recognize and compassionately respond to survivors of enslavement. We are honored to have Jennifer Cox and Dr. Santhosh Paulus as Guest Speakers at our 2020 Medical Symposium. [Click here](#) for more information.



Santhosh K. Paulus, MD



Dr. Santhosh Paulus is a Family Medicine physician who turned a personal crusade against the abuses of human trafficking into an innovative program at Northwell. He began his Northwell career at the Glen Cove Family Medicine Residency program and is now site director for Huntington. In this role, he strives to assist trafficking victims and provide longitudinal care to survivors.



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