



NEWS & VIEWS

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Recognizing and Combating Human Trafficking in Healthcare Systems

By:
Louise Lindsey, Editor

Today, news media, people throughout the world, organizations like the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC) are, as they should be, highly focused on the coronavirus outbreak that started in China's Wuhan City whose population is estimated at between 8.9 and 11 million people. A recent estimate from WHO indicates that the virus has killed at least 2,236 people and infected over 75,000.

By comparison, Duquesne University's School of Nursing, in its effort to identify how human trafficking is affecting the U.S. healthcare system, estimated that 20.9 million people worldwide—mostly women and children—are forced into slave labor, domestic servitude, and prostitution every year. Human trafficking, as a \$150 billion industry, is considered to be the fastest growing, money-making pursuit happening across our country and throughout the world.

Here is how the U.S. Department of Homeland Security (DHS) describes human trafficking on its website—

Human trafficking involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Every year, millions of men, women, and children are trafficked worldwide - including right here in the United States. It can happen in any community and victims can be any age, race, gender, or nationality. Traffickers might use violence, manipulation, or false promises of well-paying jobs or romantic relationships to lure victims into trafficking situations.

Language barriers, fear of their traffickers, and/or fear of law enforcement frequently keep victims from seeking help, making human trafficking a hidden crime.

Traffickers use force, fraud, or coercion to lure their victims and force them into labor or commercial sexual exploitation. They look for people who are susceptible for a variety of reasons, including psychological or

emotional vulnerability, economic hardship, lack of a social safety net, natural disasters, or political instability. The trauma caused by the traffickers can be so great that many may not identify themselves as victims or ask for help, even in highly public settings. <https://www.dhs.gov/blue-campaign/what-human-trafficking>

Awareness about the need to recognize and respond to human trafficking is growing, and federal agencies and states are working to pass legislature and develop methods to identify, educate the public, and eradicate human trafficking in the U.S. However, it is not an easy task and state laws vary depending upon how they define trafficking actions and associate penalties to those offenses.

In January 2020, the DHS developed and published what it terms as, "a first-of-its-kind 'Strategy to Combat Human Trafficking, the Importation of Goods produced with Forced Labor, and Child Sexual Exploitation.'"

It can be found at:

https://www.dhs.gov/sites/default/files/publications/20_0115_plcy_human-trafficking-forced-labor-child-exploit-strategy.pdf

The strategy identifies these five key goals:

1. Prevention. Reduce the threat by providing information and resources to specific vulnerable populations, schools, and community groups.
2. Protection. Disrupt illicit activity by identifying and assisting victims toward stability and recovery.
3. Prosecution. Leverage DHS law enforcement and national security authorities to investigate, take enforcement action, and refer cases for prosecution.
4. Partnership. Build strong partnerships throughout the homeland security enterprise as force multipliers across the Nation.
5. Enabling DHS. Harmonize and organize DHS programs to allow for maximum efficiency and effectiveness in addressing these threats.

The healthcare sector is not only responding to the growing number of enacted or pending of state-mandated training requirements, it is recognizing its unique position as potential frontline advocates for persons being trafficked. It is actively responding to the DHS and other organizations to be able to recognize and respond when confronted with possible trafficked patients.

For example. Houston hospitals are banding together, and colleagues are working collectively to identify, explore, and respond to the needs of trafficked victims. One woman, who has been actively involved in combating human trafficking for years was instrumental along with Catholic Health Initiatives (CHI) in forming the Houston Area Human Trafficking Health Care Consortium. The consortium includes representatives from Ben Taub Hospital, Houston Methodist Hospital, Texas Children's Hospital, Baylor College of Medicine, Memorial Hermann Health System, Doctors for Change, and San Jose Clinic. The group began to meet together to learn how each was identifying, treating, and offering services to victims identified as being trafficked.

One of the concerns that surfaced in the consortium's discussions was the realization that some patients hospitalized for psychiatric conditions had a comorbid history of human trafficking or were currently being trafficked. Additionally, discussions uncovered the fact that most of the participating organizations lacked designated resources and formal policies and procedures to effectively identify, treat, and maintain post-treatment follow-up with human-trafficking victims.

Identifying Human Trafficking in a Healthcare Setting

It has been estimated that as many as 88 percent of human trafficked victims seek medical attention while in captivity; however, due to the fact that healthcare workers are often unprepared to recognize human trafficking victims, many go unnoticed. Consequently, victim-advocacy groups and professional nursing associations nation-wide are calling for more and better training for healthcare practitioners, including nurses who often provide direct care for patients.

"Victims of violence and abuse require care from a health professional who is trained to treat the trauma associated with the wrong that has been done to them-be it sexual assault, intimate partner violence, neglect, or other forms of intentional injury." <https://www.forensicnurses.org/page/WhatisFN>

Consequently, forensic nurses are playing integral roles in bridging the gap between law and medicine. Some advocates believe forensic nurses should be in every emergency room because of their specific education and training in caring for patients experiencing acute and long-term health consequences associated with victimization or violence.

The National Human Trafficking Resource Center (NHTRC) has developed a chart titled "Framework for a Human Trafficking Protocol in Healthcare Settings" and it can be downloaded at:

<https://humantraffickinghotline.org/resources/framework-human-trafficking-protocol-healthcare-settings>.

The chart lists these "red flags" to consider:

- Someone else is speaking for the patient
- Patient is not aware of his/her location, the current date, or time
- Patient exhibits fear, anxiety, PTSD, submission, or tension
- Patient shows signs of physical/sexual abuse, medical neglect, or torture
- Patient is reluctant to explain his/her injury

If any of the "red flags" are present, the healthcare provider should speak with the patient alone and ask these questions:

- Have you been forced to engage in sexual acts for money or favors?
- Is someone holding your passport or identification documents?
- Has anyone threatened to hurt you or your family if you leave?
- Has anyone physically or sexually abused you?
- Do you have a debt to someone you cannot pay off?
- Does anyone take all or part of the money you earn?

Positive answers to any of those questions should be followed up by contacting the National Human Trafficking Resource Center's (NHTRC) 24-hour Hotline at 1-888-373-7888. The person calling should ask for assessment and next steps to take while making sure they follow all HIPAA and mandatory reporting regulations.

The NHTRC can also assist in assessing the current level of danger to the victim. The healthcare provider should be alert to the immediate environment regarding safety concerns and follow hospital/nursing home protocols if safety threats are present. Questions to consider:

- Is the trafficker present?
- What does the patient believe will happen if he/she does not return?
- Does the patient believe that anyone else (including family) is in danger?
- Is the patient a minor?

If there is perceived danger and the patient wants help, discuss the next steps to take with the Hotline. It may be necessary to involve law enforcement to ensure the victim's safety.

The improvements, observed as a result of mandated local and state agency training on effective methods and strategies for recognizing and saving victims of human trafficking have also aided in the identification of other forms of abuse, like domestic violence and sexual assault.

An example of the growing awareness showing how states are responding with legislation aimed at employers and requiring healthcare providers and others to receive training and education was recently issued on January 1, 2020, by the state of California. It presents new training obligations for all employees in the healthcare, hospitality, transportation, and adult entertainment sectors employed as of July 1, 2019, to receive "at least 20 minutes of training and education related to human trafficking awareness."

Action Steps Applicable to Healthcare Providers Across the United States

Healthcare "entities whose business involves interaction with large numbers of the public...should make themselves aware of state and local laws (and pending laws) that address human trafficking training and notices." Like California, a number of states have pending legislation that will enact requirements. Currently, the following states have pending legislation:

- Iowa (training requirements)
- Massachusetts (notice and training requirements)
- New York (training requirements)
- South Dakota (training requirements)
- Vermont (notice and training requirements)

These states already have training requirements: Connecticut, Florida, Illinois (as of June 1, 2020), Minnesota, New Jersey, and North Dakota.

Many states also have requirements for posting notices about human trafficking. They include the following: Alabama, Alaska (only in Anchorage), Arkansas, Connecticut, Florida, Georgia, Hawaii, Kansas (voluntary), Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee (voluntary), Texas, Virginia, and West Virginia.

Employers should check their local laws on human trafficking to know for sure if they are required to provide any training or notice postings.

Arrival of the New Med-Net Compliance Store

Med-Net Compliance, LLC is pleased to announce the arrival and opening of the new Med-Net Compliance Store. Helpful Compliance and Ethics products developed by Betty Frandsen, our Vice President of Professional Development and her staff, are available for purchase in this one-shop stop location.

In addition to the NAB Fraud Modules offering CE credits, other products such as the Condensed CMS Infection Prevention and Control Plan; Compliance and Ethics Committee Implementation Toolkit; and The Effective Compliance and Ethics Officer booklet to name a few are now available for purchase.

Following the link to the <https://mednetcompliance.com/store/> feel free to view the store's contents.

"Avoid Fraud Errors ... Learn How From Med-Net Compliance's Avoidance Courses"

Jo Ann Halberstadter, Esq

ADMINISTRATORS TAKE NOTE

Med-Net Compliance, LLC now offers two series of fraud modules with NAB/NCERS CEs at our store on our website. Modules 1-8 offers 3 NAB CEs and modules 9-16 offer 3.75 CEs. All modules provide education on fraud, waste and abuse prevention and offer a combined total of 6.75 CEs for successful completion.

To review the NAB Approved courses visit our store:
<https://www.mednetcompliance.com/store/>

All 16 courses on fraud, waste and abuse were developed by Betty Frandsen, our Vice President of Professional Development and her staff.

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