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D.C. conference to focus on teaching providers how to spot trafficking



Amy Paulin. (AP Photo/Mike



By [Dan Goldberg](#) 6:07 a.m. | Sep. 21, 2015 [follow this reporter](#)

Kanani Titchen was in medical school when she saw the patient she has yet to forget.

She was in the operating room, readying for a fibroidectomy. When the drape was lowered, the assembled doctors and students saw that the patient, a young woman, had a number of tattoos on and around her groin, including a "\$," indicating her body was for sale.

The significance of what the students were looking at didn't occur to them at the time.

"It never even occurred to us that someone else would put this on another human being," Titchen said. "It wasn't until I read about sex trafficking that I realized she didn't put those marks on herself."

Years later, Titchen, now an adolescent medicine fellow at Montefiore Health System, is still haunted by those tattoos.

Titchen didn't ask the patient where she got the markings. She didn't even ask if a clean needle was used.

She missed the warning signs of a woman who was being trafficked for sex.

Titchen learned about those signs and began teaching them to other physicians. She produced an informational video and this morning will speak at a human trafficking conference in Washington, D.C., part of a growing effort to raise awareness of the signs and symptoms of sex trafficking and labor trafficking among health care providers.

The conference is being planned by the U.S. Department of Health and Human Services and American Medical Women's Association.

The last national summit of this type was held in 2008, said Katherine Chon, the director of HHS' Office on Trafficking in Persons.

"This is another kind of pulse check in terms of where we are in the country," she said.

The purpose of Monday's summit is to bring people together from hospitals, clinics and urgent care centers to explain not only the warning signs but also the options health care providers have when they suspect a patient is being trafficked.

"Do they know what to do," said Suzanne Harrison, education director for family medicine at Florida State University. "Do they even know who to call. I think if we can develop protocols, that would be really helpful."

There isn't a reliable body of research, but one study found that more than 87 percent of human trafficking survivors said they had been seen by a doctor while they were being victimized.

Other studies found 50 percent but the larger point is that physicians are missing this, said Holly Atkinson, an assistant professor of medicine and preventative medicine at Mount Sinai Hospital.

"The bottom line is health care professionals are seeing these individuals," Atkinson said. "They see them in the emergency department, in clinics in community health centers. ... None of us were trained in this when we went through medical school or our residencies."

Both Harrison and Atkinson are scheduled to speak on Monday.

Chon said there is emerging evidence that health care providers can play a critical role as first-responders, and attendees from across the country have pledged to attend.

The organizers say they'd like to see a standard set of protocols or best practices emerge.

Among those attending Monday's conference is Susie Rush, a member of state Assemblywoman Amy Paulin's staff.

Paulin, during the 2015 legislative session, sponsored and [passed a bill](#) that toughens penalties against those who buy and sell young women, men and children. The bill raises the penalty for

sex trafficking to a class B violent felony, creates the felony sex offense of “aggravated patronizing a minor” and aligns the penalties for patronizing a minor with those of statutory rape.

The bill passed both houses with overwhelming support in March but has not yet been signed by Gov. Andrew Cuomo. Cuomo's office did not respond to a request for comment on whether he would sign the bill.

Paulin, a Democrat from Westchester, is working on a new piece of legislation, which she plans to introduce this coming session, that would require hospitals to train their staff to recognize victims of sex trafficking, similar to the trainings for recognizing the symptoms of domestic violence.

“We know there is a problem,” Paulin said. “I don’t think anyone has any idea of the magnitude. ... There’s clearly a lot to do for these girls.”