

JUNE 2014



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MAPA Gets Ready To Celebrate its 40th Anniversary



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PA

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President's Message

My term as president of MAPA is approaching its end. I have

spent several years working with the MAPA board, first as treasurer and following that, my term as President-Elect / President. It has been a rewarding and enlightening experience. The commitment is as easy one when you consider that at their hearts, PAs are built to serve. My term has been a relatively uneventful one. I have the hard work of the rest of the MAPA board as well as the superior efforts of MAPA Past-Presidents to thank for that. I also have the utmost confidence in the future leadership of MAPA.

The only concern to be seen is not in the quality of dedication of leadership, but in the quantity. MAPA has several young, energetic, and motivated members. All of us are necessarily called to serve. We wouldn't be in the profession we are in if we weren't. Given the uncertain future of medicine, and the crucial role we will all fill, we need that drive to service to include serving *the profession* as well as our patients. MAPA needs leaders

MAPA needs leaders to continue to advocate for our profession... including serving our profession.

to continue to advocate for our profession. We need interested members who will continue to inform and educate legislators on the importance of team-based delivery of health care. The ACA, the Michigan Health Code, as well as the differing philosophies of how to meet the needs of patients will impact how Physician Assistants fit into the medical profession of the future.

MAPA is the only organization that works for Michigan PAs on a daily basis. We protect the best interests of PAs in Michigan, so Michigan PAs can serve the best interests of their patients. We need support and participation in MAPA business to further those causes.

I am very thankful to all Michigan PAs for the opportunity to serve as President. I hope to continue working on behalf of MAPA in whatever role needed. I encourage all of you to join me to keep Michigan a great place to be a Physician Assistant.

Respectfully Submitted,

Jay Kaszyca, PA-C
2013-2014 MAPA President



MAPA's Mission

The Michigan Academy of Physician Assistants is the essential resource for the Physician Assistant profession in Michigan and the primary advocate for PAs in the state.

MAPA's Vision

The Michigan Academy of Physician Assistants is committed to providing quality, cost-effective, and accessible health care through the promotion of professional growth, enhancement of the PA practice environment, and preservation of the PA/physician team concept.

Medical Providers Leadership Meeting

By: Ron X. Stavale, PA-C, MAPA Immediate Past-President

Several years ago under the leadership of then MAPA President Sue York, PA-C, MAPA embarked on an initiative to bring together the Michigan State Medical Society (MSMS), the Michigan Osteopathic Association (MOA) and MAPA to discuss issues common to the providers practicing medicine. From this initial collaborative meeting of MOA, MSMS and MAPA, a consensus statement was formed that guides this yearly leadership meeting to this day. We were able to garner support for Public Act 210 of 2011, which improved efficiencies allowing PAs to practice up to the level of their training. The law now allowed PAs to: prescribe scheduled II medications in the outpatient setting, the ability to use safety restraints, the acceptance of the PAs signature where typically a physician's signature was required and the ability to have the physician assistants' name placed as the prescriber on prescription bottles. This coalition of medical provider groups has met yearly since then.

On Wednesday May 21st, we held our 2014 meeting. The President of the MSMS—Rose M. Ramirez, MD, the President-Elect of the MOA—Myral Robbins DO and their lobbyists and CEO Julie Novak met with MAPA. Present for MAPA were current President Jay Kaszyca, President-Elect Heather Klopp, Immediate Past-President Ron X. Stavale, AAPA President-Elect John McGinnity, plus our Lobbyist/Executive Director Mike DeGrow. Many issues of mutual concern were addressed as well as areas of possible coordinated efforts. *The following is a synopsis of some of those discussions:*



Senate Updates

Senate Bill #568 introduced by Senator Marleau in 2013 was an enormous bill that had ramifications to all of the provider professions, including their representative boards. It seems that the 268 paged bill created a lot of questions that are being looked at, but currently it is stalled in the Senate. Hopefully, some of the key components of that bill will remain intact and resurface perhaps into another bill. The Nurse Practitioner Independence Bill, Senate Bill #2, seems to have stalled in the House of Representatives. There were 2 amendments

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attached to Senate Bill #2 which required new NPs to have prescription supervision by a physician or an NP of 4 years and also held the NPs practice up to the standards of physicians when it passed the Senate by a vote of 20-18. It is questionable as to whether this will be taken up until after this year's elections.

Progress Report on Public Sector Consultants Study:

MSMS has contracted with Public Sector Consultants (PSC) to do a study on access-to-care, team practice structures and the health care environment, in general. PSC will be interviewing many practices and health care organizations in an effort to come up with ideas that can be used in legislation for next session. It is hoped that this legislation, along with some possible components of SB 568, will be introduced in the new legislative session in 2015.

House Bills 4520-4522 (RN First Assist) and Athletic Trainers as First Assist:

MAPA brought these bills and practices to the attention of MSMS and MOA, pointing out that this may be a new trend in using these professions in surgery, rather than trained physician assistants. MAPA acknowledged that physicians by law can delegate procedures to anyone; however, MAPA has real patient concerns with this practice. Those delegated staff need to be educated and held

up to the standards of care in the community and this responsibility is enormous for physicians to carry. The physician groups said that they will bring this issue to their legislative committee and let us know what transpires.

Community Pharmacy-Based Rapid Diagnostic Testing (RDT) Program:

This is a pilot program that allows some limited diagnosis and treatment by pharmacists. It is sanctioned by the Community Health Department (CHD) and is concerning to MAPA, MSMS and MOA. The MOA and MSMS recently met with the Pharmacist Association and nothing was resolved. The two physician groups have scheduled a meeting with the CHD to explain their concerns regarding relaxing state laws and implementing pilot programs that infringe upon the medical scope-of-practice.

It is from continued meetings and talks with Michigan's medical provider groups, that MAPA is ensuring safe and favorable working environment for physician assistants and that we are increasing access to quality health care to the residents of Michigan.



President-Elect's Message

WHAT YOU CAN EXPECT

FROM ME... I am very excited to work with the MAPA leadership and you as distinguished members

of an amazing profession. I have been a MAPA member since 2002, initially as the MAPA student representative for UDM. I have worked with some amazing mentors that fostered my leadership both in MAPA and as a Physician Assistant. As a result, I have had the opportunity to wear many hats in MAPA—from Student Liaison, serving on various MAPA committees, Secretary and President-Elect; all of which has prepared me to serve you as President of the Academy beginning in July. As your incoming MAPA President, I promise to be a strong voice and leader in our profession, both in and out of the MAPA board room. I will

I promise to be a strong voice and leader in our profession.

always advocate on behalf of the PA profession and continue to mentor new PAs in leadership. I am excited about this upcoming year and want to assure you that your

MAPA board is continuing to work hard for you. We are accessible and I personally extend an invitation to you that I am accountable and available to members.

WHAT I WANT FROM YOU... I am asking that you as fellow members of your academy join me in advocating for PAs of Michigan. Although, it seems we are abundant in numbers and have jobs “a

...our ability to practice in this great state of Michigan can be altered by the swipe of a legislative pen!

plenty”, we are behind the eight ball when it comes to advocating for our profession. As President-Elect, I have attended several leadership discussions with other health care professions in Michigan and I am embarrassed by the lack of PA representation. I have also attended national conferences and comparing our membership numbers to other states, our member numbers are weak. We have over 4000 PAs in Michigan and only about 850 are fellow MAPA members. The reality is that our ability to practice in this great state of Michigan can be altered by the swipe of a legislative pen! As you may be aware, Advance Practice Nurses have proposed legislation with Senate Bill #2 that could provide them independent practice. If we aren't advocating for what PAs and the team approach of medicine provides for our patients,

WHO WILL? WE NEED YOUR COMMITMENT TO MAPA through **MEMBERSHIP** and **ENGAGEMENT**.

It's a small price to pay for your privilege to practice medicine. **GET INVOLVED**, your presence at the Fall or Spring CME Conferences, one of the quarterly MAPA board meetings, Lobby Day on December 3rd or getting a PA to join MAPA are all ways to **GET INVOLVED**.

This past spring, MAPA held a leadership meeting and identified some strategic planning goals that will position MAPA for the upcoming executive director transition and will help lead us into the next phase of MAPA leadership. MAPA is the only resource that continues to protect the PA practice environment in Michigan and monitors legislation that may hinder our ability to provide patient care or practice medicine. I personally invite you to **GET INVOLVED**. MAPA wants to hear from you, your input helps drive our success!

Sincerely,

Heather Klopp, PA-C
MAPA President-Elect

EMU Welcomes its First Class



The new Physician Assistant Program at eastern Michigan University held its first class on Monday, May 5, 2014. The sixth Michigan PA program welcomed its initial class of 20 PA students, who were chosen from an applicant pool of over 600. The PA students come from a variety of educational and healthcare backgrounds. The EMU PA Program faculty, staff and students are settling in to their newly

renovated facilities in the Rackham Building on the Main Campus of Eastern Michigan University. We are also collaborating with nearby St. Joseph Mercy Hospital to develop a new Human Anatomy Cadaver Laboratory and Advanced Medical Simulation Center. The Eastern Michigan University PA Program welcomes input from PAs in our state and provides opportunities for guest lecturing and clinical precepting. For more information,

visit the EMU PA program website at www.emich.edu/pa or call 734-487-2842. Above is a picture of the initial EMU PA program students on their first day!





2014

MAPA Fall CME Conference

October 9-12
Grand Traverse
Resort & Spa



Not To Be Missed!

WEDNESDAY:

- MAPA Golf Outing

THURSDAY:

- Exhibit Hall
- 'Wines & Steins Tasting'
- 'Welcome Reception'

FRIDAY:

- Keynote Speaker: AAPA President John McGinnity, PA-C
- Workshops
- 'Leadership Forum'
- University Receptions
- Student Quiz Bowl

SATURDAY:

- 5K Fun Run
- PA Foundation 'Silent Auction'
- MAPA's Gala with entertainment

*Registration and Preliminary Agenda **available now.***

'Angel House'

2014 MAPA Fall CME Conference Chosen Charity



CHiLD and FAMiLY Charities was established in 1911 as the Ingham County Branch of Michigan Children's Aid Society. The agency's founding

purpose was "to secure for every child the same love and the same opportunity that we would have our children receive should they be left orphaned or friendless." Over the years, the agency has evolved into a multi-service organization serving diverse populations in the central Michigan region. CHiLD and FAMiLY Charities is recognized by the Council on Accreditation–Services for Family and Children for meeting "the highest standards of professional performance."

Angel House was established in 2006 and is located in Mason, Michigan. In 2010, Angel House successfully transitioned from a children's emergency shelter to a residential program for at-risk pregnant and parenting girls. The change resulted from a growing need in the foster care system and the lack of a specialized transitional living center in the mid-Michigan region.

The mission of Angel House is dedicated towards helping young mothers become nurturing parents and productive

members of the community. *Service highlights of the mother-baby program include:*

- Nine to twelve months of residential programming in a nurturing home-like setting.
- Goal oriented service planning with a Positive Youth Development (PYD) approach. PYD develops life and leadership skills, builds self-confidence and promotes pro-social behaviors.
- Individual, group and family therapy.
- Formal linkages to community-based medical and mental health agencies
- Maternal and infant support services utilizing a social worker and nurse team.
- Life skills training, parenting education and independent living preparation.
- Individualized education, vocation and career planning.
- Family involvement including co-parenting outreach to fathers.
- Transitional services following program graduation to ensure safety, wellbeing and permanency.

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Charity Donation Wish List

Clothing (New clothing only)

Pajamas (PJ pants and shorts)
Sweat Pants (adult sizes M, L, and XL)
Hooded Sweatshirts (adult sizes M, L, and XL)
T-shirts (adult sizes M, L, and XL)
Women's Underpants
Women's Socks
Baby Goods
Pull-ups (all sizes)
Wet Wipes
Baby lotion
Shampoo
Powder

Diapers (MOST NEEDED ITEM OF ALL!!!)

New baby bottles Infamil formula

Activities/Toys/Gift Certificates

Bead/Craft Kits
Backpacks
Bike Helmets (adult sizes S, M, L)

Baby/Toddler Toys & Gift Certificates

(Payless Target, Meijer's, WalMart,
Babies R' Us, any fast food restaurant)

Household Items

Cleaning Supplies (no pine scented)
Dish Soap
Dishwasher Detergent
Clorox Wipes
Bleach
Laundry Detergent
Plastic Kids Cups
Plastic Food Containers
New Pie Tins
Frying and Cake Pans
New Kitchen Utensils
Plastic Storage Bins
New Bath and Kitchen Towels
Sponges and Scrub Brushes

Hygiene Products Deodorant

Hairbrushes and Combs
Feminine Products (pads and tampons)
Women's Razors and Shaving Cream
First-aid Supplies
Sunscreen
Toothpaste
Shampoo/Conditioner
Body Wash
Hand Sanitizer
Cotton Balls

All donations will be accepted during the conference; please bring your donations to the conference venue and drop them off at the Angel House donation table. The six Michigan PA schools will be having a charity donation contest to see which school has the largest and variety filled donation; these donations will be judged prior to the Student Quiz Bowl on Friday evening of the conference. They are playing for 'pride' not prize.



AAPA House of Delegates (HOD) Report 2014- Boston, MA

By: Karl Wagner, PA-C, Chief Delegate to AAPA representing MAPA

Delegates: Jay Kaszyca, Marc Moote, Molly Paulson, Mary Huyck, Susan Raaymakers

Alternate Delegates: Ron Stavale, Donna Hines, Andrea Posh

I would like to thank the members of the MAPA delegation to the AAPA HOD in Boston during the national PA conference for their hard work and dedication to the PA profession. Starting last September, they received multiple communications from the Speaker of the House and the President of the AAPA, including this year's resolutions to debate. They participated in conference calls, which usually starts in January and goes through the time to leave for the AAPA conference. This process was established and placed into MAPA policy by former Chief Delegate and MAPA Past President, Andy Booth. It recently has been updated by the policy committee and MAPA board of directors for the next cycle.

The AAPA HOD is continuing to move to a 365 day HOD. This will enable the AAPA BOD to continue to be engaged and responsive to national issues that affect PAs across this country or our patients' access to care. The HOD meets currently at the annual conference for 3 days and debates resolutions brought before the body for that year from Constituent Organizations and delegates, who feel our policy or position on any subject needs to be addressed by the HOD. There are three reference groups made up of volunteers from the attendees to the conference or HOD. They are identified by Reference Committee A—handling issues of Bylaws, Membership and Operations; Reference Committee B—addressing issues on Education, Constituencies and Certification. Reference Committee C—focusing on issues of Professional Practice, Government Affairs and Public Policy. The final outcomes can be seen on AAPA's website.



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Report from Reference Committee A:

The number of resolutions presented were 2014-A-01 to 2014-A-16. These pertained to Elections issues and poor voter participation that elect our members to AAPA BOD and the expense of conducting a national election to the AAPA and its members. Student and Fellow members Apportionment issues were debated with fervor. Issues on the consent agenda were dealing with access to member information and Director of PA Services in the VA Central Office. Finally, the election process needs to come into compliance with our AAPA Charter in North Carolina.

Report from Reference Committee B:

The number of resolutions presented were 2014-B-01 to 2014-B-07. These pertained to PAs as “Collaborative” vs. “Supervised”; Role and Definition of a PA; Educational Opportunities; Time-Limited NCCPA Certification and Grandfathering of PAs. The consent agenda addressed Continuing Professional Development and Media Violence.

Report from Reference Committee C

The number of resolutions presented were 2014-C-01 to 2014-C-12. These related to a policy on Firearm Safety and Related Violence; Laws Related to Firearms and Placing Limits and Restrictions on Same; Observation Units as a Solution to Overburdened Emergency Departments; Position Paper on: Improving Children’s Access to Health Care. Consent Agenda included: Obesity, Education of Patients on Childhood Obesity, Position Paper: Guidelines for the PA Serving as an Expert Witness; Position Paper: Direct to Consumer Advertising.





And the Winners are ...

MAPA 2014-2015 Election Results

Thanks to all of you who submitted your votes by the May 31st deadline date.

Congratulations to the following candidates:



President-Elect

Chris Noth
PA-C, FAPACVS



Treasurer

Tom Plamondon
PA-C



Region 2 Representative

Lauren Reynolds, PA-C



Region 4 Representative

Ginger Biesbrock, PA-C



Region 6 Representative

John Young, PA-C



Chief Delegate to AAPA

Donna Hines, PA-C

2014-2015 Delegates to AAPA

Molly Paulson, PA-C

Andrea Posh, PA-C

Susan Raaymakers, PA-C

Ron X. Stavale, PA-C

Karl Wagner, PA-C

2014-2015 Alternate Delegates to AAPA

Mary Huyck, PA-C

Jay Kaszyca, PA-C

Heather Klopp, PA-C

MAPA Board Appointed position



Student Advisor

Andrea Posh
PA-C

All candidates are MAPA members in good standing.

HUMAN TRAFFICKING

is Modern Slavery

A hundred and fifty years ago, the U.S. Constitution had a 13th Amendment added that abolished slavery and guaranteed that neither slavery nor involuntary servitude shall exist. Around the world, country and right here in Michigan- men, women and children are forced into prostitution, domestic servitude and other labor for little or no pay. This problem has gone unnoticed due to several reasons: the public remains blind to the problem, the public and officials may choose to look the other way or because traffickers use force, fraud and coercion to hide their victims in the shadows. What is being hidden or not recognized is 'Human Trafficking,' a modern-day form of slavery. It is the second largest criminal industry in the world, tied with illegal arms industry and only superseded by drug dealing; but it is the fastest growing of the three. Victims of human trafficking can be anyone, including: men, women, children, elderly, foreign nationals or U.S. citizens.

Human Trafficking has two forms:

SEX TRAFFICKING is the exploitation of a person for commercial sexual activities through force, fraud and coercion. Victims of sex trafficking are often forced to engage in prostitution, exotic dancing or pornography. Importantly, any sexually exploited child is a trafficking victim, even if there is no force, fraud or coercion.

LABOR TRAFFICKING is the exploitation of a person for labor or services through force, fraud or coercion. Labor Trafficking victims are

often forced into domestic servitude, agricultural, restaurant or sweatshop factory work.

Traffickers control victims through-

FORCE: physical restraint, transporting, beatings, rape

FRAUD: false offers of employment, marriage or a better life

COERCION: threats, destroying legal documents, abuse of the legal process, debt bondage, and psychological abuse

It is estimated that modern slavery around the world claims 20.9 million victims at any time, but this number may be as high as 27 million. Human trafficking is defined by exploitation, not by movement. The Asia and Pacific region remains the largest in terms of number of victims.

Human Trafficking is a multi-dimensional threat; it deprives people of their human rights and freedoms, it is a global health risk, and it fuels the growth of organized crime.

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Today, the business of human sex trafficking is much more organized and violent. Traffickers represent EVERY social, ethnic and racial group.

HUMAN TRAFFICKING

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Facts and Figures

- Human trafficking is a \$32 billion global industry annually for organized crime
- There is an estimated **27 MILLION SLAVES TODAY**; more than the number of slaves in all 400 years of the Trans-Atlantic slave trade combined
- Human trafficking is more lucrative than the illegal arms trade
- One victim is trafficked across international borders every minute
- The money from this industry fuels organized crime and terrorist networks worldwide
- It takes a few seconds to kidnap a child, but years to prosecute the trafficker



- Victims are taken from airports, train stations, malls, schools, parks, youth centers and theme parks
- More than 75% of Human Trafficking is for sex, 80% of the victims are female
- Children are regularly conscripted in warfare in parts of Africa
- Slavery is still technically legal in some nations
- There are **100,000 TO 300,000 CHILDREN** in prostitution in America
- A pimp averages \$67,100 per prostitute

Human trafficking destroys lives and poses health risks:

- 65% of female victims of sex trafficking sustain serious internal injuries
- 24% of female victims experience head injuries and 12% report broken bones
- Women trafficked for **SEXUAL EXPLOITATION** have a 10-fold risk of contracting HIV
- Women have a high rate of STDs, TB and permanent damage to reproductive organs
- Female victims are more likely to suffer from PTSD
- Victims are more likely to engage in drug use and violent behavior



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HUMAN TRAFFICKING

is Modern Slavery

Many people don't recognize the fact that slavery is still around today; thinking that slavery was only a dark stain on 'our' past. There are other words that can be used in lieu of the word 'slavery,' that may make it sound less reactive to the public. Nowadays, words like- "debt bondage," "bonded labor," "forced labor," "indentured servitude," "attached labor," and "restavec" are used in place of what these all really mean- 'slavery.' Slaves of human trafficking are fearful to leave or escape their situation or must work off their debt prior to being set free. Most victims are recruited at a young age and have no perception of normalcy and continue in this 'world' with a despite outcome.

As with any disease, you look for clues or signs and symptoms to help you identify the problem. Victims of human trafficking have identifiers or Red Flags that can help you in identifying them from the masses:

- Are there bruises or other signs of physical abuse?
- Are there signs of psychological abuse?
- Is the person submissive or fearful?
- Is the person **BEING CONTROLLED**?
- Is the person being deprived of food, water, sleep, medical care or other life necessities?
- Is the person allowed to be in public alone?
- Can the person freely contact friends and family?

- Is the person a minor engaged in commercial sex?
- Does a minor appear to be in a relationship with a much older person?
- Does the person **FEAR** his or her employer?
- Can the person leave their job if they want?
- Has someone threatened the persons' family?
- Does the person have identification?
- Does the person know their address?

While organized crime plays a large role in global human trafficking, communities, local government and even families are often involved in the process too. Human trafficking does not always equal prostitution- it can include indentured servitude, other forms of exploitation in the workforce (factories and farms) and even the organ trade. The majority of trafficked humans are female, but men and boys are also trafficked, yet they receive lesser attention. This is due in part because it is difficult to get young boys out of trafficking, especially sex work; the nature of this work is very lucrative. Confirmed trafficking cases have occurred in: agriculture, mining, fishing, garment factories, construction, street prostitution, escort services and brothels. *Products* from specific countries that

"The victims of MODERN SLAVERY have many faces. They are men and women, adults and children. Yet, all are denied basic human dignity and freedom ... all too often suffering from HORRIBLE physical and sexual abuse, it is hard for them to imagine that there might be a place of refuge."

- U.S. President Barack Obama, January 4, 2010

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HUMAN TRAFFICKING

is Modern Slavery

use human trafficking and labor servitude include: cotton, bricks, garments, sugarcane, carpets, cattle, coal, gold, rice, chestnuts, cocoa, diamonds, textiles, shrimp, stones, timber, tobacco, artificial flowers, beans, cement, Christmas decorations, coffee, corn, electronics, fireworks, footwear, iron, jade, nails, palm oil, pornography, rubber, rubies, teak, tilapia, toys and wheat.

Moving from global human trafficking concerns and onto the shores of the United States and within Michigan, there is a major concern for this industry in America. There is an estimated 300,000 American youths who are involved in commercial sexual exploitation, the majority of these victims are runaways or throw-away youths who live on the streets and become victims of prostitution. These youths come from homes where they were abused or from families who abandoned them; they are lured with promises of financial prosperity

or drugs. Other young people are recruited into prostitution through forced abduction, pressure from parents or through deceptive agreements between parents and traffickers (**the average age of girls becoming victims is 12 to 14 years old**). Traffickers use force, drugs, emotional tactics and financial methods to control their victims.

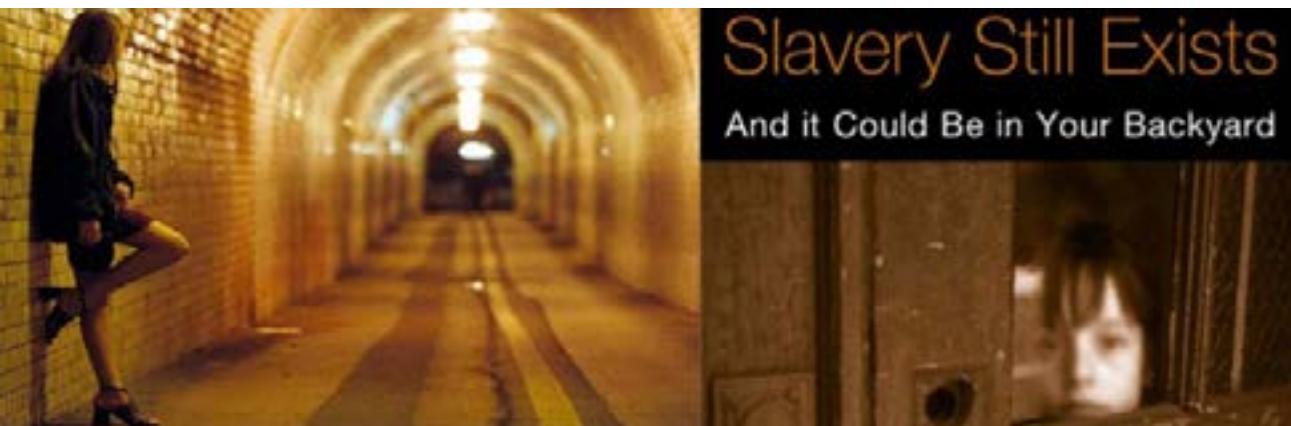
In 2000, the U.S. Congress passed the Trafficking Victims Protection Act (TVPA), which was the first comprehensive law to address trafficking, with a focus on the international dimension of the problem. The law has a three pronged approach: *Prevention*; *Protection*; and *Prosecution*. This act was designed to enforce all laws within the 13th Amendment to the U.S. Constitution that apply.

In 2006, Michigan Gov. Jennifer Granholm signed House Bill 5747, which specifically outlawed human trafficking in Michigan.

MICHIGAN IS ONE OF THE TOP FIVE STATES FOR HUMAN TRAFFICKING.

Currently, there are 23 new bills before the Michigan legislature in the hope to curb human trafficking in the state. Representative Kurt Heise (R-Plymouth) is spearheading these bills to prosecute solicitors of prostitution and sex trade, but also ensuring that the needs of the victims are met.

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HUMAN TRAFFICKING

is Modern Slavery

"One of the emphases of these bills is to change the mindset of how we address human trafficking, not only that it's a crime, but that we have compassion for the victims."

Last year, the Michigan Attorney General, Legislature and Governor Rick Snyder formed the Michigan Commission on with a mission to develop a comprehensive statewide plan to uncover and prevent human trafficking within Michigan. The commission is focusing on five areas of information and concern: Data Collection; Victim Services; Professional Training; Raising Public Awareness; and Legislature and Policy. Professionals from all walks of life often have direct contact with victims of human trafficking; these professionals include- Health Care Professionals, Social Workers and Law Enforcement. Unfortunately, due to lack of training, many of these professionals are unaware of basic trafficking indicators or Red Flags and consequently do not recognize a victim of human trafficking when they see one.



According to the commissions' report, a recent 76 city crackdown in Michigan arrested 150 pimps and recovered 105 children- between the ages of 12 to 17 years old. Nationwide, the FBI reports 40% of sex trafficking involved children. A victim stated: *"I jumped from the second floor and broke my legs, but I got free."* Nearly half of all human trafficking occurs in private residences, followed by hotels, restaurants and massage parlors. There has been an explosion of internet-based human trafficking, where the traffickers can remain anonymous.

The Michigan Commission on Human Trafficking report concluded by stating that with the combined effort of over 30 members on the task force, a collaboration of efforts has to ensure a **VICTIM-CENTERED APPROACH**. Ultimately, every member of society shares the responsibility to expose and prevent human trafficking. The evasive and widespread nature of the crime requires all of us—private citizens, service providers, state legislators and law enforcement officials—to engage in the implementation of a comprehensive deterrence strategy. *"One of our highest duties as citizens is to protect the vulnerable and restore dignity to those among us who have been dehumanized. We must never waiver and always be vigilant."*

STOP HUMAN TRAFFICKING

The UNITED STATES not only faces an influx of international victims, but also has its own homegrown problem of interstate SEX TRAFFICKING of minors.

SOURCES/LINKS/CONTACTS:

Michigan Academy of Physician Assistants: MAPA at 1-734-353-4752 or www.michiganpa.org

American Academy of Physician Assistants: AAPA at 1-703-836-2272 or www.aapa.org



National Commission on Certification of Physician Assistants: NCCPA at www.nccpa.net

Accreditation Review Commission on Education for the Physician Assistant: ARC-PA at www.arc-pa.org

Michigan Department of Community Health for PA license at www.michigan.gov


Drug Enforcement Administration (DEA) license at www.deadiversion.usdoj.gov

Michigan Physician Assistant Foundation (MI PAF) at www.mipaf.com



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MAPA PLANNER

EVENTS/CONFERENCES



MAPA's Fall CME Conference

DATE: October 9 – 12, 2014
SITE: Grand Traverse Resort & Spa
INFO: Registration and preliminary agenda
available at www.michiganpa.org

Future MAPA Fall CME Conferences

2015 Grand Traverse Resort & Spa (Oct. 8 - 11)
2016 Grand Traverse Resort & Spa (Oct. 13 - 16)
2017 Amway Grand, Grand Rapids (Oct. 5 – 8)
2018 Grand Traverse Resort & Spa (Oct. 4 – 7)

Lobby Day 2014

DATE: December 3, 2014
SITE: Lansing, MI