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COMMITTEE REPORT
HOUSE

(7)

FURTHER: FINANCE

3/22/84

Date: 4/30/84

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had CSSSSB 72 (HESS) am
"An Act relating to sexual assault investigations."

under consideration and recommends:

- do pass do not pass
- do pass with attached amendments(s)
- replace with ^{li}CS for CSSSSB 72 (HESS) same title
 new title
- and recommends "do pass."
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation Zero Fiscal Note Attached
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

Rich Kelly

T.M. Martin

Mike Davis

Alvin Korman

John Lee

Sam Vestinger

MEMBERS HAVING
OTHER RECOMMENDATIONS:

Mar Tucker - no Rec.

Mar Tucker
CHAIRMAN

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSSSB72 (HESS)
 Title: "An act relating to sexual assault investigation."
 Sponsor: Senator Kerttula
 Requestor: House HESS
 Date of Request: 4/13/84

FISCAL DETAIL

Agency Affected: Public Safety
 Program Category Affected: Administration of Justice
 BRU, Program or Subprogram(s) Affected: Alaska State Troopers

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES		5.0				
200 TRAVEL		70.0				
300 CONTRACTUAL		38.0				
400 SUPPLIES		9.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		122.0	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE			- -	- -		

FUNDING: (Thousands of Dollars)

GENERAL FUND		122.0	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Joe Mapranan *JM* Phone: 465-4336
 Division: Administrative Services Date: _____
 Approved by Commissioner: Robert J. Sundberg *RJS* Date: 4/13/84
 Agency: Public Safety

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83



Official Business

Alaska State Legislature

Senate

Office of the President

Pouch V
State Capitol
Juneau, Alaska 99811



MEMORANDUM

TO: Mae Tischer, Chair
House HESS Committee

FROM: Senator Jay Kerttula

SUBJECT: SSSB 72, "An act relating to sexual assault investigations"

DATE: April 5, 1984

Attached is back-up for SB 72, which provides for a statewide protocol and training for use by professionals of sexual assault examination kits. SB 72 also stipulates that sexual assault examinations be performed at no charge to the alleged victim.

If you need further information on this legislation, please don't hesitate to contact my office.

Introduced: 2/1/84
Referred: Health, Education and
Social Services
and Finance

BY KERTTULA, V.FISCHER
AND JOSEPHSON

1 IN THE SENATE

2 SPONSOR SUBSTITUTE FOR SENATE BILL NO. 72

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 THIRTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to sexual assault investigations."

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

8 * Section 1. AS 18 is amended by adding a new chapter to read:

9 CHAPTER 68. SEXUAL ASSAULT INVESTIGATIONS.

10 Sec. 18.68.010. SEXUAL ASSAULT EXAMINATION KIT. (a) The De-
11 partment of Public Safety in conjunction with the Department of Law
12 and the Department of Health and Social Services shall develop a
13 uniform sexual assault examination kit.

14 (b) Under protocols developed under AS 18.68.020

15 (1) the Department of Public Safety shall distribute the
16 kits throughout the state; and

17 (2) peace officers and health care providers shall use the
18 kits for the gathering of evidence in cases of suspected sexual as-
19 sault.

20 (c) The appropriate person under the protocols developed under
21 AS 18.68.020 shall provide a sexual assault examination kit at no
22 charge to an alleged victim of a sexual assault.

23 Sec. 18.68.020. SEXUAL ASSAULT INVESTIGATIONS PROTOCOLS. (a)
24 The Department of Public Safety in conjunction with the Department of
25 Law and the Department of Health and Social Services shall develop a
26 manual of protocols governing the distribution and use of the sexual
27 assault examination kit developed under AS 18.68.010.

28 (b) The Department of Public Safety shall distribute copies of
29 the protocol manual developed under this section to the appropriate

FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: SSSB 72
 Title: "An Act relating to sexual assault investigations."
 Sponsor: Sen. Kerttula
 Requestor: Senate Hess
 Date of Request: 2/2/84

FISCAL DETAIL

Agency Affected: Department of law
 Program Category Affected: Administration of Justice
 BRU, Program or Subprogram(s) Affected: Prosecution

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES		49.6	52.6	55.8	59.1	62.6
200 TRAVEL		7.5	8.0	8.5	9.0	9.5
300 CONTRACTUAL		24.8	10.4	11.0	11.7	12.4
400 SUPPLIES		4.5	3.2	3.4	3.6	3.8
500 EQUIPMENT		1.5				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	87.9	74.2	78.7	83.4	88.3

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	87.9	74.2	78.7	83.4	88.3
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	-0-	1	1	1	1	1
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

N/A

ANALYSIS: Attach a separate page for analysis

Prepared By: Richard I. Pegues, Director Phone: 465-3672
 Division: Administrative Services Date: 2-6-84
 Approved by Commissioner: Norman C. Gofsuch Date: 2-6-84
 Agency: Department of Law

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

February 3, 1984

This bill provides that the Department of Public Safety, in conjunction with the Department of Law and the Department of Health and Social Services shall develop and distribute a uniform sexual assault examination kit. The bill further provides that these departments shall develop a manual of protocols governing the distribution and use of the sexual assault examination kit.

The Department of Law will have primary responsibility for developing the manual of protocols. Some preliminary work in this project has already been accomplished as an outgrowth of the establishment of specialized sexual assault prosecution units and the use of victim/witness assistance paralegals in several of the department's District Attorney offices. In addition to developing protocols that enhance the preservation and protection of evidence, and writing protocols that deal with victims in a sympathetic and supportive manner, the department believes that it will be necessary to develop training packages for police officers. These training packages would then be incorporated into the regular police training curriculum and be available to Village Public Safety Officers, local police agencies and the Alaska State Troopers.

The biggest single obstacle to be cleared in making the sexual assault examination kit program work is the training of health care providers and private medical practitioners who examine and treat rape victims, in the preservation of evidence and the handling of victim/witnesses. There is no mechanism to command the attendance of health care providers at standardized training courses, nor would such a mechanism be a practical solution. Consequently, the department believes that this critical link in the chain of evidence can be best assured by providing on-site training and consultation to health care providers on a recurring basis. Recurrent on-site training will also be of vital importance for the staffs of the Department of Health and Social Services and the Council on Domestic Violence and their contractors who assist victims of sexual assault and particularly victims of child sexual abuse.

The Department of Law therefore requests sufficient funds to hire an Associate Attorney II who will be responsible for writing and revising the protocols for the distribution and use of the sexual assault examination kit. This position will also be responsible for developing police agency training packages and the position will develop and provide ongoing training for health and social services care providers. Funds are also requested for the printing of training materials and protocol manuals.

The Associate Attorney will be located with the Violent Crimes/Sexual Assault supervisor in the Office of the Chief Prosecutor.

FISCAL ANALYSIS - SSSB 72

This analysis is based upon establishing an Associate Attorney II position at Juneau. It provides for usual position support cost. Travel is set at a higher than usual level to allow for the training of rural health care and social services care providers. Ongoing costs include \$400 per month for communications and copying, and \$250 per month for office and library supplies. One-time expenses include \$1,500 in new position office commodities and \$1,500 in new position equipment. Another one-time expense is for the printing of protocol manuals, as well materials for and printing of training manuals. These costs are estimated at \$20,000, in the first year, and \$5,000 per year, thereafter. These costs have been estimated on the basis of similar projects requiring training efforts such as the criminal code revision. Costs beyond FY 85 include a 6% inflation factor.

1st Year Costs (FY 85)

	Associate Attorney II
Personal Services	49.6
Travel	7.5
Contractual	
Communications & Copying	4.8
Protocol/training materials	20.0
Commodities - ongoing	
Office Supplies	1.8
Library Materials	1.2
Commodities - single time	
New position supplies	1.5
Equipment - single time	
New position equipment	1.5
	<hr/>
Total	87.9

1.	POSITION TITLE ASSOCIATE ATTORNEY II			RANGE/STEP 19A	BARG. UNIT PX	FORM 12 PAGE/LINE	GOV.	APPROV.	DISAPP
2.	TYPE OF POSITION PFT	STAFF MONTHS 12	RP NUMBER	PCN NUMBER	BRU PRIORITY	LOCATION Juneau	ELECTION DISTRICT 4	LEG.	
3.	CONTINUATION LEVEL			ADDITION	JUSTIFICATION				
4.	TYPE OF EXPENDITURE			AMOUNT					
	1	2	3						
	PERSONAL SERVICES								
5.	Salary	3,193/mo.	38,316						
6.	Benefit:		6,284						
7.	Supplemental Benefits		2,349						
8.	Fixed Benefits		2,630						
9.	TOTAL PERSONAL SERVICES		01	49,579					
10.	Travel		02	7,500					
11.	Contractual		03	24,800					
12.	Commodities		04	4,500					
13.	Equipment		05	1,500					
14.	Other								
15.	TOTAL COST			87,900					
	RECEIPT CODE	FUNDING SOURCE							
16.		Federal Receipts 1002							
17.		G.F. Hatch 1003							
18.		General Funds 1004		87,900					
19.		I-A Receipts 1005							
20.		Program Receipts 1028							
21.		Other							
FOR B&H USE ONLY									
4A KEY NUMBER									

This position is required to develop and revise protocols for the distribution and use of a sexual assault examination kit. The position will also develop and write training guides for police officers to be incorporated in various training programs used by the Village Public Safety Officers, local police departments, and the Alaska State Troopers. The position will also provide recurrent on-site consultation for health care and social services care providers who assist the victims of sexual assault, particularly the victims of child sexual abuse. The position will interpret the legal requirements for safeguarding the evidence of sexual assault by health care and social services care providers such as hospitals, private medical practitioners, domestic violence shelters and village health aides.

13 REQUEST FOR
NEW POSITION

AGENCY DEPARTMENT OF LAW
PROGRAM DUE PROCESS
BRU PROSECUTION

Page 1 of 1

FY 85

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

FEB 1984

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSSSB72(HFSS)
 Title: "An act relating to sexual
 assault investigation."
 Sponsor: Senator Kerttula
 Requestor: Senate Finance
 Date of Request: 2-15-84

FISCAL DETAIL

Agency Affected: Public Safety
 Program Category Affected: Administration of Justice
 BKU, Program or Subprogram(s) Affected: Alaska State Troopers

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES		5.0				
200 TRAVEL		70.0				
300 CONTRACTUAL		38.0				
400 SUPPLIES		9.0				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		122.0	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUND		122.0	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Francis C. Allan

Phone: 269-5691

Division: Alaska State Troopers

Date: 02/06/84

Approved by Commissioner: Robert J. Sundberg

Date: 2/6/84

Agency: Public Safety

Distribution (by Agency preparing fiscal note):

Legislative Finance

Legislative Sponsor

Requestor

Office of Management and Budget

Impacted Agency(ies)

12/1/83

CSSSSB 72 (HESS)
FISCAL NOTE
FY'85

100 -	<u>Personal Services</u> - 10 hours of overtime per month for a Alaska State Trooper, Sergeant, 78K (Note - Much of this training involving the legal implications of sexual assault investigations will need to be provided by a lawyer from the Department of Law.)		\$ 4,979
200 -	<u>Travel</u>		
	a) Travel & Per Diem must be provided for the Registered Nurse who will train Medical Institutions throughout the state in the use of the sexual assault kits.	\$14,000	
	b) Travel & Per Diem must be provided for a three man team which will train all state and local law enforcement officers with training in witness/victim interviews, victim sensitivity, crisis intervention and serological and biological evidence gathering.	<u>\$56,000</u>	\$ 70,000
300 -	<u>Contractual</u> - Personal Services contract with Registered Nurse to train Medical Facilities throughout the state in the use of the sexual assault examination kits.		\$ 38,000
400 -	<u>Commodities</u> - We would need approximately 600 kits the first year to replace all of the kits now in use and for training purposes. The cost is estimated to be about \$15.00 for each kit.		<u>\$ 9,000</u>
		Total	\$121,979

Note - These costs are needed in the first year only. Replacement costs for the kits are budgeted in the operating budget of the Crime Lab.

FEB 21 1984

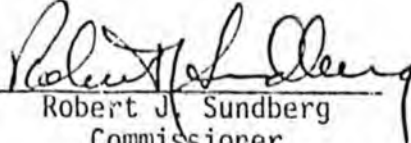
DEPARTMENT OF PUBLIC SAFETY
POSITION PAPER - CS SS SB 72 (HESS)

Support

February 6, 1984

CS SS SB 72 (HESS) - "An Act relating to sexual assault investigations."

By making the sexual assault examination kits universal and by providing sufficient training in their use, a significant increase in the number of sexual assault convictions is expected.


Robert J. Sundberg
Commissioner

POSITION PAPER

SENATE BILL NO. 72

"An Act relating to free emergency medical examinations of victims of sexual offenses."

This Bill adds a new section to the statute governing the Violent Crimes Compensation Board which provides that the victim of sexual assault or, in the case of a minor, a victim of sexual abuse may request and shall receive free emergency medical examination at a public or private hospital or other emergency medical facility so that evidence may be gathered to assist in the possible prosecution of the offender. The Bill also provides that the Board may reimburse the hospital or emergency facility for the reasonable costs of the examination. It further provides for retroactive payment to the victim or parent if the victim agrees to aid in the prosecution of the offender.

The Department of Health and Social Services endorses measures which assist in law enforcement. Costs of examinations for victims are coverable under the state's Medicaid program at present and under many health insurance programs. We have no means to estimate how this Bill would affect the costs of the Violent Crimes Compensation Board. We do not anticipate any increased costs to the medical assistance programs administered by this Department.

It is noted that no provision is made for reimbursement of costs to physicians or other health care providers who may be involved in such examinations.

Recommended by:

E. S. Rabequ, M.D.
E. S. Rabequ, M.D., Director
Division of Public Health

Date:

Feb 10, 1983

Approved by:

Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and Social Services

Date:

2/14/83

ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

110 SEWARD #13 JUNEAU ALASKA 99801

(907)585-3550

POSITION PAPER: SSSB72 AN ACT RELATING TO SEXUAL ASSAULT INVESTIGATIONS

The Alaska Network on Domestic Violence and Sexual Assault, representing twenty member programs statewide providing services to victims of domestic violence and sexual assault, supports sponsor substitute for Senate Bill 72, An Act Relating to Sexual Assault Investigations.

The Network's primary area of concern is provision of comprehensive, sensitive, and timely services to victims. In cases of sexual assault, this concern involves assuring the victim that all necessary evidentiary information will be gathered in order to facilitate a successful prosecution. For that reason, it is imperative that uniform kits are provided for use statewide, that protocols be developed for use and distribution of the kits, that protocols address needs of both rural and urban areas, and that training be provided in both the use of the protocol and the kit to peace officers, District Attorneys, other appropriate law enforcement agencies, health care providers, and sexual assault program personnel.

Uniformity of kits is necessary in order to insure that evidence is gathered properly and that all necessary materials are available for a complete and thorough examination.

The development of protocols that address that unique and specific needs of rural areas is necessary because the level of health care provision may differ from that available in urban areas and because law enforcement personnel may not be immediately available.

It is the Network's position that training in the protocol and the use of the kit is primary. Availability of the kits is incidental if health care providers and criminal justice personnel are unaware of their availability and untrained in their use. Sexual Assault examinations can be an additional trauma to the victim, and so should be done in a sensitive and efficient manner. Training in performing sexual assault examinations is necessary in order to accomplish this aim.

In cases of sexual assault investigation and prosecution, collection of evidence plays a crucial role. In the opinion of the Network, more efficient, timely, and sensitive performance of sexual assault examinations can be accomplished by the provision of uniform kits, development of protocols, and provision of training to involved personnel in their use.

STATE OF ALASKA

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF PUBLIC SAFETY

COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

POUCH N
ROOM 312, GOLDSTEIN BUILDING
JUNEAU, ALASKA 99811

PHONE: 465-4356

November 4, 1983

Elizabeth J. Hickerson
Senior Advisor
Senate Advisory Council
1024 W. 6th Avenue, Suite 203
Anchorage, Alaska 99501

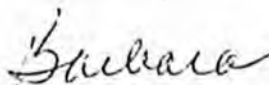
Dear Elizabeth:

I just received your letter and am planning to be out of town for the beginning of next week for regional provider meetings, so I wanted to contact you regarding rape kits. For your information, I have attached some research Susan McInnis in Fairbanks did on the status of rape kits in the Fairbanks area.

I certainly am not locked into developing any sort of task force and am anxious to explore other options. However, I want to state that I feel the Council is not the appropriate group to develop specific rape kit materials and protocols. The development of those items will require legal, medical and law enforcement expertise not present on the Council. I agree that we are the appropriate agency to oversee coordination of other agencies with specific expertise as that is mandated in our legislation. I also think it is appropriate that we establish and implement a system to assure humane and adequate collection of evidence.

I will call you when I return to the office, so we can discuss possibilities. Now that I am more aware of what is happening statewide, I should be of more help.

Sincerely,



Barbara Miklos
Executive Director

Enclosure



OCT 28 1983

Barbara Miklos
CDVSA
Pouch N
Juneau, Alaska
99811

October 24, 1983

Dear Barbara,

Enclosed you'll find comments from the Troopers, D.A.'s office, and Alaska Native Health Service doctors. I called each, asked how well they felt medical rape exams were being performed; asked about problems encountered and possible solutions. You'll be interested, I'd think, in the responses. I paraphrased in most cases, caught a quote or two, and tried to preserve the integrity of the responses throughout.

Interesting assignment. If notes from these people inspire more questions, I have permission from each to call again. Feel free to ask.

I'd be interested in your and Elizabeth's thoughts after reading the enclosed. I passed copies to Ruth.

Stay well.

Susan McInnis

Postscript: Barbara, you'll notice that the different points of view also interpret 'reality' differently. I suspect you'd get differing points of view from any number of people queried.

Troopers:

First Sergeant Close, in Fairbanks; supervisor for Interior Troopers.

There are health clinics in all sub-regional centers (eg: Galena, Tok, Ft. Yukon, etc.). Staffed by physician, health aide, physician's assistant, or paramedic. For the most part Close thinks they do a pretty good job. Troopers know which health aides are capable of doing the work and which are not --because they work with them daily. When the health aide (p.a., paramedic, etc) is incapable, Troopers do their best to get the victim to a better staffed clinic. Not always possible. Where there is no clinic, Troopers will try to get the victim to a subregional center where she can receive an exam.

Troopers responsible (DPS is) for cost of rape exam, for providing rape kits, for securing the evidence and transporting it to Fairbanks. Because chain of evidence is their responsibility, they try to assure an effective exam.

Close feels reporting is pretty good overall in the bush. Lots of attempted reports, and of child sexual assault. Fewer actuals. Attempteds and child sexual assaults may not necessitate exams as often as sexual assault 1.

Says their greatest problems are weather and funding. A man died in Huslia the other day --from a gunshot wound to the head-- because Troopers could not get in to airvac him. Autopsy shows he probably would have died anyway, but it shows that AST is crippled by adverse weather conditions. Had Huslia had the proper equipment for guiding a plane, they might have been able to land. Same problem besets them when there is a reported sexual assault. May always be a problem in rural Alaska. Here, funding (for equipment) might help; might not.

Because AST is responsible for securing evidence, the lack of sufficient funding for rape kits is a real problem. If they can't afford to make up the kits, they can't oversee proper collection of evidence. ... As well, transportation of victims to a clinic or hospital, and paying for the exam when it's done, are both stymied by insufficient funds.

District Attorney's office:

Terry Foster, past Assistant D.A. in charge of the special assault unit.

Medical Exams from the bush are simply not up to snuff. There are logistical, emotional and training problems not encountered in urban areas. These prohibit uniform and effective collection of medical evidence. In Terry's opinion, a new law won't help.

Some of the problems:

There is much late reporting in bush communities. A sexual assault may be reported 2, 3, 4 days after taking place. Community education, a concerned and effective medical/law enforcement team could increase timely reports.

Police officers (both troopers and VPSOs) tend to minimize the importance of the rape exam. Don't effectively oversee thorough exam.

eg: If a victim says, "Hey, I'm fine. I don't need to go see the doctor (especially if seeing the doctor requires a trip to town). I just want to go home and take a bath," the p.o. is likely to let her go home. Often this is out of a desire to be sensitive to her needs, but it thwarts the collection of evidence.

eg: She related a case where the p.o. had the woman go into another room and clip her own pubic hair. Undoubtedly out of modesty or sensitivity to her modesty, but it again thwarted the collection of legal evidence. ...Another sample case, the p.o. asks the woman to brush off her own coat for evidence. Just doesn't work legally.

There is often more violence associated with a sexual assault in the bush. When this is the case, the medical exam often takes a lower priority than necessary attention to other injuries. It is excluded or only partially completed.

Health aides, paramedics, doctors, and physician's aides in the bush just aren't as sophisticated as their urban counterparts. They may do the vagina' smear, but not know to have the woman undress over a sheet of paper to catch falling fibers, blood, etc. May not do pubic combings, nail clipping, etc. This is a problem of ignorance and of staff turnover. One MD (health aide, etc.) may be very well trained, but may only stay 6 months. Replacement never receives adequate training.

In areas where there is no clinic or where it is felt that the clinic personnel cannot do a good exam, the victim may not receive an exam. She may be transported to an urban or subregional clinic. In this case, AST faces weather problems, and the problem of separating the woman from her support group at a time she most needs support. Here the state faces a dilemma: separation from her support group may

create problems for the victim but guarantee legal evidence. Not separating her from her support group means a loss of evidence for the case. Transporting the victim can also mean a delay in time which will mean loss of evidence.

Another example of the problems created by distance and weather: A woman was assaulted in Kaltag shortly after Terry became a d.a. At the time, she wanted to report, she had support from the community. Troopers were called, but it took them two days to get there. Meanwhile supportive villagers were protecting the victim from the assailant, but "that maniac was still running around loose and by the time they got there the evidence was lost."

In Terry's mind, sexual assault and child sexual assault in the bush "are the prime unmet issues in law in Alaska." Because of the idiosyncracies in the bush, no system can be effectively applied over time. Each case must be dealt with individually.

Nonetheless, she would oppose new laws. Laws, she says, are to enforce what the people refuse to do on their own. Law enforcement officers, health aides, etc., are not refusing to do their job. They don't know what to do... Or they don't know why they are being asked to do it. (Terry says the latter may be the greatest problem. The explanation sheet with the exam tells what to do --it doesn't tell the officer or medical person WHY he/she is being asked to do it. So, they get lax). In some cases an experienced person (eg: Trooper) is frustrated in his/her work by an inexperienced person (generally the health aide, p.a., md, etc.) No law will rectify that situation.

Finally, emotional ties in the bush often preclude effective exams. The health aide is the assailant's aunt... has a bit of a feud going with the victim's family... has been told to steer clear of either family, etc.... Small bush communities are family-oriented communities. Where that creates a problem for effective medical exams or collection of evidence, no law will offer a solution.

Terry does agree that a simplified protocol which could be followed by a partially educated medical person or law enforcement officer might help. Standardized rape kits, readily available and understood by police and medical personnel would help. Education about sexual assault generally, legal aspects, emotional aspects, medical aspects --in the community and particularly for those legally involved--would help. Laws won't do it.

Pat Duggan, Assistant District Attorney, Fairbanks. In charge of the Barrow area.

Pat feels that medical rape exams are done pretty well. No significant problems.

He does encounter a bureaucratic problem with the Public Health Service from time to time. They have been reluctant in certain cases to do rape exams to collect evidence. Most recently, doctors' supervisors have been reluctant to have the physicians, physician and patient records subpoenaed. He has worked with them and settled the problem.

Non-native patient/victims may be a problem. Although the Barrow hospital is the only available health service, it is a native facility and non-natives can be refused service such as a rape exam. (Pat hadn't any specific problems or complaints in this area --was simply saying that it could be a problem).

No, says Duggan, a law would not help the effectiveness of rape exams. In Barrow, as in all Indian Native Health Service communities, the staff is made up of federal employees. No state statute would govern their provision of care. They now perform rape exams at the request of the state --but exams for the purpose of collecting evidence would not be considered a medical service.

Pat believes that where there is reluctance to collect evidence, it would be exacerbated by a state law. The federal facility might just refuse.

At this point he usually speaks with a new physician, discusses the state's needs and gains the doctor's willingness to assist. Good rapport between the government agencies seems the better route. *object*

Dr. Ron Gould; Director of Patient Care Services. Supervises health aides in 23 villages.

Referred me to Dr. Pete Marshall, but did give the following comments:

Villages of a size to have a health aide would usually transport the patient to a subregional center for the exam. By and large they are not trained in gyn: pelvics, paps, etc.

Dr. Gould suspects there is little call for rape exams in health-aide staffed villages. He believes he would be getting calls from health aides seeking assistance or to check on their work were there more exams being given.

When asked if the health care system in villages should be upgraded to include training and protocol for rape exams, he said: It would be reasonable, but must take into account the varying levels of sophistication among health aides, and the family ties in villages. Any confrontation requiring medical assistance places the health aide in jeopardy. "A health aide would rather 'cool off' from all that to protect herself." Giving a rape exam could be a sign of taking sides in a confrontation which also included sexual assault.

Dr. Peter Marshall --Alaska Native Health Service; Clinical Director (over health care in regional/subregional centers)

Dr. Marshall sees that the bureaucratic system is in place: things flow well from village to subregional or regional center --but it doesn't work. He does not feel that laws or regulations will help it function any better.

In Marshall's experience and belief, there is an "incredible range of assaults and abuses taking place, but no complaints."

"You can see why when you know what happens when someone does complain..." In Stevens Village, for example, a woman was raped by two men. The health aide reported the incident and the woman was transported to Fairbanks (regional center for S.V.). The men were identified, taken to Fbx for arraignment, and released on bail within 24-hours. They returned to Stevens Village to threaten the health aide for having reported the incident. In addition to threats, the men shot at her house with a rifle. She has since (because of that and other incidents) resigned and left the village.

Marshall believes that the reality of the village situation lags far behind the hopes of anyone who wants to improve care (legal/medical) to individuals there. There is an intense distrust of any interference in local relationships or problems.

'We recognize the rights of the accused (and have a system to protect him/her, as well as the victim and the state), but you can't convince small villages of that. 110 people living in a scattered cluster of cabins spread over a remote area are totally interdependent. When one of those people commits what we see as a crime, even when we protect his/her rights, we are still seen as ripping him away from his people and his position in the community. To the villagers, the person who complains is at fault --and at risk of retribution.'

Indirectly, I think Dr. Marshall is making a bid for education and altered services over any laws you might propose. He suggests --as concerns the whole range of child abuses-- that the system be decriminalized. The state or feds could 'encourage people to come forth because the act in question is not good for the people or for the village. Then help them work out an in-place solution.' When asked if he suggests that same altered system when it comes to sexual assault of adults, he said: "We're not getting anywhere with the current system. A changed one might work better."

Marshall

He cited the example of the state regs re child abuse (etc.): They allow the state to remove children from a home which neglects or abuses them. The federal regs now require that children of Natives be returned to the immediate family, extended family or tribe as soon as possible. The difference between the two laws puts health care providers in a bind. As a result, he says, they have had to take a closer look at counseling/working with the families, in order to facilitate a speedy return of the child. In cases where the state has been able to make a good placement (in a native home) of the abused/neglected child, and give excellent counseling to the problem parent --as well as other family members-- they are finding that the family can recover and change.

He feels that if the state concentrates on the possible consequences of laws (more laws regarding reporting would result in an uproar --and danger to those who would report, collect evidence, etc.), and on improving the outcome for people, there may be a better result.

At this point, however, he agrees with Terry Foster that matters having to do with crimes in villages will have to be taken case by case --suspending system to work with the idiosyncracies of village life.

Dr. Marshall had some thoughts on alcohol during the conversation. Venetie is and has been a dry community. In the four years Dr. M. has been traveling to Ft. Yukon and its near villages, "the worst thing that ever happened in Venetie was when a Ft. Yukon man came in, beat up old Mr. Christian (who was 90) and killed him." In Stevens Village --a wet village-- assaults and abuses, and murders, happen all the time. People are drunk all the time. "In Venetie, people live normal lives. There is very little violence." It's a tangent, but a thoughtful one, yes?

SB 72: BACKGROUND INFORMATION

It appears that payment for emergency medical examinations for victims of sexual offenses has at times varied throughout the state. The following supports this statement.

Anchorage, Bethel, Barrow, Fairbanks and Juneau police departments were asked how these exams were paid for in their areas. The following is information gathered from those departments.

Anchorage - When a victim of sexual assault is taken by the city police to the hospital and an exam is administered, the police department pays for the exam with department funds which essentially come from the Municipality of Anchorage.

Bethel - In Bethel the police department stated that the majority of sexual offense victims in their area are native and would be taken to the native hospital in Bethel where there would be no charge to the native victim (hospital is federally funded). But in the case of a nonbeneficiary (non-native) the victim would be personally responsible for the payment of the exam.

Barrow - In Barrow the same standards are followed as in Bethel.

Fairbanks - The police department in Fairbanks stated that if the city police take a sexual assault victim to the hospital and the victim undergoes an exam, the expense of the exam is the responsibility of the investigating agency, in this case the city police department would pay for the exam with funds from their operating budget. In a case outside of the city limits where the State Troopers were called, the exam would be paid by the State Troopers with state funds which come from the Department of Public Safety.

Juneau - As far as the Juneau police department knew, the victims of sexual assault would be responsible for the expense of an exam given.

Nola Capp, administrator to the Violent Crimes Compensation Board, stated that awards of compensation for emergency medical examinations have been made both to a provider via the victim and also to the victim who had previously paid at the time of the exam.

According to the Network on Domestic Violence and Sexual Assault, the payment for these examinations have been a problem in past years. It seems that on occasions an examination would not be administered unless payment was made. This seems to have been generally corrected. Incest victims, however, have been treated differently. According to the Network often the incest victim must be reimbursed through the board which causes financial hardship.

Given the different procedures utilized throughout the state for these examinations, it is in the best interest of the state to enact a uniform law.

SB 72 adds a new section to AS 18.67 "Violent Crimes Compensation Board" and provides that emergency examinations for victims of sexual offenses will be provided at no cost to the victim when the purpose of the examination is to gather evidence to assist in the possible prosecution of the offender.

As the evidence gathered is used only for the benefit of prosecution there is no justification for a victim having to pay for this examination, even if later reimbursed by the board.

STATE OF ALASKA
PRELIMINARY STATEMENT OF FISCAL IMPACT

Bill No: Senate Bill No. 72 Date on Bill: 1/25/83
 Title: "An Act relating to free emergency medical examinations of victims of sexual offenses"
 Sponsor: Sens. Kerttula, V. Fischer and Josephson
 Requestor: _____

1. Estimated fiscal impacts on:

a. Expenditures:

(Thousands of Dollars)

			FY 83	FY 84	FY 85	FY 86		
Capital			0	0	0	0		
Operating			0	0	0	0		
Total			0	0	0	0		

b. Revenues:

Revenue								
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2. Source of funds to offset fiscal impact of bill:

3. Assumptions:

4. Disclaimer:

This statement has not been reviewed by the OMB in the Office of the Governor. It not represent the policy of the Sheffield Administration or the final estimate of fiscal impact.

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 Division: Public Health Date: 2-10-83

Approved by Commissioner: Robert London Date: 2/14/83
 Department: Health and Social Services

5. Distribution:

- Original to Legislative Finance
- Copy to OMB
- Copy to Sponsor
- Copy to Requestor