

Testimony of
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Member SANE/SAFE Coalition
Before the
Public Health Committee on
House Bill 6361
AN ACT CONCERNING THE ESTABLISHMENT OF A SEXUAL ASSAULT FORENSIC
EXAMINERS PROGRAM.
February 11, 2009 10:00AM

Good Afternoon, Senator Harris, Representative Ritter, Members of the Committee. My name is Greg Shangold. I am speaking to you today as the president-elect of the Connecticut College of Emergency Physicians (CCEP) representing over 450 emergency physicians throughout the state. I have been representing CCEP on the SANE / SAFE Coalition for the past two and half years. This alliance has worked diligently towards creating a State-Funded Rapid Response SANE / SAFE Program. In addition, The Connecticut Health Association's ED Directors committee has also pledged support for the creation of a comprehensive state-wide system.

Last year, this committee along with Appropriations and Judiciary unanimously voted for a similar bill. This is a testament to the importance of this bill. Furthermore, the legislature now requires each licensed physician to do an hour of sexual assault education each year; a testament to the importance of this issue. Everyone involved with the creation of a statewide SANE / SAFE program is cognoscente of the current budget restraints. On the other hand, many states have created and maintained such a program despite similar financial concerns. Massachusetts is the nearest example of a state with a well-functioning State-Funded Rapid Response SANE / SAFE Program. At first glance, bill 6361 requires funding to create the statewide program. However, before this bill becomes a victim to the financial crisis, I would like the committee to understand how Connecticut's over-burden emergency departments currently treat sexual assault victims and collect forensic evidence for the state. There are many intrinsic qualities of creating such a program that have resulted in cost savings. The consistent and efficient collection of evidence that ensues after the creation of State-Funded Rapid Response SANE / SAFE Program will in the end benefit victims, hospital's emergency departments, and prosecutors as we all strive to provide timely and compassionate emergency care during these tumultuous times.

Connecticut's emergency physicians are often on the front lines, treating patients of violent crimes and appreciate the need of providing health care while preserving forensic evidence essential for future prosecutions. As all of you are aware there are many burdens that confront Connecticut's emergency departments, as illustrated in last year's Governor's Task Force Report and more recently in ACEP's 2009 National Report Card on the State of Emergency Medicine. Connecticut dropped over the

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past three years from 3rd in the nation to 14th. One of the major challenges highlighted in the report card was the boarding of inpatients within the rooms and hallways of emergency departments. Unfortunately, sexual assault victims are often triaged at lower acuity levels because victims often do not sustain severe physical injuries. This leads to sexual assault victims enduring long waits in busy public areas. During this time, victims cannot clean up or urinate as they wait for a physician or nurse to conduct the evidentiary exam in order not to destroy any evidence. A State-Funded Rapid Response SANE / SAFE Program would solve this issue.

On the other hand, some victims are so viciously attacked, life saving interventions take precedent over the collection of physical evidence. After a victim is stabilized and admitted to the ICU, hospitals are ill-equipped to perform rape kits. Since the emergency staff has become the de facto personnel to do all rape kits, this subgroup of cases present a particular hardship. A State-Funded Rapid Response SANE / SAFE Program would solve this issue.

Since all of Connecticut’s sexual assault exams are performed by the entire state’s emergency workforce, the experience is diluted. Therefore, victims do not benefit from a highly trained individual specialized in the collection of forensic evidence who can devote their full attention to this task. When I am working, I am often the only emergency physician on-duty. If a sexual assault victim presents to my emergency department, I am often interrupted whenever performing a rape kit. I am prevented from devoting undivided attention to the victim since the exam can take up to an hour to complete. It is not appropriate to rush through the invasive exam immediately after a brutal attack, however the current system does not allow each emergency department in the state of Connecticut to promptly place a victim in a private room, compassionately and efficiently collect all of the potential evidence while addressing the entire psychosocial trauma that accompanies the horrific incident. A State-Funded Rapid Response SANE / SAFE Program would solve this issue.

Some institutions have created and staffed individual SANE programs. Although a great service to the community, they are expensive and underutilized throughout the staff. They are difficult to maintain and SANE examiners cannot maintain their proficiency because they are confined to a single institution. This variability is why Connecticut desperately needs a State-Funded Rapid Response SANE / SAFE Program. Using Massachusetts as an example, the SANE / SAFE Coalition believes a State-Funded Rapid Response SANE / SAFE Program improves upon the current system. Quoting from the Massachusetts program, “The SANE Program provides direct patient care to victims of sexual assault who present to SANE designated emergency departments and urgent care centers. The SANEs deliver coordinated, expert forensic and medical care necessary to increase successful prosecution of sex offenders and to assure essential medical intervention to victims...”

This program has made great strides in Massachusetts since its inception. Connecticut’s emergency physicians, emergency nurses, and all the emergency staff strive every day to provide compassionate and timely emergency care. This is especially true of sexual assault victims. Although

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adequate evidence is collected with the current system, the stressors afflicting the state's emergency departments creates an environment that does not always make the victim the top priority. Many times there are long waits and interruptions that could be avoided if there was a dedicated practitioner. Connecticut's emergency departments have been performing a state function to collect the forensic evidence necessary for prosecution. A state funded rapid response SANE / SAFE program would create a system so the state could monitor, coordinate, and uniform the collection of evidence while always preserving the victim as the priority. I encourage the committee to support the SANE / SAFE coalition efforts to create such a system for Connecticut.