



Health Education, Advocacy, Linkage
Because Human Trafficking is a Public Health Issue
HEALTrafficking.org
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February 15, 2019

Administration for Children and Families
Office of Planning Research and Evaluation
330 C Street SW
Washington DC 20201
infocollection@acf.hhs.gov

RE: Trafficking Victim Assistance Program Data Collection, OMB No.: 0970-0467

ACF Reports Clearance Officer:

HEAL Trafficking greatly appreciates the HHS Office on Trafficking in Persons efforts to improve implementation of the Trafficking Victim Assistance Program (TVAP). The Department's support of agencies throughout the U.S. who serve foreign-born survivors of human trafficking is critical to meeting these survivors' comprehensive needs, including their ability to access essential health care services and begin healing from their trauma. As an organization grounded in a public health approach to human trafficking, we understand that information TVAP grantees submit to OTIP is necessary to ensure compliance, quality, and track progress.

Founded in the fall of 2013, HEAL Trafficking is a united group of multidisciplinary professionals dedicated to ending human trafficking and supporting survivors by advancing a public health perspective. HEAL Trafficking is a network of approximately 2500 professionals, including physicians, advanced practice clinicians, nurses, dentists, psychologists, counselors, public health workers, health educators, researchers, social workers, attorneys, administrators, and other professionals who work with and advocate for survivors of human trafficking. HEAL Trafficking works to mobilize a shift in the anti-trafficking paradigm toward approaches rooted in public health principles and trauma-informed care by expanding the evidence base; enhancing collaboration among multidisciplinary stakeholders; educating the broader anti-trafficking, public health, and health care communities; and advocating for policies and funding streams that enhance the public health response to trafficking and support survivors. HEAL Trafficking engages in work that combats all forms of human trafficking; supports trafficked people of all genders, ages, races/ethnicities, religions, origins, cultures, and sexual orientations; approaches human trafficking from a public health perspective that incorporates a socio-ecological framework and prevention strategies; and promotes a survivor-centered, trauma-informed, evidence-based, practice-based approach to anti-trafficking efforts. Most

importantly, in the context of this comment, **HEAL Trafficking believes all trafficked persons deserve access to a full range of health care including medical, mental/behavioral health, reproductive health, dental, and substance use disorder treatment services.** We also believe that survivors deserve the same privacy protections around their health care needs and decisions that are enjoyed by the rest of us in this country.

These guiding principles underlie HEAL Trafficking's concerns about the detailed protected personal health information that is being requested from TVAP grantees and their subcontractors. Each form requires a client identifier. We strongly oppose these forms using a client identifier that includes personally identifying information (PII) such as date of birth, initials, and/or reference to the person's home country. This directly contradicts the confidentiality policies of the grantee and subgrantee agencies and jeopardizes the safety of the very people we are trying to help. **Therefore, we recommend that TVAP grantees and subgrantees utilize a randomized client identifier system that does not disclose any PII.**

Service providers are asked to enter on these forms in-depth information about the clients' identities, life histories, and trafficking experiences. **Service providers should not be required to ask these kinds of detailed questions related to a survivor's trauma history and details of their trafficking experience to ensure program enrollment. These practices are *not* trauma-informed and can perpetuate harm.** Such conversations are appropriately held, when a survivor is ready, in confidential discussions with social workers, psychologists and other mental health professionals, attorneys, and law enforcement as necessary to pursue justice. Requiring a survivor to discuss their trauma history as a matter of requirement to receive services directly negates other OTIP policies and standards. While we appreciate the desire for more data collection about the experiences of trafficked people in the U.S., such data should be obtained in aggregate, with individual identities always concealed, through sophisticated and secure epidemiologic surveillance or in the context of institutionally viewed research studies.

As an organization that represents health care providers serving survivors and partnering with TVAP grantees across the nation, we find the second tab of this form to be of particular concern. This form requires service providers to report only the amount and the broad category, aggregated for all clients, for most types of necessary services (e.g. housing, transportation, food, clothing). It is ***only when funds are used to pay for a medical expense*** that the client must agree to relinquish their privacy by releasing the doctor's name, where the treatment was received, as well as what type of health screening and medical service was received. This data collection from the federal government, requiring specific documentation about private medical visits, tests, and treatment, as well as the doctor's name and practice is **unethical and unnecessary** for the stated purposes of the program. Furthermore, the system for data sharing requires disclosure to at least 3 entities (the sub-contracted service provider, the TVAP grantee, and OTIP) and an unknown number of individuals. **Forcing survivors to disclose their personal health information, which all of us in health care are required by law to protect and defend, is an outrageous violation of privacy and individual rights.**

If a survivor does not want their PHI shared with the TVAP grantee and/or the federal government, the subgrantee cannot pay for the service using program funds. **This coercive data collection requirement means a human trafficking survivor must disclose their protected health information (PHI) or potentially not be able to receive the medical care that they need, if funds other than TVAP dollars are not available.** HEAL Trafficking urges OTIP to remove these data collection fields from the forms, or risk causing physical and psychological harm, as well as financial hardship, to survivors who have already suffered severe trauma. HHS should not require sub-awardees to report *any* client-specific information related to medical services. Again, we believe that data collection of this sort counters the very principles through which OTIP has operated in its service to human trafficking survivors, and certainly violates the understanding we have as medical providers regarding our duties to our patients.

Examples of the concern expressed by some of our individual members reflect our network's collective alarm about the current TVAP data collection forms.

Hello:

I wanted to express my concern regarding the form required for Trafficking Victims Assistance Program (TVAP) grantees. This form requires detailed medical information to be shared about survivors. This information is not properly safeguarded in the reporting system and has multiple potentials for a privacy breach. As a HEAL trafficking network participant, I request this form be revised to remove the required information for survivor medical data, which should always remain private. Thank you for considering this request.

*Sincerely,
Elyse Nimmo, MSN, RN
Springfield area, Missouri*

Good Morning.

I am one of the co-chairs of the NJ Coalition Against Human Trafficking (NJCAHT) Healthcare Committee and a HEAL Trafficking network participant.

I wanted to express my concern about the mandatory reporting requirement for Trafficking Victims Assistance Program (TVAP) grantees to the OTIP.

The reporting requirement has numerous implications for survivor privacy and is improper at best, as the forms violate survivor privacy by mandating the sharing of personal medical information. As a healthcare professional who is constantly reminded of HIPPA regulations and the penalties for violations (including immediate dismissal), I question how the OTIP can utilize this mandated report when it clearly violates HIPPA.

I strongly encourage the OTIP and the Office of Management and Budget to review and revise the forms and reporting system to protect the privacy of Human Trafficking Survivors.

Sincerely,

*Diana Starace | Injury Prevention Coordinator, Trauma & Injury Prevention Department
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These are two of the myriad expert voices in our network who have expressed their professional concern about these data requirements. (Many of whom have submitted comments under separate cover). Please consider our collective wisdom and modify the forms to better protect the health and well-being survivors of human trafficking, who give so much to our society in response to the support TVAP and other federal efforts provide to them.

Respectfully submitted,

Susie Baldwin, MD, MPH
President of the Board of Directors
On behalf of HEAL Trafficking
February 15, 2019
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