

September 23, 2019

Lisa Wright-Solomon
HRSA Information Collection Clearance Officer
Health Resources and Services Administration
Department of Health and Human Services

VIA ELECTRONIC SUBMISSION to: paperwork@hrsa.gov

RE: Public Comment on “Health Resources and Services Administration Uniform Data System, OMB No. 0915-0193-Revision”

Dear Ms. Wright-Solomon:

On behalf of the International Centre for Missing and Exploited Children and HEAL Trafficking, we are writing in support of the proposal to include ICD 10 codes for human trafficking (HT) and intimate partner violence (IPV) in the Information Collection Request (IRC) to be submitted by HRSA to the Office of Management and Budget.

The International Centre for Missing and Exploited Children works to identify gaps in the global community’s ability to protect children from abduction, sexual abuse and exploitation, and to assemble the people, resources and tools needed to fill those gaps. It provides support, training and expertise to governments, law enforcement, policymakers, industry, civil society, educators, healthcare professionals, and others across the globe.

Founded in 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 2800 survivors and 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.

HRSA has proposed adding ICD 10 codes for HT and IPV to the data collected annually from the Uniform Data System (UDS) by certain HRSA award recipients including Section 330 health centers and others. As its rationale for doing so, HRSA states that it “is aware that human trafficking and intimate partner

violence are part of the social determinants of health (SDOH) that can affect a wide range of health and quality of life outcomes. Addressing SDOH is a HRSA objective to improve the health and well-being of health center patients and the broader community in which they reside.”¹ The International Centre for Missing and Exploited Children and HEAL Trafficking support the addition of ICD-10 codes for human trafficking and intimate partner violence to the UDS for the reasons set forth below.

The physical and mental health impact of human trafficking (HT) has been well documented in US and global studies. Adverse conditions associated with HT include work-related or violence-related injury, HIV/AIDS, sexually and non-sexually transmitted infections, malnutrition, unwanted pregnancy and associated complications, substance use disorders, post-traumatic stress disorder (PTSD), major depression and suicidality and anxiety disorders[1-5]. In addition, there is strong evidence that many trafficked persons in the US seek medical care either during or around the time of their exploitation[4, 6]. In their study of adolescent and adult female survivors of sex trafficking, Lederer found that nearly 88% had sought medical care while they were being trafficked[4]. Further, easily accessible public health clinics are common locations where exploited persons may seek care[6]. As those at high-risk for HT often are marginalized, financially stressed, and with few resources[7], it is highly likely that many health centers funded by HRSA are providing care for this highly vulnerable population of children, adolescents, and adults.

The Centers for Disease Prevention and Control adopted specific codes for human trafficking (forced and/or child sexual exploitation and forced labor) in October 2018[8]. This represented the culmination of efforts on the part of our organizations as well as the American Hospital Association to enable use of the World Health Organization’s (WHO) International Classification of Diseases (ICD) system[9] to track health information pertaining to human trafficking. Gathering such data allows public health professionals and others to monitor the access to healthcare by those subjected to sexual and/or labor exploitation, to identify the vulnerability and resilience factors associated with trafficking, to study the type and severity of adverse health consequences, and to evaluate the success of medical and mental health interventions[10].

Currently, the scientific evidence base for sex and labor trafficking in the U.S. is very limited[11,12], especially for specific populations of exploited individuals, including sex trafficked boys[13] and LGBTQI+ youth and young adults[14], those involved in mass migrations[15], refugee and asylum-seekers[16], and victims of all forms of labor trafficking[17,18]. This lack of knowledge hinders the ability of the healthcare provider to recognize those at risk for trafficking[6], screen for exploitation, appropriately assess and manage potential physical and mental health problems experienced by trafficked patients, and provide appropriate long-term healthcare. A healthcare professional cannot fulfill their role as a provider of services and liaison to multidisciplinary resources if they must base their knowledge of HT on anecdotal evidence and/or studies involving potentially dissimilar populations (e.g. adolescent cisgender females vs. transgender youth who have been trafficked for sex, or adults receiving services in the United Kingdom after labor trafficking vs. those in the US).

Information available through ICD codes allows health professionals to track provision of health care, including immunizations and other preventive and primary care, to trafficked persons. Our limited

¹ 84 Fed. Reg. 36108, 36109.

evidence base informs us that exploited persons have extensive health needs[19,20], but relatively little is known about long-term primary care needs and health-seeking practices. Information gleaned from analysis of health center records may provide critical information regarding these knowledge gaps and help drive policy to guide efforts at reaching trafficked persons and improving preventive healthcare.

At a higher level, information available through ICD codes allows calculation of the cost of healthcare related to HT and contributes to estimates of the overall cost to society. It helps drive public policy and legislation addressing HT prevention and intervention; it also contributes to national and global initiatives regarding other social determinants of health.

Use of ICD codes for HT and for IPV must be done purposefully, with careful attention to potential unintended consequences[10]. Thought must be given to protection of patient privacy and safety. For example, names of these ICD codes should not appear on patient discharge instructions or other records potentially viewed by traffickers. Care should be taken to prevent these codes from appearing prominently throughout the medical record. Education of staff regarding the dynamics of HT, IPV, and the cycle of violence should occur, along with training on trauma-informed, rights-based care[21] so that patients do not feel stigmatized by staff who may see the ICD codes while providing care for unrelated medical issues. ICMEC and HEAL Trafficking offer to help advise on the implementation of these protection efforts.

The proposal by HRSA to include ICD codes for HT in the Uniform Data System (UDS) requirements for HRSA-funded health centers presents an opportunity to gather critical information that will improve the health and well-being of health center patients and trafficked persons everywhere. In addition, it will set a standard for other federal and state funding agencies to require that grantees adopt similar practices. In this way, the HRSA proposal has the potential to vastly improve the healthcare response to human trafficking.

The International Centre for Missing and Exploited Children and HEAL Trafficking appreciate the opportunity to submit these comments.

Sincerely,

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