



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

**Statement to the Subcommittee on Legislative and Budget Process
House Committee on Rules
“Solving an Epidemic: Addressing Human Trafficking Around Major Sporting Events
Like the Super Bowl and the Need for Cross-Jurisdictional Solutions”
December 11, 2019**

**Written Testimony
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The following testimony comes from a combination of my experiences on the frontlines of health care, the emergency department, as well as my national vantage point as executive director of HEAL Trafficking.

A laborer worked 19 hours a day to repay an insurmountable debt to his employer. When he fell off a 10-foot platform on a construction job, he broke his back. Emergency physicians treated him with painkillers but overlooked the fact that he was chronically malnourished with signs and symptoms of tuberculosis.

A 17-year-old went to an emergency department (ED) with a gunshot wound to the leg. Her male companion told the provider it was the result of a drive-by shooting. No further questions were asked about the cause.

These are real-life stories of patients in this country who were treated but not identified by health professionals as victims of human trafficking. (<https://www.aamc.org/news-insights/physicians-can-play-crucial-role-identifying-human-trafficking-victims>)

The majority of trafficked persons in the United States access healthcare while being exploited.

What this means is that **health care must be equipped to respond when a victim comes through its doors.** For health care to be properly equipped to respond to trafficked persons requires 1) Education and Training 2) Protocol Development 3) Access to Integrated, Comprehensive, Multidisciplinary services 4) Prevention tools 5) Research

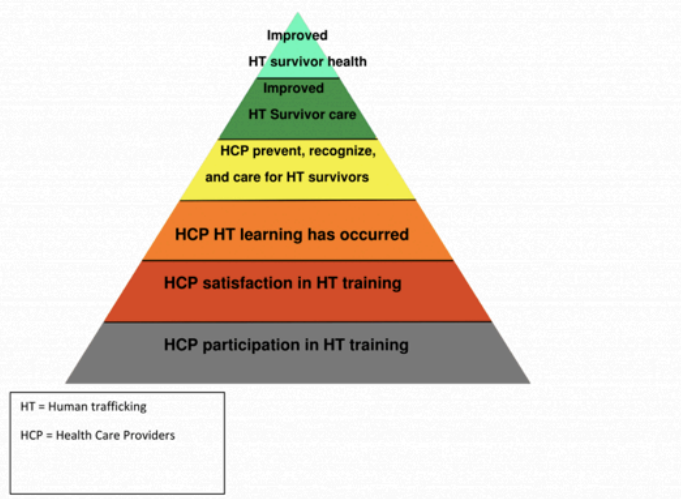
HEAL Trafficking is a network in 35 countries of over 3100 trafficking survivors and multi-disciplinary professionals building the capacity of health care to respond to trafficking, from a public health lens. We tackle issues at the crux of health and trafficking, including Education and Training, Protocols, Research, Direct Services, Prevention, Advocacy, Media and Technology. HEAL Trafficking brings together physicians, advanced practice clinicians, nurses, dentists, emergency medical services (EMS) personnel, psychologists, counselors, public health workers, health educators, researchers, clinical social workers, administrators, and other health professionals who work with and advocate for the health of survivors of human trafficking. Our mission is 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; 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; 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. Our protocol toolkit is being used in 35 countries and has been downloaded by health systems 2800 times. Our assessment tool for human trafficking curricula for health professionals is being integrated across the country to set standards for health professional trainings on trafficking; for example the state of Texas is currently adopting it to implement a recent educational mandate for all health professionals.

Recommendations

1. Education and Training

Clinical responses to human trafficking are complex and nuanced. Therefore, it is not enough for all health professionals to be simply aware of trafficking, but rather they must be empowered with skills to assess for trafficking and to care for trafficked persons. Educating clinicians about trafficking is about training them to translate knowledge into practice with the ultimate goal of improving the health and well-being of trafficked persons.

Figure 1. Assessing impact of human trafficking medical education, a hierarchical, patient-centered model.



Powell C, Dickins K, Stoklosa H. Training US health care professionals on human trafficking: where do we go from here? *Med Educ Online*. 2017; 22(1):1267980.

Standards for health professional training

There is the potential for harm if health professionals are given incorrect information about human trafficking. For example, because many trafficked persons are forced to commit crimes as part of their exploitation, calling law enforcement may put a potential victim at further risk, resulting in arrest or deportation ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32453-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32453-4/fulltext)). Moreover, trainings that focus exclusively on sex trafficking, neglecting other forms of trafficking, may result in a workforce that builds an entire response to one form of exploitation to the exclusion of other forms of exploitation. It is important that content of training is standardized, comprehensive, trauma-informed and survivor-informed.

HEAL Trafficking has created an **assessment tool** that allows those developing curriculums to determine gaps in their training (<https://healtrafficking.org/2018/12/assessment-tool-for-health-care-provider-human-trafficking-training/>). This tool is currently being utilized by the state of Texas in implementing their mandated education and training law for health professionals. The United States Department of Health and Human services is currently in the process of creating core competencies for health provider education on trafficking. They also have created a suite of free, accredited trainings for health professionals (SOAR) which can be integrated into health system learning management systems (<https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training>). And the International Organization for Migration (IOM) manual “Caring for Trafficked Persons: Guidance for Health Providers” covers topics including ethics, physical exam, data storage, interactions with law enforcement and self-care (https://publications.iom.int/system/files/pdf/ct_handbook.pdf).

Trainings should directly address barriers to disclosure

Trafficking victims report that they do not disclose their exploitation because of bias and judgement experienced in the health care setting as well as fear of deportation. Based on their own life experiences, health professionals have unconscious and conscious bias around the race, gender, type of exploitation, and behaviors of trafficked persons.

(<https://polarisproject.org/sites/default/files/A%20Roadmap%20for%20Systems%20and%20Industries%20to%20Prevent%20and%20Disrupt%20Human%20Trafficking%20-%20Health%20Care.pdf> and https://static1.squarespace.com/static/59d51bdb6f4ca3f65e5a8d07/t/5c705af74e17b658d074c7fc/1550867206256/Healthcare+Access_Restore+2019.pdf).

Health professional trainings must use de-biasing strategies to directly address these barriers to caring for trafficking victims.

One instructional methodology, simulation, incorporates adult learning principles and is being used to teach clinician trainees to identify, treat and refer victims of human trafficking in the United States and Canada. Simulation is the “artificial representation of a complex real-world process with sufficient fidelity with the aim to facilitate learning through immersion, reflection, feedback, and practice minus the risks inherent in a similar real-life experience.” Essentially, simulation gives learners an opportunity to put skills into practice and cement learning, while also making mistakes without any risks to their patients (<https://www.ncbi.nlm.nih.gov/pubmed/29228882>).

2. Protocol Development

At the moment a trafficked person is identified, the health professional needs to know the next steps to take. The development of health provider trainings must be done in parallel with creation of policies, procedures and protocols that link health systems to community partners. One such resource to assess health systems in building these protocols is the **HEAL Protocol toolkit** (<https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/>).

Beyond Screening

Research from the domestic violence literature demonstrates it is effective to provide universal education, and create emotionally and physically safe spaces for disclosure, rather than directly asking a checklist of screening questions. The goal in a health care encounter with a potential victim is not disclosure, but creating an open door for the individual to return for care.

In response to this evidence, and with input from survivors of trafficking, Dignity Health, HEAL Trafficking, and Pacific Survivor Center created the PEARR Tool (<https://www.dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed/using-the-pearr-tool>) to assess for forms of violence, including human trafficking.

3. Access to Integrated, Comprehensive, Multidisciplinary services

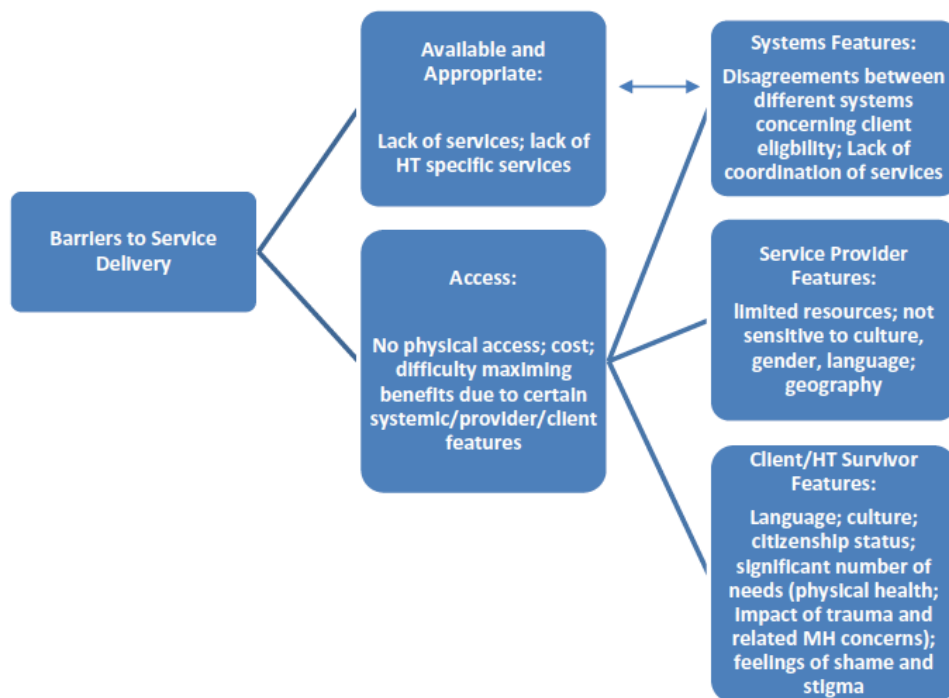


Figure 1. Barriers to general human trafficking service delivery: A conceptual framework.

Powell C, Asbill M, Louis E, Stoklosa H. Identifying Gaps in Human Trafficking Mental Health Service Provision. *Journal of Human Trafficking*. 2018; 4(3):256-269.

Trafficking survivors have a myriad of acute and longterm physical, dental, and mental health needs. Many survivors also experience substance use disorders, including opioid addiction. Unfortunately, when these health care needs are not met in an integrated, multidisciplinary, patient-centered, trauma-informed, evidence-based fashion, a survivor of trafficking may become re-trafficked, or suffer re-traumatization (<https://www.ncbi.nlm.nih.gov/pubmed/28107153>). The conceptual framework above outlines the macro and micro-level barriers to serving trafficking victims that must be proactively addressed for health systems to comprehensively care for trafficking survivors. Addressing health needs must go hand and hand with addressing victims' social determinants of health. If the social determinants of health, including food insecurity, homelessness, legal needs, are not met, trafficking victims may be re-trafficked.

4. Prevention and early intervention

HEAL Trafficking believes that we cannot arrest or prosecute our way out of trafficking—that we need upstream, preventative approaches to stop trafficking from happening in the first place (<https://www.springer.com/us/book/9783319478234>). Health care can and must be a place for prevention and early intervention. Community health centers provide a model that integrates care in vulnerable communities, and provide comprehensive, integrated health services to victims (<https://www.ncbi.nlm.nih.gov/pubmed/30597227> and <https://polarisproject.org/sites/default/files/A%20Roadmap%20for%20Systems%20and%20Industries%20to%20Prevent%20and%20Disrupt%20Human%20Trafficking%20-%20Health%20Care.pdf>).

5. Research

To better inform responses to trafficking in the health care setting, we need a stronger evidence base. HEAL Trafficking published a public health research agenda in the American Journal of Public Health which outlines a comprehensive approach to this research:

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.303858>

In particular, health professionals are ill-informed about how labor trafficking victims present to the health care setting. This is a critical data gap that must be filled.

Much of the research on the health needs of trafficking victims in the United States has focused on sex trafficking victims. It is past time for us to have a comprehensive understanding of the unique health concerns of the thousands of individuals trapped in forced labor in the United States.

Additional research and data can inform health care professionals to develop data driven treatments and response protocols for all survivors of human trafficking.

Such a study should:

- Address a full scope of the physical, psychological, and environmental health concerns and symptoms of labor trafficking victims both during and after their trafficking experience.
- Include labor trafficking survivors representing all types of labor trafficking business models or industries.
- Include diverse genders, ethnicities, ages, sexual orientations, education backgrounds, and not be limited in scope to one state or region of the United States.
- Collect data on health care access during exploitation such as types of health care facilities used, presenting health issues, health care coverage, workers compensation access, and experiences with health care professionals.
- Provide survivor-informed recommendations for health care professionals when assessing and treating labor trafficking survivors.

(<https://polarisproject.org/sites/default/files/A%20Roadmap%20for%20Systems%20and%20Industries%20to%20Prevent%20and%20Disrupt%20Human%20Trafficking%20-%20Health%20Care.pdf>)

The opinions and conclusions expressed in this testimony are the author's alone and should not be interpreted as representing those of Brigham and Women's Hospital or Harvard Medical School.