



HEAL Trafficking submits this information in response to the "Request for Information for the 2022 Trafficking in Persons Report," Public Notice: 11605, FR Vol 86 No 70562, December 10, 2021.

The content of this submission relates to multiple questions within "Information Sought Relevant to the Minimum Standards," including, "Trafficking Profile," "Overview," "Prosecution," "Protection," and "Prevention" and the cross-cutting impact of the COVID-19 pandemic.

Note: In both the "HEAL 2021 Impact" and the "Summary of Health Care & Anti-Trafficking Global Survey" Sections there is content regarding 14 countries in addition to the United States.

HEAL Trafficking's 2021 Impact

The majority of trafficking victims access health care while being trafficked. HEAL Trafficking's mission is to lead innovative health solutions to eradicate human trafficking in our communities worldwide.

HEAL's services - including education, training, customized materials, consultation, technical assistance, and advocacy work - are used the world over not only to shine a spotlight on the plight of those being trafficked, but also to put an end to the practice; the settings we work in include hospitals, health centers and clinics, prehospital care, and all other physical and mental health-related venues where trafficked people receive medical and behavioral health care. We engage with a global network of more than 3,800 health care workers and other multidisciplinary professionals in 45 countries, including survivors of human trafficking, to circulate our cutting-edge resources, share best practices, and provide a critical support space to health care workers engaging with trafficking on the front lines. Currently, too many nurses, doctors, and other health care personnel aren't equipped to respond to human trafficking in a safe, trauma-informed manner, and as a result, critical opportunities to intervene are often missed, and trafficked persons are subjected to further harm. HEAL's role in the health care movement to end human trafficking is an all-encompassing one: HEAL trains health care workers, advocates for a health care response to trafficking, and convenes across the entire anti-trafficking space, often partnering with other organizations to fund and facilitate programs.

The following are some highlights of HEAL Trafficking's 2021 impact in building the capacity of health care to respond to trafficking.

- HEAL continues to equip health care professionals and systems to respond to trafficking during the COVID-19 in a number of ways.
 - Developed a COVID [informational tool](#) for health professionals.
 - Created [patient self-assessment](#) for trafficking brochure in 19 languages.
 - In [Bihar, India](#) distributed 20,000 patient-facing, Hindi, anti-trafficking brochures, at COVID-19 vaccination sites among vulnerable communities in the East Champaran district of Bihar India.



- HEAL led the publication of the United Nation's Delta 8.7 Justice [Health Policy and Practice guide](#).
- In collaboration with the U.S. Department of Health and Human Services, NAPNAP, and ICMEC, HEAL published [Core Competencies for health professional education on trafficking](#).
- HEAL's [protocol toolkit](#) is being used in 36 countries, has been downloaded by health systems 3000 times, and has been the basis for multiple [state hospital associations'](#) guidelines for trafficking response.
- HEAL's [assessment tool for health professional human trafficking curricula](#), highlighted in the 2020 TIP Report, has been adapted in Canada by the Human Trafficking Health Alliance of Canada, was used by the [state of Texas](#) in implementing its mandated educational requirement on trafficking, and is being utilized in 23 countries as a standard-setting metric in human trafficking curriculum development for the health care sector.
- In collaboration with ICMEC, as well as the Office on Trafficking in Persons (OTIP) and National Human Trafficking Training and Technical Assistance Center (NHTTAC), HEAL released [guidelines for the safe use of ICD codes](#) (human trafficking clinical diagnostic codes).
- HEAL conducted a third annual International Train the Trainer in collaboration with [MGH Institute of Health Professionals](#), training over 140 educators including those Trinidad and Tabago, Canada, and the United States in teaching skills and specific subtopics on health and trafficking. Participants report statistically significant improvement in their ability to train others on trafficking.
- American Hospital Association, Jones Day, and HEAL Trafficking partnered to host a [3-part convening](#) on the role of hospitals to respond to trafficking.
- HEAL leadership published on [Mitigating trafficking of migrants and children through disaster risk reduction](#), [Migrant Worker Safety, Occupational Health Equity, and Labor Trafficking](#), [anti-trafficking response in Bihar and Uttar Pradesh, India](#), [Principles for Safe Implementation of ICD Codes for Human Trafficking](#), [Social Determinants of Health Among Survivors of Sex Trafficking in Cambodia](#), [Building the science to equitably respond to labor and sex trafficking](#), [Child Welfare Involvement among Trafficked Mothers](#), and [Person-centered Approaches to Human Trafficking](#).



Summary of Health Care & Anti-Trafficking Global Survey

In January 2022, HEAL Trafficking solicited information from its network of more than 3800 professionals and human trafficking survivors in over 45 countries about barriers to caring for trafficked persons who interact with health care in their country, the strengths of their country's response to trafficking, and the impact of the COVID-19 pandemic on their country's health care response to trafficking. Responses were received from 14 countries in addition to the United States; the responses came from North America, Central America, South America, Europe, and Asia. In some cases, there was one respondent per country so these responses should not be considered representative. Brief summaries of these responses are included following this introduction.

Numerous problems were cited as barriers to caring for trafficked persons. A leading barrier was limited knowledge on the part of health care providers about human trafficking and a lack of education and training resources (e.g., Benin, Brazil, Cambodia, Canada, Finland, Germany, Greece, India, Malaysia, South Africa, Sri Lanka, United Kingdom, United States). Other significant barriers mentioned in several countries was a lack of a coordinated response protocol between multiple organizations/entities to address trafficking (e.g. Canada, Malaysia, Mexico, United States) and a lack of health care coverage (e.g., Germany, India, Malaysia, United States). Additional barriers mentioned were difficulties for patients in obtaining the necessary documentation to receive health care services (e.g., India, Malaysia) and lack of understanding of labor trafficking (e.g. Canada, United States).

Along with these general problems, numerous impacts of the COVID-19 pandemic were identified as well. In multiple countries, health care access was limited due to COVID-19 (e.g., Brazil, Cambodia, Canada, The Democratic Republic of the Congo, Finland, Germany, Malaysia, South Africa, Sri Lanka, United Kingdom, United States), some trafficked persons feared accessing health care (e.g., Cambodia, Malaysia, United States), and fewer organizations were providing services (e.g., Cambodia, Canada, Finland, Germany, South Africa, United States). Overall, a reduced focus on trafficking and other public health issues was observed during the COVID-19 pandemic (e.g., Canada, Finland, South Africa, United States).

Many strengths in country-level health care responses to trafficking were noted. Governments and NGOs are supporting programs to educate health care providers and first responders about human trafficking (e.g., Brazil, Cambodia, Canada, India, South Africa, United Kingdom, United States) and provide prevention services (e.g., Canada). Community mobilization and NGO advocacy is occurring to benefit trafficked persons (e.g., Cambodia, Canada, Malaysia, United



Kingdom, United States). Clinics are providing comprehensive and/or trauma-informed care (e.g., Canada, India, United States) and sensitive treatment for trafficked persons (e.g. Greece). NGOs are working to increase recognition that human trafficking/modern slavery is a public health issue (United Kingdom, United States). Multidisciplinary professionals are working with NGOs to combat isolation, provide therapy, ensure access to housing/shelter, and reduce COVID-19 risk for trafficked persons (e.g, United Kingdom). A key strength described in several countries is the availability of health coverage and free health care for some or all trafficked persons (e.g., The Democratic Republic of the Congo, Finland, Sri Lanka, United Kingdom).

While the array of identified problems that impede care for trafficked persons is daunting and the COVID-19 pandemic is exacerbating previously existing challenges and creating new ones, the creativity and dedication of the health care sector to addressing these problems in creative ways is encouraging.

Benin

In Benin, there is a widespread lack of trauma-informed educational and training resources for health care professionals, resulting in trafficked persons facing significant barriers to accessing necessary services.

Brazil

In Brazil, health care personnel have limited ability to identify human trafficking and the “majority of health care workers” are not educated on what human trafficking is and how they can respond. However, the SOBEF (Sociedade Brasileira de Enfermagem Forense) continues to provide educational programs on human trafficking to health care workers as well as first responders, even offering virtual programs during COVID-19.

Cambodia

In Cambodia, few physicians know about human trafficking and understand how to respond to potential instances of trafficking in health care settings. Due to COVID-19, trafficked persons virtually “cannot” access health care resources, while, “Corruption makes progress difficult with any [human trafficking] program at [the] national/government level.” Despite these challenges, a network of organizations through Chab Dai continue to work together to disseminate health care and informational resources.

Canada

In Canada, some significant barriers to caring for trafficked persons who interact with health care included a lack of accessibility to holistic, long-term human trafficking-specific services, lack of awareness specifically about labor trafficking, lack of knowledge from providers about how to



respond to instances of trafficking, and the lack of a coordinated HT-response protocol throughout the country. The pandemic has exacerbated existing issues by overwhelming hospital and health care systems, and worsening existing systemic inequities such that trafficking survivors are often left without health and wellness services. In addition, the transition of many health care services, such as trauma counseling, to a virtual setting have also made it more challenging for trafficked persons to access meaningful aid.

The Democratic Republic of the Congo

In The Democratic Republic of the Congo, systemic poverty and corruption prevents many trafficked persons from accessing the health care resources they need, despite existing laws providing free access to health care for trafficked persons. In addition, COVID-19's negative effect on the national economy has made access to basic services even more difficult to obtain.

Finland

In Finland, many health care workers are not educated about human trafficking and proper health care response protocols. The structure of the country's health care system can make accessing customized care, like mental health services, challenging. The pandemic has also resulted in some services being canceled or delayed as well as transitioned to a virtual setting, which can make it harder for trafficked persons to access the kind of care they need. However, respondents did note that health services are widely accessible in Finland regardless of an individual's immigration status, which is likely improving the health system's ability to treat persons being, or at risk of being, trafficked.

Germany

In Germany, many trafficked persons do not fall under the country's health system's coverage, and those who do are typically treated by health care workers who aren't educated on identifying and responding to trafficking. Many trafficked persons get resources from social services, however, policies that were put in place to address the pandemic have "suppressed" the availability of these resources.

Greece

In Greece, a major barrier to caring for trafficked persons who engage with health care was identified as a lack of awareness, and COVID-19 has made it more challenging for health care workers and systems to meaningfully respond to trafficking.



India

In India, social normalization of trafficking impacts how healthcare staff view and respond to trafficking. In addition, many populations vulnerable to being trafficked lack the documentation needed to access health resources. The measures that are in place to address trafficking often do not “cater to marginalized communities” that are at a heightened risk of being trafficked.

Malaysia

In Malaysia, many trafficked persons lack the documentation and/or financial resources necessary to access health care services, and movement restrictions put in place to address COVID-19 have also potentially exacerbated the existing barriers preventing trafficked persons from accessing these resources. Furthermore, the health care system in India lacks a specific response protocol for addressing human trafficking. In addition, some entities like labor intermediaries are actually involved in trafficking.

Mexico

In Mexico, the lack of anti-trafficking laws have prevented an organized and meaningful health care response protocol to trafficking. At the time our survey was conducted, respondents were unsure about exactly how COVID-19 has impacted the status of trafficking in Mexico.

South Africa

In South Africa, significant barriers to a meaningful health care response to human trafficking include a lack of education and awareness about trafficking among health care workers, as well as widespread social stigmas about trafficking. The pandemic has exacerbated existing social inequities and increased difficulty accessing resources from the government or local NGOs. Although there is a national hotline to report trafficking, the pandemic reduced hotline funding and personnel which resulted in a reduced capacity to respond to reports.

Sri Lanka

In Sri Lanka, a major barrier to a health care response to trafficking is a lack of awareness about human trafficking and a lack of existing resources specially focused on addressing trafficking. Travel restrictions put in place to combat COVID-19 have made it even more challenging for trafficked persons to access resources.



United Kingdom

In the United Kingdom, major barriers to a health care response to trafficking were identified as lack of availability of services as well as a lack of education and training for health care workers to help them recognize and respond to trafficking. Due to COVID-19, more health services have shifted to a virtual setting which has negatively impacted the ability of trafficked persons to meaningfully access care (due to a lack of internet/computer access, computer access, privacy, language interpretation services, etc.). At the same time, the Office of the Independent Anti-Slavery Commissioner is developing an organized public health approach to trafficking, and specialist health care providers for victims of trafficking have made changes to optimize connection and health support, including ensuring victims access to food, provision of accurate information regarding COVID-19 and other health issues, child support, and more.

United States

In the United States, major barriers to a health care response to trafficking were identified as a lack of trauma-informed education and training for health care providers, lack of access to health care services in general as well as a lack of familiarity with health care services, lack of housing services, particularly for minors identified as victims of trafficking, lack of understanding specifically about labor trafficking, lack of resources for survivors, lack of formalized protocols amongst different agencies, and a lack of funding for services. Few health systems are investing resources necessary to respond to trafficking on a system-wide level. Health professionals are unaware of how to respond to labor trafficking, partly due to the lack of funding for health-focused trafficking research. [Multiple states](#) have mandated education and training of health professionals on trafficking, though only [one state](#) mandates response protocols. Racism in health care delivery negatively impacts care for trafficking survivors. The pandemic has impacted the way trafficked persons access health care by exacerbating existing systemic inequities, transitioning many services to a virtual environment that reduces opportunities for identification, overwhelming hospitals and health systems such that services are delayed and staff are overworked, and reducing funding for anti-trafficking efforts. At the same time, COVID-19 has impacted how health care workers care for trafficked persons by overwhelming health workers to the point that they are less able to “build rapport” with patients (PPE also makes rapport-building challenging), limiting the sources that can be allocated for a trafficking response as resources are shifted to address COVID-19, and limiting the number of available staff overall. Strengths about the country’s response to trafficking include the increasing number of providers being educated on the issues of trafficking, robust training opportunities on local, state and national levels, the development of trauma-informed care standards and resources, and the presence of survivor leaders and health care experts in the field working to educate others.