HEAL Trafficking submits this information in response to the "Request for Information for the 2023 Trafficking in Persons Report," Public Notice: 11934, 87 FR 75316, December 8, 2022.

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."

HEAL Trafficking's 2022 Impact

The majority of trafficking victims access health care while being trafficked. HEAL Trafficking is building a worldwide movement in health care to respond to trafficking.

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 4,000 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.

HEAL'S THREE-PRONGED APPROACH IS MAKING A LIFE-CHANGING DIFFERENCE.

- We educate and empower health care providers to: understand the contexts in which trafficking occurs to be prepared and able to respond to those who have experienced trafficking or are at risk.
- We build the capacity of health systems to: identify and support trafficked persons with approaches and policies designed to help survivors take the lead in accessing the services they need.
- We advocate for health-informed approaches to trafficking that: are survivor-informed, evidence-based, public health-grounded, and trauma-informed. While there are many organizations globally working to put an end to human trafficking, there are very few

doing so with HEAL's expertise and laser focus on the physical and mental health of trafficking victims and the practitioners who treat them. HEAL's voices are heard and respected as recognized experts in the field.

The following are some highlights of HEAL Trafficking's 2022 impact in building the capacity of health care respond to trafficking.

- Through our Speakers' Bureau educational services and technical assistance consultancies this year, HEAL has empowered over 4,500 professionals with the tools to provide healing and hope to trafficking survivors.
- HEAL published two important resources: an annotated bibliography - the first of its kind - about human trafficking and mental health, and Guidelines for Hosting Speaking Engagements with Lived Experience Experts, aimed at facilitating safe spaces for speakers with lived experience of trafficking.
- We launched our Brazilian HEAL health systems project at a State Department/U.S. Embassy, Freedom Fund, Regional Labor Court of the 6th Region event in Recife, Brazil.
- At the 65th Session of the UN Commission on Narcotic Drugs, HEAL presented as part of a WHO and UNODC substance use disorder panel on the importance of ensuring inclusive, harm reduction health responses are accessible to victims of humantrafficking with drug use disorders.
- We held the fourth annual HEAL Train the Trainer Academy and shortly thereafter, the Academy made headlines when it was published in the journal, Academic Medicine - a testament to HEAL's impact, and rigor in the medical education space. Watch the video to hear from some of our incredible Train the Trainer alumni about the Academy's impact on their anti-trafficking work.
- HEAL co-hosted a special convening, "Forced Labor in Health Care Supply Chains: What Hospital Leaders Need to Know," with the law firm Jones Day and the American Hospital Association to drive the adoption and development of programs that combat labor trafficking.
- HEAL co-authored the first chapter on trafficking in an emergency medicine textbook
- HEAL co-edited the U.S. Surgeon General's journal inaugural issue on trafficking as a public health issue.
- HEAL's protocol toolkit is being used in 50 countries and has been downloaded by health systems 6,000 times.
- HEAL's assessment tool for health professional human trafficking curricula, highlighted in the 2020 Trafficking in Person (TIP) Report, is now being adapted in Canada by the Human Trafficking Health Alliance of Canada, customized to their legal context, and is being utilized in seven other countries as a standard-setting metric in human trafficking curriculum development. Its use was studied in this research article.
- HEAL's advocacy resulted in child labor inclusion in child welfare protections in the United States and helped to ensure that a GAO report on mental health needs for survivors will be conducted.
- As part of the American Hospital Association's Hospitals Against Violence initiative, the AHA, Jones Day, and HEAL Trafficking come together to provide resources to health care providers across the nation who are fighting the global scourge of human trafficking. To support that initiative, Jones Day prepared a tool that outlines the U.S. federal and state statutes and corresponding regulations for mandatory reporting and education requirements for health care providers. The tool covers, for the federal government and each of the 50 United States, a summary of the applicable laws on the following topics:

reporting of child abuse; reporting of sex and / or labor trafficking; and required regulation of anti-trafficking education of health care providers.

Excerpts of 2022 health and trafficking literature

HEAL Trafficking maintains a compendium of peer-reviewed public health and trafficking literature. In 2022, as in prior years, the lion share of published research pertained to children, sex trafficking, and females. Very little research focused on other genders or forced labor. There were a number of papers which centered survivors in their research process. Geographically, most of the research was concentrated in the United States and the United Kingdom. For a select listing of these studies, see **Appendix A**.

Notably, in Canada, the UK and United States, survivor-informed outcomes were published through participatory research processes, and all include health related outcomes (Modern Slavery Core Outcome Set includes “access to medical treatment;” Outcomes For Human Trafficking Survivors includes “Behavioral Health,” “Physical Health” and “Public Benefits;” and SHIFT includes “health care services”)

Summary of Health Care & Anti-Trafficking Global Survey

In January 2022, HEAL Trafficking solicited information from its network of greater than 4,000 professionals and human trafficking survivors in more than 45 countries about barriers to caring for trafficked persons who interact with health care in their country and the strengths of their country’s response to trafficking. Responses were received from 12 countries in addition to the United States; the responses came from North America, Central America, South America, Europe, Africa,-and Asia. In many cases, there was one respondent per country so 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 and a lack of training (e.g., Brazil, Canada, India, South Africa, United Kingdom, United States), and lack of resources and resource allocation to anti-TIP efforts in government bodies (e.g., Cambodia). The financial barrier to health care coverage was mentioned as an impediment to care in several countries (e.g., India, Mexico, United States, and Uganda). Additional barriers mentioned were limited identification of trafficked persons (e.g., Brazil, India, Belgium, Finland, United States), lack of public policies and health systems protocols instituted to aid victims (e.g., Democratic Republic of the Congo, India, Mexico), the discriminatory treatment by medical professionals and law enforcement after being identified as a trafficked person (e.g., India, United States, the Philippines) re-traumatization associated with living conditions for identified trafficked persons (e.g., United Kingdom), a lack of availability of mental health services (e.g., South Africa, United Kingdom, United States), the limits on support services for trafficked persons, particularly those from outside the country (e.g., Brazil, United Kingdom, United States), the risk of deportation (e.g., United Kingdom). Furthermore, limited time with patients in very busy health care settings

impedes trauma informed care for those experiencing trafficking (e.g., Belgium, Canada, United States).

Many strengths in the health care response to trafficking were noted in addition to the problems cited. Governments and NGOs are supporting programs to educate health care providers and first responders about human trafficking (e.g., India, United Kingdom, United States), to identify trafficked persons (e.g., Brazil, Canada, United States), and to provide prevention services (e.g., United Kingdom). Community mobilization and NGO advocacy is occurring to benefit trafficked persons (e.g., Canada, United Kingdom, United States). Clinics are providing comprehensive and/or trauma-informed care (e.g., Canada, United States) and sensitive treatment for trafficked persons (e.g. Belgium). Specialized police stations provide a safe place for trafficked persons to be referred to after leaving healthcare facilities (e.g., Brazil). NGOs are playing an important role in the health care response (e.g., India, United Kingdom) and working to increase recognition that human trafficking is a public health issue (United Kingdom, United States). 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., Finland, South Africa, United Kingdom) and access to health care for vulnerable populations (e.g., Finland,South Africa, United Kingdom). There is growing integration of lived experience expertise to guide efforts (e.g., Canada, United States).

On a European level, among OSCE states, the National Referral Mechanisms guidance document provides guidance for to implement methods and procedures for identifying, protecting and supporting trafficked persons, including in health care.

Belgium

In Belgium, the biggest barrier to caring for trafficked persons is the time pressure experienced by healthcare providers. The necessity of caring for patients as quickly as possible hinders potential identification of trafficked persons. The creation of specialized centers for victims of sexual abuse was identified as a major strength in the country's response to human trafficking. At these centers, victims are approached in a trauma-informed way and guided throughout an elaborate forensic procedure in cooperation with the police.

Brazil

In Brazil, health care personnel have limited ability to identify human trafficking. There is also limited support from law enforcement, especially for male victims. The Sociedade Brasileira de Enfermagem Forense (SOBEF) educates healthcare and legal students professionals about human trafficking, including an International Conference of Forensic Nursing which trained about familial and non-familial labor and sex trafficking. The creation of police stations exclusively for women provides female victims a place to go after being identified in the healthcare system. HEAL Trafficking, launched its health systems capacity building project at a State Department/U.S. Embassy, Freedom Fund, Regional Labor Court of the 6th Region event in Recife, Brazil, which will start with adaptation of its protocol toolkit to Sistema Único de Saúde (SUS). Notably, the Brazilian Minister of Health is engaged in anti-TIP response.

Cambodia

In Cambodia, the lack of general resources and the resource allocation to anti-TIP efforts in government bodies is a barrier to caring for trafficked persons. The Cambodian government is aware of the high trafficking rate in the country and is trying to respond. Respondents to HEAL's survey were concerned about unfair perception of Cambodia's anti-trafficking efforts in the 2022 US TIP report.

Canada

In Canada, a significant barrier to caring for trafficked persons who interact with health care was identified as lack of awareness among health care providers as well as the state of crisis in the country's healthcare. Currently in Canada, there is not enough time or resources within health care facilities to provide care beyond the baseline level. Presentations by survivors in healthcare settings have increased the awareness of healthcare professionals, which is the first necessary step to make further recommendations for policy and practice innovations.

Democratic Republic of the Congo

In the Democratic Republic of the Congo, a specific barrier to care for trafficked persons engaging with health care was the lack of buy-in by governmental and other policy making bodies.

Finland

In Finland, a major barrier to care for trafficked persons engaging with health care is the lack of healthcare professionals' knowledge on identification and trauma-informed care. The legislation's lack of general human trafficking knowledge and awareness was also cited as a barrier. A strength of the health care industry's response is the availability of adequate free healthcare services.

India

In India, a major barrier to caring for trafficked persons who engage with health care was identified as the lack of a comprehensive protocol available for healthcare facilities related to trafficked persons. An additional barrier identified was the discrimination faced by sexual exploitation victims. Their bodies are treated as "polluted" and they are subject to discrimination by the doctors treating them and the law enforcement charged with their care. The lack of multidisciplinary research and non-availability of research funds was also identified as a principal obstacle to care for trafficked persons. The involvement of NGOs was identified as a strength in healthcare facilities' response to trafficked persons.

Mexico

In Mexico, the lack of public policies addressing human trafficking was cited as a major barrier to caring for trafficked persons interacting with health care. The lack of awareness among stakeholders as well as the lack of engaging trafficking victims by stakeholders was also identified as a major barrier to anti-TIP. The cost of health care was a barrier to survivors seeking health services.

The Philippines

In the Philippines, trafficking survivors described facing discrimination, which hindered access to social services including health care.

South Africa

In South Africa, the lack of knowledge about human trafficking within the healthcare industry and community prevents TIP victims from being identified. The inadequacy of the services provided for those who are identified, including governmental services, also poses a major barrier to the care of trafficked persons. A strength of the response to trafficking may be the well-developed infrastructure of the healthcare system. Another strength was the research currently underway to identify survivors' needs that will culminate into developing a standard of care manual or toolkit.

Uganda

In Uganda, only a small portion of the population can afford healthcare services due to the commercialization of healthcare, which poses a major obstacle to caring for trafficked persons attempting to access healthcare. Further, due to the high poverty rates and the "government licensing traffickers who sell labor in Middle Eastern countries," human trafficking has become increasingly normalized in the country.

United Kingdom

In the United Kingdom, a major barrier to caring for trafficked persons who interact with health care was identified as the limitations on support for them once they are identified. Rules for the government's National Referral Mechanism (NRM), which provides support and protection to victims of modern slavery human trafficking (MSHT), can result in exclusion and deportation of MSHT victims who do not qualify for asylum. Accessing primary care involves completing registration paperwork which poses challenges for non-English speakers or those without computer access. Those seeking asylum can sometimes be refused registration for primary care on the basis of not reporting a fixed abode. Interpreters are often not available and sometimes friends, relatives, or even an accompanying trafficker are relied upon to translate in consultations, which is especially inappropriate if a history of violence or trauma needs to be disclosed. The increasing prevalence of telehealth means the nuances of the physical and mental health needs of trafficked persons are often not noticed since these are best revealed through longer, face to face appointments where a trusting relationship has been built.

Another barrier to caring for trafficked persons is the structure of statutory mental health services. There is no primary mechanism to coordinate housing, legal and support needs, and as a result there are long waiting lists for mental health services and a lack of continuity of care of those with transient housing.

A major strength of the health care response to trafficking is that the health care system in the UK is free at the point of access. Persons legally within the UK and confirmed victims of trafficking are not charged for health care; for others, certain services are free, such as emergency services, general practice, sexual health services and some communicable disease treatments, e.g., HIV/TB. NGOs (e.g., VITA Network) are working to increase recognition of MSHT as a public health issue. Another strength of the health care response to trafficking is the increase in training in trauma-informed care for both healthcare workers and medical students. This has been furthered by the development of Health Inclusion Teams where healthcare professionals with expertise in vulnerable populations such as victims of trafficking are involved in the development of healthcare and pathways for them.

United States

In the United States, respondents cite numerous barriers to caring for trafficked persons in the health care setting. The most commonly cited barrier was a lack of training for health care professionals in identifying trafficked persons. The rushed culture of the healthcare industry was cited repeatedly as contributing to this lack of identification ability. In addition to a lack of identification, another barrier is the lack of trauma-informed care. After identification, lack of access to funds and or health insurance to provide comprehensive health care for trafficked persons impairs a victim's ability to heal. Therapeutic treatment options are also limited due to a lack of trauma-informed therapists and disorganization of local anti-trafficking services. Furthermore, there are limited housing and substance use treatment options. Especially in rural and tribal communities there are limited appropriate coordinated community resources as referral options. The stigma surrounding trafficking also presents a barrier to care for trafficked persons because they are treated as lesser within the health care system and if their confessions lack physical evidence, they are often referred to psychiatric units for panic attack help rather than referred to trafficking services.

On the positive side, respondents note that health care has a growing willingness to learn about trafficking, and in states with mandated educational laws, many health professionals are trained. The training of healthcare professionals, through programs such as HEAL and SANE, has had tangible positive effects on patients. One survivor expressed her gratitude for the change in the attitude of healthcare providers saying, "their patience and diligence in listening intently are appreciated on every possible level, especially in gaining and keeping trust." Consistent, trauma-informed longitudinal healthcare for trafficked persons leads to improved connection to community resources[2]. In those areas with strong community based organizational anti-trafficking efforts, health care's response is bolstered when it coordinates and partners with community organizations. More health professional disciplines are being trained on trafficking, including dentists, health care administrators, occupational therapists, pharmacies, physical therapists, and public health professionals.

Appendix A

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