



HEAL Trafficking submits this information in response to the "Request for Information for the 2024 Trafficking in Persons Report," Public Notice: FR 77398 Vol 88 No 216, November 9, 2023.

The content of this submission relates to multiple subsections within "Information Sought Relevant to the Minimum Standards," including but not limited to, "Prosecution," "Protection," and "Prevention."

HEAL Trafficking's 2024 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 is a network in 50 countries of over 4000 trafficking survivors and multi-disciplinary professionals building the capacity of health care to respond to trafficking, from health perspective. 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 vision is a world healed of trafficking. HEAL Trafficking leads innovative health solutions to eradicate human trafficking in our communities worldwide. 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.

The following are some highlights of HEAL Trafficking's 2024 impact in building the global capacity of health care respond to trafficking.

- **Co-Authorship with the World Health Organization (WHO):** Partnered in co-authoring the WHO's 2023 report, "Addressing Human Trafficking Through Health Systems," involving extensive analysis of 237 sources to guide global health responses to trafficking, reflecting HEAL's pivotal role in shaping international health policy.
- **Cross-Border Educational Initiatives:** Successfully adapted HEAL's Curriculum Assessment Tool for Canadian healthcare systems in partnership with the Human Trafficking Health Alliance of Canada, reflecting our commitment to international collaboration and education in the fight against human trafficking.
- **Protective Outreach for Ukrainian Refugees:** Collaborated with the International Organization for Migration (IOM) to produce a Public Service Announcement aimed at



helping Ukrainian refugees avoid trafficking, showcasing HEAL's role in preventive education in crisis situations.

- **African and Gulf State Advocacy Participation:** Contributed to the global conversation on trafficking by engaging with the US Department of State, and at the IOM's Regional Symposium in Egypt, African Prosecutors Association, "The Role of Digital Evidence in Combating Transnational Crimes by Networks of Criminal Organizations in Trafficking in Persons and Smuggling of Migrants" advocating for equitable and effective anti-trafficking measures and federal prosecutor engagement with the health sector.
- **Brazilian Protocol Toolkit Launch:** Culminating months of collaborative efforts with local stakeholders, we translated and deeply integrated regional insights into the Brazilian version of HEAL Trafficking's Protocol Toolkit. This significant undertaking not only showcased the toolkit's adaptability, but also our commitment to thoughtful, in-depth global engagement with local partners in the charge against trafficking.
- **Indian Community Health Worker Trafficking-Prevention Launch:** With funding from the Department of State's Office to Monitor and Combat Trafficking in Persons, under the Program to End Modern Slavery, India-based Praxis-Institute for Participatory Practices, and local Denotified Tribal community members, HEAL Trafficking and partners at NYU, UMass launched a randomized controlled trial which will be driven by community-health workers to help DNT communities develop economic alternatives and new livelihoods, reducing trafficking victimization.
- **International Train the Trainer Program Success:** Completed our 2023 Train the Trainer Academy, which since its inception has empowered over 200 professionals to educate more than 49,000 individuals, significantly expanding our reach in training those on the frontlines in the identification and response to human trafficking.
- **Educational Video on Labor Trafficking:** Partnered with Lush Cosmetics and Give Way to Freedom to co-produce an educational film that sheds light on the critical role of healthcare professionals in identifying and assisting labor trafficking survivors.
- **Advancing Equity through Dialogue:** Co-hosted a critical panel discussion on race and equity in anti-trafficking work with the University of Maryland SAFE Center and Capital Region Medical Center, promoting anti-racist practices within healthcare and beyond.
- **Forced Labor Awareness in Healthcare Supply Chains:** Teamed up with the American Hospital Association (AHA) and the law firm Jones Day to host a seminar on forced labor within healthcare supply chains, highlighting the need for due diligence and ethical labor practices in the sector.
- **National Human Trafficking Prevention Summit:** Played a moderator role at the National Human Trafficking Prevention Summit, hosted by the Department of Health and Human Services. Nani Cuadrado, HEAL's Director of Education moderated a critical panel on due diligence in supply chains, showcasing our proactive stance and thought leadership in national efforts.



- **Development of Missing and Murdered Indigenous People (MMIP) Protocols:** Worked with the Human Trafficking Capacity Building Center to deliver tailored support for the development of health system protocols focused on the Missing or Murdered Indigenous People (MMIP) crisis in the United States, a testament to HEAL's dedication to addressing this critical issue.

Summary of 2024 public health and trafficking peer-reviewed literature

HEAL Trafficking maintains a compendium of peer-reviewed health and trafficking literature. In 2024, 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. Geographically, most of the research was concentrated in the United States and the United Kingdom. For a curated of HEAL published peer reviewed literature, see **Appendix A**.

Summary of Health Care & Anti-Trafficking Global Survey

In January 2024, HEAL Trafficking solicited information from its network of greater than 4000 professionals and human trafficking survivors in more than 50 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. Responses were received from 12 countries in addition to the United States; the responses came from North America, Africa, South America, Europe, Australia, and Asia. In many cases, there was one respondent per country so these should not be considered representative. Brief summaries of these responses are included following this introduction. The summaries are not intended to convey the opinion of HEAL Trafficking, but rather to summarize the facts shared by respondents.

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., Australia, Brazil, Canada, India, South Africa, United States), and lack of knowledge about how to help survivors access trauma-informed care (e.g., Cambodia, Canada). Another significant barrier mentioned in several countries was lack of health care coverage (e.g., Benin, Finland, India, Turkey, United States). Additional barriers mentioned were health professionals' and health systems' limited identification of trafficked persons including because of time constraints on healthcare providers (e.g., Brazil, Canada, Finland, United States), lack of community recognition of labor trafficking (e.g., India), and the limits on support services for trafficked persons, particularly those from outside the country (e.g., India, 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., Australia, Brazil, Canada, India, United States), to provide prevention services (e.g., Canada), and to enlist experts in investigating and mapping



current barriers and practices (e.g., India). Community mobilization and NGO advocacy is occurring to benefit trafficked persons (e.g., Canada, United States). Clinics are providing comprehensive and/or trauma-informed care (e.g., Canada, United States) and there is an increased interest among healthcare providers to become trained in working with trafficked patients (Cambodia, Canada, United States). The passage of legislation targeting human trafficking was also cited as a strength (India, Mexico, United States).

While the array of identified problems that impede care for trafficked persons is daunting, the creativity and dedication of the health care sector to addressing these problems in creative ways is encouraging.

Australia

In Australia, a significant barrier to care is the lack of education and awareness in the healthcare and larger Australian community. The lack of awareness and education stems from a lack of a collaborative approach in addressing the issue between the state and federal governments, the healthcare infrastructure and the education programs. Additionally, staff in mainstream healthcare services do not receive training on working with trafficked patients, which results in difficulties identifying and supporting trafficked persons. Specifically, referral mechanisms are lacking and long-term support is limited or inaccessible. As a result, the bulk of the response to human trafficking in Australia is conducted by small NGOs which are not bound to standards of service, accountability or transparency, or by the police, who often do not pursue prosecution of traffickers. A strength of the Australian healthcare system is that the public health and social services allow vulnerable populations to easily access healthcare.

Benin

In Benin, healthcare professionals lack knowledge about human trafficking and its key indicators. Within the public healthcare network, there is no protocol in place to assist trafficked persons. Although public health insurance is widely available and accessible at governmental health centers and hospitals, healthcare professionals in Benin do not have the opportunity to be educated about human trafficking, nor are there programs in place or resources allocated to help trafficked persons.

Brazil

In 2023, HEAL Trafficking adapted and launched the HEAL Protocol Toolkit for use in Sistema Único de Saúde (SUS), the public health system, and has been downloaded 17 Brazilian states, over 250 times since its launch in October 2023. The link to the toolkit can be found here: <https://healtrafficking.org/bp/> In Brazil, the lack of knowledge about human trafficking amongst healthcare workers and clinician trainees and the cultural desensitization of healthcare workers to violence creates a barrier to trafficked persons seeking care. The limited budget for educating healthcare workers affects both the quality and reach of education programs as well as the staffing ratio at healthcare facilities which hampers the quality of care. As a result, it is more difficult for trafficked persons to access healthcare and for healthcare workers to identify trafficked persons and provide support. A strength in Brazil's work to combat trafficking is the mandatory reporting of any violence, which removes the burden of reporting from the victim. Additionally, Brazil's specialized police station for women serves as a valuable resource for



trafficked persons. The Sociedade Brasileira de Enfermagem Forense has initiated several free programs to educate and train doctors, nurses and healthcare workers as well as first responders to better respond to trafficked persons and has integrated a trafficking subcomponent in the forensics nursing course at University of Brasília. The 4th National Policy to Combat Trafficking in Persons is being drafted currently and includes a component of health care response. Notably, the Minister of Health sits on the Federal Anti-Trafficking Taskforce.

Cambodia

In Cambodia, the lack of knowledge on the part of NGOs about how to access trauma-informed care at appropriate health care facilities is a barrier to caring for trafficked persons. Many of the NGOs do not work collaboratively or in concert with one another and the stakeholders of such NGOs have differing definitions of “trafficked.” Additionally, healthcare provider education and resources are lacking. The biggest barrier to post-trafficking care in Cambodia is lack of accessibility of care as well as the shame culture trafficked persons face upon returning to their home communities. A strength in Cambodia’s trafficking response is the increasing number of healthcare workers and organizations interested in combatting trafficking. One such organization is ChabDai, an umbrella NGO which provides education and resources to a variety of groups that are part of the anti-trafficking movement.

Canada

In Canada, a significant barrier to caring for trafficked persons who interact with health care was identified as lack of education among health care providers on how to recognize, identify, care for and empower trafficked persons. The lack of allocation of time and training resources for health professionals poses a barrier to caring for trafficked persons. Post-trafficking care is complicated by the disjointedness of the multidisciplinary care that is essential to effective care, lack of specialized training and resources devoted to post-trafficking care. Additionally, the inability of healthcare professionals to build the trust with trafficked persons required to encourage follow-up care and treatment. Additionally, issues such as fear, mistrust, and stigma may prevent trafficked individuals from disclosing their situation, further hindering effective intervention and assistance within the healthcare system. Larger structural oppressions increase vulnerability to trafficking in historically marginalized communities, such as colonialism, racism, homophobia and transphobia. And can affect access to care and treatment within the healthcare systems. Canadian health institutions have, however, begun developing programs to educate other healthcare workers with the goal of improving the country’s healthcare response to trafficking and moving away from strict biomedical models to more compassionate modes of care. In Canada, one of the biggest strengths of healthcare’s response to trafficking is the development of protocols and guidelines for identifying and assisting trafficked individuals, which will ultimately strengthen the healthcare. Also, the Federal government and several Provincial governments (e.g., British Columbia, Manitoba, and Ontario) have provided support for health care provider education and a range of services for trafficked persons that are necessary for prevention. The biggest of these organizations is BRAVE Education Foundation which is funded by Mitacs and uses a trauma-informed and social justice approach to examine all existing human trafficking prevention education for children in Canada. The Sexual Assault and Domestic Violence Care and Treatment teams in Canada also work with provincial networks and governments to fund the cost of covering HIV STI Pep, Plan B and social work sessions for those affected.



Democratic Republic of the Congo

A major barrier for trafficked persons seeking care in the Democratic Republic of the Congo is limited accessibility to healthcare providers due to the lack of roads connecting isolated areas. Additionally, corruption among service providers poses a barrier to care. A strength of the Congo's response to trafficked persons is the laws affirming the rights of trafficked persons.

Finland

In Finland, a significant barrier for trafficked persons is accessing healthcare services. This difficulty in part arises from a lack of available interpreters who can communicate with healthcare professionals. Additionally, due to high costs and long waitlists, trafficked persons have difficulty accessing long term care or mental health care. Although there is a growing understanding of Trafficked Human Beings and an introduction of referral services for victims in Finland, more education and training is needed, particularly for healthcare workers who rarely identify trafficked victims or refer them to resources or services.

India

In India, a major barrier to caring for trafficked persons who engage with health care was identified as the lack of awareness and training for health care providers. Healthcare is often inaccessible for trafficked persons and the healthcare system is often rife with caste and sociocultural discrimination and stigmatization. An additional barrier identified was lack of affordable health care, with health care debt identified as a key driver of trafficking. There are also often few or no available shelters or homes for trafficked persons to go to or live in after leaving the hospital. The lack of identification and/or acceptance in the community regarding debt bondage creates barriers for labor trafficking victims. Awareness is growing as recent laws have required health care providers to take a more active role in protecting vulnerable patients, such as by reporting child abuse. Additionally, initiatives taken by anti-trafficking units established by the government provide recognition and support of the problems associated with trafficking. NGOs also play an important role in researching and addressing human trafficking in India. Moreover, HEAL Trafficking is leading a multi-year community health worker driven trafficking prevention effort.

Mexico

In Mexico, the lack of political motivation to handle trafficking and the societal stigma associated with being trafficked pose barriers to care. This stigma bleeds over into the healthcare sector where trafficked patients face discrimination at healthcare centers. Additionally, the lack of funding to NGOs who work with trafficked persons poses a barrier to care. The Mexican government has, however, passed integrated laws on trafficking, but they are not implemented as effectively as they could be.

South Africa

In South Africa, a lack of awareness about human trafficking at the community health and government level has been a barrier to conducting research on human trafficking and may also be a barrier to caring for trafficked persons who interact with health care. The coordination



among civil society service organizations is often fragmented. The government oversight of such organizations is sometimes obstructive or insufficient. The development of the post-trafficking care system is often insufficient. A strength of the response to trafficking may be a well-developed infrastructure of the system of care for this populations. Additionally, South Africa's specific legal anti-trafficking legislation is well developed. However, the lack of resources in the country makes the legislation difficult to implement downstream in the national framework.

Turkey

In Turkey, a significant barrier to care of trafficked persons is the lack of legal residency status given to trafficked persons seeking asylum; despite being eligible for emergency status, their residency requests are often ignored. This issue then leads to the additional issue in Turkey of healthcare workers refusing trafficked persons care on account of their nationality. Although the healthcare system is high-quality and equipped with systems to care for trafficked persons, the healthcare system is unable to influence other systems that affect care. For example, those with resources and power are able to circumvent the prevention systems in place through practices such as organ trafficking.

United States

In the United States, respondents cite numerous barriers to caring for trafficked persons in the health care setting. First, there is a lack of a comprehensive organizational policies and mandated educational programs across health systems so health professionals wonder "What do you want me to do?" when they identify a trafficked person. Even when human trafficking policies exist, they may be re-traumatizing and focused on fact-finding, as opposed to building trust with the patient and empowering them with education. 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. Additionally, rushed healthcare systems prevent healthcare providers from building rapport with patients and better identifying trafficked persons through recognizing early warning signs or common risk factors. Healthcare providers do not have the time to run the necessary screenings or ask enough questions when faced with sexual exploitation risk factors. Furthermore, there are limited housing, substance use treatment and mental health care options to refer trafficked persons to once they are released from the hospital. The availability of trafficking-specific centers are lacking, so trafficked persons, if referred anywhere, are referred to domestic violence centers which are unable to meet the specific and intense needs of those who have been trafficked. One respondent also cited the need for survivor-led advocates in hospitals and clinics to give voice to the needs of trafficked patients. Especially in rural and tribal communities there are limited appropriate coordinated community resources as referral options. 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. Such training has increased healthcare professionals' ability to identify and recognize trafficked persons. The willingness and compassion of healthcare workers is a positive attribute of the U.S. healthcare response. A widespread cultural shift within health care to embrace trauma informed care principles helps to improve care for trafficked persons. 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. The National Human Trafficking Hotline is cited as a great resource.



For healthcare providers, resources such as SOAR, HEAL Trafficking, and Physicians Against the Trafficking of Humans (PATH) provide training and information on how to care for trafficked patients. More health professional disciplines are being trained on trafficking, including dentists, health care administrators, occupational therapists, pharmacies, physical therapists, and public health professionals. The availability of high-quality medication has also been cited as a strength in the U.S.

Appendix A- HEAL-published 2023 literature

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Einbond J, Zedalis K, Stoklosa H. [A Case of Mistaken Identity: The Criminalization of Victims of Labor Trafficking by Forced Criminality](#). *Criminal Law Bulletin*. 2023; 59(1).

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