

Testimony Before the House of Representatives Committee on Energy and Commerce

Subcommittee on Health

Hearing on “Examining Initiatives to Advance Public Health”

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Summary:

- I. Human trafficking is a healthcare issue
 - a. The physical and mental health effects of human trafficking may be severe, ranging from serious physical injuries to HIV/AIDS to post-traumatic stress disorder, to depression and suicidality.
 - b. There is good evidence to show that human trafficking victims do seek medical care, so healthcare professionals are ideally positioned to recognize victims and offer services.
- II. Healthcare professionals need training in order to be able to recognize and respond to human trafficking

- a. Research suggests that a large proportion of healthcare professionals have not received specific training on human trafficking and are ill-equipped to recognize victimization or to respond in a trauma-informed, culturally-appropriate manner.
- III. The SOAR to Health and Wellness Act of 2017 would be a very effective strategy for addressing this widespread need for education and technical support.
- a. This bill will provide the necessary infrastructure to train the vast healthcare community, and to provide technical support that will enable healthcare professionals to become effective advocates for victims. It helps to mobilize a critical sector of the work force in the U.S. drive to eliminate human trafficking.

Good afternoon, Chairman Burgess, Vice Chairman Guthrie and distinguished Committee members. I am grateful for the opportunity to testify before you today. In addition to my oral testimony I would like to submit written testimony into the record.

My name is Jordan Greenbaum. I am a child abuse physician and the medical director of the Institute for Healthcare and Human Trafficking at the Stephanie V. Blank Center for Safe and Healthy Children, of Children's Healthcare of Atlanta. The purpose of the Institute is to improve the lives of children and families affected by human trafficking by increasing and enhancing behavioral health and medical care through research, training and education. I am also the medical director of the Global Initiative for Child Health and Well Being for the International Center for Missing and Exploited Children. The International Centre is a non-governmental organization that works to combat child abduction and child sexual exploitation globally. Through its Global Health Initiative, the Centre seeks to apply a public health model to child sexual exploitation, to promote changes in medical education regarding exploitation, facilitate research on the health of victims, and to assess current treatment modalities for victims. Finally, I am a board member of HEAL trafficking, a national

organization of multidisciplinary professionals dedicated to ending human trafficking and supporting its survivors using a public health perspective.

A 15-year-old girl was admitted to Children's Healthcare of Atlanta a few years ago for a suicide attempt: she had ingested alcohol and a narcotic. It was only after she woke up in the intensive care unit and was interviewed by our social worker that we learned her depression existed in the context of human trafficking. What if we had never asked her about the circumstances of her life and the reasons for her depression? She would have been admitted briefly to a psychiatric institution and in all likelihood, discharged back into the life of exploitation.

In this written testimony, I'd like to make 3 essential points: 1) Human trafficking is a healthcare issue, 2) Healthcare professionals need training in order to be able to recognize and respond to human trafficking, and 3) the SOAR to Health and Wellness Act of 2017 would be a very effective strategy for addressing this widespread need for education and technical support.

As you know, reliable estimates of the incidence and prevalence of human trafficking are lacking, but the best existing estimates suggest that millions of adults and children are involved worldwide⁽¹⁾ and the United States is a major destination country⁽²⁾. Victims of human trafficking may experience a plethora of adverse physical and behavioral health sequelae, including traumatic injury from sexual and physical assault, work-related injury, sexually transmitted infections, non-sexually transmitted infections, chronic untreated medical conditions, pregnancy and related complications, chronic pain syndromes, complications of substance abuse, and malnutrition and exhaustion⁽³⁻⁵⁾. Mental health consequences include depression with suicide attempts, flashbacks, nightmares, insomnia and other sleep problems, anxiety disorder, hypervigilance, self-blame, helplessness, anger and rage control problems, dissociative disorders, post-traumatic stress disorder, and other co-morbid conditions⁽⁶⁻⁸⁾. In a recent study of youth survivors of sex trafficking 47% of the sample reported a suicide attempt within the past year⁽⁶⁾.

Despite the criminal nature of human trafficking and the desire of traffickers to elude detection, research consistently shows that victims do have contact with medical professionals. In a study of adult and adolescent female sex trafficking survivors, nearly 88% had seen health care providers (HCP) during their period of exploitation(9). In another study of runaway and homeless youth involved in commercial sexual exploitation, over 75% had seen a provider within the past 6 months(10). But we also know that victims rarely self-identify when seeking medical care and may even deny victimization out of fear of the trafficker, lack of perception of their victim status, shame or humiliation(11).

I believe that every day, hundreds of victims are visiting clinics and emergency departments all over the U.S., being treated for their conditions and discharged, with no one ever asking about the possibility of exploitation. Consider the 14-year-old trafficked boy who comes to a clinic with symptoms of a sexually transmitted infection. He might easily be treated for his symptoms and sent on his way, without anyone recognizing the possibility of commercial exploitation and taking the time to ask questions. Subsequently that same, unidentified victim may become HIV positive or sustain major traumatic injuries from a physical assault by a buyer. Consider the 35-year-old Nigerian woman who comes to the emergency department with a head injury she claims occurred when she fell from a stepladder while cleaning. She is exhausted, passive, and clearly intimidated by the ‘friend’ who brought her. But none of the medical staff recognize these red flags and ask about possible labor trafficking. She returns to the home where she remains trapped as a domestic servant, working 16-hour days cleaning and cooking, without pay and without freedom. Each of these medical visits represents a critical missed opportunity. Help and services are within arm’s reach, but go untouched. To prevent these lost opportunities, to offer exploited persons help in leaving their situation, it is imperative that the HCP recognize signs of at-risk youth and adults, ask questions appropriately and provide trauma-sensitive care to identified victims.

Yet, research has demonstrated convincingly that many HCPs lack the knowledge and skills to identify and assess victims. In one study 63% of medical providers reported never having received training on how to identify

human trafficking victims. Those who had training were significantly more likely to have confidence in their ability to do identify potential victims and to have encountered one in the past(12). Health care providers who participated in the study indicated that the greatest barriers to victim identification were a lack of training (34%) and lack of awareness of sex trafficking (22%). Further, a study of trafficking survivors demonstrated that the failure of HCPs to identify victims was often accompanied by behavior that hurt and humiliated victims, making it clear that a victim-centered, trauma-informed approach is not uniformly practiced(13).

The H.R. 767, SOAR to Health and Wellness Act of 2017, would address the critical need for training of healthcare providers, enabling them to recognize victims and provide culturally appropriate, trauma-informed and victim-centered care. This training would be specific to the needs of varied professionals, including medical and mental health practitioners, public health professionals and social workers. And importantly, the training would be based on research, not emotion, on facts, not speculation. It would use well-established adult learning strategies to facilitate changes in attitude, knowledge and behavior. The training would be formally evaluated, allowing for necessary changes to be made and effectiveness ensured.

Essential to facilitating lasting change in any medical practice is support of the newly trained practitioners. This can be facilitated through implementation of specific protocols for providers to use when they suspect their patient is a trafficked person. H.R. 767 addresses this need by including in the pilot program the development of protocols for offices, clinics and hospitals, and the provision of technical assistance to organizations that implement a protocol.

Training and technical support of healthcare professionals are critical components of U.S. efforts to curb the tide of human trafficking. Healthcare professionals have a unique role in preventing exploitation and identifying victims, as well as assisting them in obtaining services and escaping their plight. Without evidence-based, high-quality, easily available training and technical assistance, the very large, complex and unwieldy healthcare sector

may lose track of the human trafficking issue and relinquish its role in fighting the battle against exploitation.

We cannot allow this to happen.

Thank you very much for allowing me to testify today. I appreciate the opportunity to explain that human trafficking is a healthcare issue, and that healthcare professionals need training in order to be able to recognize and respond to human trafficking. I strongly support H.R. 767, as I believe it would provide the infrastructure necessary to effect critical change.

Submitted by

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