Statement on Human Trafficking

Student National Medical Association
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Statement on Human Trafficking

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INTRODUCTION

Founded in 1964 by medical students from Howard University School of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) is the nation’s oldest and largest, independent, student-governed organization focused on the needs and concerns of medical students of color. The SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

Human trafficking is a global human rights violation that has transitioned into a multidimensional public health crisis that spans centuries. Human trafficking is a multifocal health concern that threatens all populations, including diverse realms of socioeconomic classes, genders, ages, and races. Human trafficking is the exploitation, transportation, or obtaining of a person or people for services or labor, using force, fraud or coercion—a definition adapted from the Department of Homeland Security.¹ The impact of human trafficking is demonstrated by the number of people and amount of capital that human trafficking implicitly involves. The International Labor Organization conducted a study in 2017, recently updated in 2020, that found human trafficking to be a $150 billion enterprise.² Further, the study found human trafficking has victimized over 40.3 million people worldwide as a form of “modern-day slavery” of whom 72% were women and young girls.² Approximately 5 million of the involved victims were sexually exploited; 25 million were forced into labor, and 15.4 million were forced into marriages.³ Collectively, each of these unfortunate statistics share a common thread: a loss of freedom.

Human trafficking engenders many health concerns and perpetuates a lack of health equity for this group of people.⁴ The health crises seen in trafficking victims can cause or be caused by life altering factors that affect their health status, appearance, and willingness to share information. Those life-altering factors include living in hazardous environments, withheld food, lack of sleep, excessive stress, physical abuse, and sexual violence.⁴ The population of trafficking victims is at extreme risk for acquiring multiple sexually transmitted infections (STIs) and other health conditions related to forced and unsafe abortions, broken bones, contusions, dental problems, or cigarette burns. Psychological violence results in high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms.⁵
Therefore, health care providers are included in the group of crucial professionals who interact with trafficked victims. This is very important to SNMA because we are thoroughly committed to addressing the needs of underrepresented and disenfranchised communities, such as trafficking victims and the disproportionate number of people of color who are unfortunately affected. Studies have found that over 30% of trafficked women have been in contact with a health professional. Therefore, health care providers are in a unique position to identify and educate others on how to identify victims of trafficking, offer specific tools to educate, and provide crucial physical and psychological forms of care to victims during and after captivity. The purpose of this statement is to establish human trafficking as a prevalent and egregious problem, underline its impact on health, health equity, and health education, explain how history has perpetuated this issue, and detail the disproportionate and detrimental effects this issue has had on patients of color.

**BACKGROUND**

Human trafficking is a criminal activity also known as modern slavery. It is a threat to the well-being of men, women, and children at the local, national, and global levels. In human trafficking, victims are kept by fraud, force, and coercion, and exploited by traffickers for the purposes of profit. Victims are forced to perform acts of labor, sex, or both for the profit of traffickers.

The major forms of human trafficking are sex trafficking and forced labor. Sex trafficking is defined as commercial sex performed as the result of “threats of force, fraud, coercion or any combination of such means”. Forced labor is defined as the use of threats, force, manipulation, “or other coercive means of compelling someone to work”. Forced labor may take the form of debt bondage, domestic servitude, or forced child labor, all targeting specific vulnerabilities of the victims. For example, debt bondage is the use of debt as means of forcing labor. In these situations, a victim’s legal residence in the country may be tied to their employer, or debt may be assumed as a condition of employment. In a minority of cases, victims are forcibly transported across state lines for the purposes of exploitation. More commonly, victims are vulnerable due to their desire to relocate in search of opportunity and, in some cases, victims have actively sought out job opportunities in other regions. With a compelling reason to move, many are willing to take on debts they otherwise wouldn’t and their desire to change their life and circumstance leads
to their victimization. Other vulnerabilities that are commonly leveraged by traffickers include: substance use, mental health concerns, homeless youth, and inability to speak the local language.

In 2019, 22,326 trafficking survivors were reported to the Human Trafficking Hotline. There was a 19% increase in victim and survivor direct reporting from 2018 to 2019. Still, these numbers likely represent only a fraction of the number of human trafficking victims and survivors in the US in a given year. Human trafficking is “notoriously underreported” due to force, fraud, and coercion on the part of the traffickers, lack of self-identification as victims of human trafficking on the part of the victim, and lack of recognition by mandatory reporters due to the lack of a clear understanding of the definition of human trafficking and lack of awareness of the indictors of trafficking.

Though some effort has been made to improve reporting, the 2018 Global Report on Trafficking in Persons was published without data for 51 United Nations Member States. Additionally, some reporting countries lacked systematic data collection and lacked uniform reporting of cases across different years or regions within the country. Globally, an increasing number of victims was reported through 2016, reflecting broader global surveillance, an increased number of reporting countries, and increased numbers of detected victims by country (which coincides with increasing anti-trafficking efforts). Currently, global and regional estimates of human trafficking prevalence are limited. The 2017 Global Estimates of Modern Slavery Report estimated 24.9 million people involved in forced labor at any one time in 2016. Between 2003 and 2016, the UNODC has collected information from 225,000 victims, a gross underestimation of the true societal cost, with no more than 104 of 193 total countries reporting data in any one year.

Slavery can be thought of as the earliest form of human trafficking, dating back to the earliest civilizations of the Greeks and Romans. Slavery continued in various forms such as indentured servitude until 1400, when the Portuguese began the slave trade from Africa, marking the first time in history people became enslaved without a proceeding war. The Trans-Atlantic slave trade reached North America in the 1600s, and by the late 1800s, laws were passed in most developed areas outlawing the slave trade. With these laws, a new form of slavery emerged, known as ‘White slavery’. White slavery was synonymous with the prostitution of girls and young women and was officially distinguished from Black slavery with the 1904 International Agreement for the Suppression of the White Slave Traffic. In 1910, the US Congress passed the
White Slave Traffic Act, and usage of the terms ‘slave’ and ‘traffic’ were brought together. The work of the League of Nations brought attention to exploitation of all women, not just White women, as well as children, males and females alike, and in 1927 ‘White slave traffic’ became ‘traffic in women in children’ for purposes of inclusivity. More recently, human trafficking has been acknowledged beyond sex trafficking, and forced labor was included in the definition through the Trafficking Victims Protection Act of 2000.

In 2010, a mandate was given to UNODC requiring data collection and pattern reporting of trafficking patterns, reflecting a growing effort to track and address human trafficking. Since the passing of the landmark act in October of 2000; Victims of Trafficking and Violence Protection Act of 2000, numerous acts have been passed with the similar goals of ending human trafficking and providing greater protection for its past and present victims. Acts such as Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act of 2003 (PROTECT Act), Survivors of Human Trafficking Empowerment Act 2015, Trafficking Victims Protection Act of 2017, Abolish Human Trafficking Act of 2017, along with multiple reauthorizations of the original Victims of Trafficking and Violence Protection Act of 2000 are based on the “3P approach” consisting of prevention, prosecution, and protection. The responsibility of controlling human trafficking within the United States and abroad is divided amongst federal agencies such as the Department of Homeland Security, the Federal Bureau of Investigations, the Justice Department, and the US Department of Health and Human Services. In addition to protections against human trafficking, there are also restrictions in place to control profit-related motives pertaining to labor trafficking along with goods produced by trafficked labor. Such restrictions include the Customs and Facilitations and Trade Enforcement Act along with Tariff Act of 1930. Most recently, under the term of the 45th president, Donald J. Trump, a bill was signed into law in 2018 that would greatly reduce the sex trafficking ads that were presented on websites. This bill, given the name “Allow States and Victims to Fight Online Sex Trafficking Act”, nicknamed “FOSTA” expanded the power of federal and state prosecutors to file lawsuits against websites for their involvement in the promotion of sex trafficking ads and similar related content.
Studies were performed within the last decade including the review of more than 14 health databases acquired from both low and middle-income countries. These studies included that of women, men, and children, highlighting increased incidents of violence and hence, a high prevalence of both mental and physical health symptoms, including depression, anxiety, post-traumatic stress disorder (PTSD), recurrent headaches, stomach and back pain. There exists a wide array of complications and health outcomes that can present themselves within human trafficking victims. More interestingly, health outcomes can present at various phases within the trafficking cycle, which include the high prevalence of physical injuries that could be due to occupation including fractures, bruising, and surface-wounds. With this being known, there is an increasingly important call for the proper education and training of health professionals and care staff for the effective and efficient treatment of such victims.

With the wide array of negative health-related outcomes prevalent amongst human trafficking victims, spanning from mental to serious physical ailments, there has been an urgency for healthcare reform that allows efficient and ethical care for such victims. The effects and actions of human trafficking are occurring globally, placing an emphasis on the need for a greater connection amongst healthcare providers that will allow such health effects to be further analyzed and documented. The Global International Classification of Diseases (ICD) was created by the World Health Organization (WHO) with the underlying goal of “global harmonization”. This global diagnosis code system helps to achieve this goal by allowing pertinent information to be shared across borders. As human trafficking is becoming more and more of a health crisis, there has been a global push for the modification of the ICD-11 coding system to include diagnosis codes for human trafficking, including forced labor and sexual exploitation. In 2014, a proposal to include the updated ICD-11 codes was executed by the International Centre for Missing and Exploited Children (ICMEC). This call to action was carefully planned, yet rejected by the World Health Organization.

**SCOPE OF THE PROBLEM**

With over 40.3 million victims of human trafficking globally and 29.4 million people considered in situations of forced labor, there are widespread health concerns adversely affecting this vulnerable population. Victims are subject to forced labor in a variety of occupations ranging from sex work to agriculture or mining. The one commonality between the different situations is
the poor labor conditions with no legal regulation controlling the safety of the workers. There are a far greater number of work related injuries sustained by those under forced labor conditions as opposed to those hired legally. Examples of common injuries include heat stroke, toxin exposures, physical injuries, and infections. Within the sex trafficking industry, abuse is extremely common place with 95% of interviewed victims reporting both physical and sexual abuse during their trafficking experience. Many also reported beatings, burns, tattooing/branding, rape, threats, humiliation, and forced misuse of drugs with the end goal of control and manipulation. All of this results in concomitant mental health problems that persisted long after they had escaped. When these people sought medical attention, it was often for sexually transmitted infections and associated issues.

Because this population is experiencing an increased number of health concerns, it is important that they can easily access the healthcare system. They need both treatment for their health issues and resources to assist them escape their situation. When this issue was studied in San Diego and Philadelphia, the majority of victims sought medical aid at both emergency rooms and community health facilities. While it is important that these individuals are seeking medical attention, there are many barriers to them getting the care they need. Many of the trafficking victims reported not revealing their situation to healthcare providers for 2 reasons: they felt ashamed of their situation and their healthcare provider did not ask them about their situation. In addition, the victims may be experiencing ongoing threats against themselves or their families as means of coercion from their traffickers. There is additional fear of the authorities. Many victims are afraid of arrest by the police and do not have confidence that anybody will be able to help them or their fellow trafficking victims. This point is amplified within the transgender community. Many of the legal protections available to women do not apply to transgender women and leave them overcriminalized by authorities who view them as less exploitable and therefore not victims of sex trafficking.

Despite this ongoing fear and mistrust of the healthcare system, 88% of trafficking victims go to medical facilities while still under control of their traffickers. This makes it essential for proper training of healthcare workers in order to deliver the appropriate care to these individuals and be able to identify them as a trafficked person in need. The Maryland Human Trafficking Task Force provides guidelines for healthcare providers on delivering trauma informed care, methods to help identify trafficked victims, and recommendations for referrals. Over the past several years,
the number of trainings within healthcare has grown substantially, but studies have shown that the training material is often inconsistent and in need of oversight to ensure efficacy with methods to evaluate the outcomes of training.\textsuperscript{28}

**STATEMENT OF POSITION AND RECOMMENDATIONS**

The SNMA understands human trafficking is a global human rights violation and multidimensional public health crisis which spans across many generations. It is a multifocal health concern threatening all populations, including diverse realms of socioeconomic class, education, gender, age, and race. Human trafficking is defined as the exploitation, transportation, or obtaining of a person or people for services or labor, using force, fraud, or coercion as defined by the Department of Homeland Security.\textsuperscript{1} Its impact is expressed by the number of people and the amount of capital human trafficking implicitly involved, although these figures are a mere gross underestimation. The International Labor Organization conducted a study in 2017, which was recently updated in 2020, detailing human trafficking as a $150 billion dollar enterprise.\textsuperscript{2} It has victimized over 40.3 million people worldwide as a form of “modern-day slavery” with 72% of those people being made up of women and girls.\textsuperscript{2} Approximately 5 million of the involved victims were sexually exploited, 25 million were forced into labor, and 15.4 million were forced into marriages.\textsuperscript{3} Collectively each of these unfortunate statistics shared a common thread: a loss of freedom that is still persisting in the 21st century worldwide.

All of humanity across the world has a profound responsibility to end “modern-day-slavery”. To decrease and ultimately eliminate human trafficking, political, social and economic conversations highlighting the issue must occur in order to create immediate and practical solutions.

Addressing human trafficking must be combatted on a global scale, with implementation executed on both the global, national, local and individual levels. In 2018, the Global Report on Trafficking in Persons was published without data for 51 United Nations Member States.\textsuperscript{9} Although nation participation increased, 47 countries remain without data. Global estimates of human trafficking is potentially underreported by millions, making the need to improve broader uniform surveillance reporting and control essential. Mandatory compliance must be enacted by the United Nations along with resource allocation and administrative support if we are to drastically reduce current and future human trafficking numbers.
On a national level, the United States of America has passed the Trafficking Victims Protection Act (2000), the Survivors of Human Trafficking Empowerment Act (2015), the Trafficking Victims Protection Act (2017), and the Abolish Human Trafficking Act (2017) providing a national agenda to prevent human trafficking, reduce demand for human trafficking, and provide direct services and resources to human trafficking victims. However, after reviewing Public Law 115-392 established on December 21, 2018 there was failure to outline civil, criminal, and federal penalties to persons, organizations, or institutions within the US government (e.g., The Department of Justice, The Department of Homeland Security, The Federal Bureau of Investigation, and The US Department of Health and Human Services) if internal oversight, mismanagement, or corruption takes place. There has to be a true system of accountability and control, where no person or entity is neither above nor exempt from the law.

Restoring confidence to citizens and the victims of human trafficking includes caring for the physical injuries of the coerced, manipulated and abused on a medical level, as well as giving solutions and resources to the masked mental and psychological wounds of living through uncivil and inhumane realities. In fact, there is a growing number of studies supporting the idea that the effects of trauma can reverberate down the generations through epigenetics—the process by which the readability or expression of genes is modified without changing the DNA code itself. In order to decrease and eliminate human trafficking we must bring widespread education to the issue of “modern-day-slavery.” By understanding how traffickers target, recruit, and harbor their victims, we can successfully educate society on how to protect communities against all forms of human trafficking.

According to the US Office on Trafficking in Persons, targets of human trafficking include: runaways, homeless teens and young adults, unaccompanied minors, those from foster care or juvenile justice systems, persons without a strong social support network, migrant workers, especially those who speak little English. Perpetrators seek out individuals whose socio-economic situations make them vulnerable to manipulation and are thus unlikely to be reported. This makes people of color disproportionately impacted by human trafficking. The question which remains is: how do we protect these highly vulnerable populations?

One way we might go about assisting vulnerable populations is to attempt the impossible, by securing at-risk populations. Economic stimulus, free universal healthcare, job security, free education, reduced/affordable housing, free family counseling and juvenile empowerment.
programs may sound impossible, but the truth is it hasn’t been made a priority. Every complex problem has a solution, but that solution is more achievable if broken down into smaller parts. One way to tackle human trafficking is to implement plans of prevention, restorative justice and persecution at the federal level, which is supported identically and equitably at local levels. From a prevention standpoint, the healthcare sector can be instrumental in the detection of, and response to, human trafficking.\(^1\) The Palermo Protocol is one recommendation which suggests state parties implement measures to provide healthcare and psychological needs for trafficking survivors, however, protocols like these should not be a mere suggestion, rather a federally mandated approach to eliminating human trafficking in the United States.\(^3\) Research indicates many trafficked individuals seek medical attention while being trafficked due to adverse health effects associated with their labor and/or sexual exploitation, however these survivors do not receive adequate care due in part to an array of cultural and language barriers, not to mention the stigma associated with being a “victim.” Medical care providers must be well-informed and armed with resources to both identify and treat human trafficking victims without bias or judgement. Part of the responsibility of physicians and other healthcare personnel is to empower patients, ensure confidentiality and sensitivity and build trust. From an academic perspective, medical institutions should be required to discuss and assess future physician aptitude to address vulnerable populations on global public health issues such as human trafficking.

Healthcare facilities should take proactive measures to lower barriers and identify patients who are experiencing human trafficking. Some medical facilities use screening tools in this effort. For example, a tool aimed at discovering sexually exploited youth may involve a series of questions such as the following:

“Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter, or other items)?”

“Has anyone ever asked you to have sex with another person?”

“Has anyone ever taken sexual pictures of you or posted such pictures on the internet?”\(^3\)

To provide effective medical care, healthcare practitioners should be required to receive training about trauma, its effect on individuals experiencing trafficking, and the appropriate response. Trauma can affect the way a survivor reacts to well-meaning healthcare providers, so
being trauma-informed is an important basis for an effective response. They should be educated on the best practices to provide trauma-informed care. Such practices include providing a secure location that traffickers cannot access, allowing time to pass before asking for accounts of the person’s experiences, allowing the patient to make choices about their healthcare and the setting and timing of interviews, and plans for what will happen after medical treatment is completed. The SAFE Center and the Maryland Hospital Association have published a comprehensive set of tools and protocols called, Human Trafficking; Guidelines for Healthcare Providers, “an internal and external roadmap for healthcare professionals to address a trafficked patient’s medical and psychosocial needs both inside and outside of the hospital.”

In summary, many protocol manuals have been produced to address and decrease human trafficking on a community frontier, but what America needs is a mandated federal policy carried out in all 50 states and domestic territories. If we believe in democracy and in our political system, then we must use our voices to raise awareness and urge immediate actions from a policy and legislative approach. Human trafficking must be addressed and combatted on a global scale, with implementation of legislation and policy executed on global, national, local and individual levels. Although we live in a modern-day war against justice and equality, mandatory compliance must be enacted by the United Nations along with resource allocation and administrative support if we are to drastically reduce current and future human trafficking. There has to be a true system of accountability and control, where no person or entity is neither above nor exempt from the law. Quality physician education, longitudinal support programs, which include proper social reintegration for human trafficking victims, must be coupled with a plan that is aimed at eliminating the cycled existence of vulnerable populations. We must attempt the impossible and make at-risk communities secure. Together this can be achieved through legislative support for an economic stimulus, free universal healthcare, job security, free education, reduced/affordable housing, free family counseling, and family planning. Additionally, youth support, workforce/entrepreneurial and empowerment programs may also help to decrease the number of human trafficking occurrences. From a prosecutorial perspective, individuals and institutions which exploit, transport, or obtain a person or people for services or labor using force, fraud, or coercion must be persecuted to the fullest extent of the law, including individuals and organizations who knowingly turn a blind eye to those participating in such acts. These individuals are upholding human trafficking, an egregious act and a crime against humanity which should be punishable
without presidential pardon. Recall all of humanity has a profound responsibility, a duty to end “modern-day-slavery” throughout the Americas and the entire world.
REFERENCES


