Community Health Centers: An Opportunity to Prevent, Identify, and End Human Trafficking

---

Written testimony submitted by

Kimberly S.G. Chang, MD, MPH
Physician
Asian Health Services

to

Commission on Security and Cooperation in Europe / U.S. Helsinki Commission

December 1, 2015
2:00 PM
Rayburn House Office Building
Room 2255

Briefing to Examine "Best Practices for Rescuing Trafficking Victims"

Contact Information:
Kimberly S.G. Chang, MD, MPH
Physician
Asian Health Services
818 Webster Street
Oakland, CA 94607
kchang@ahschc.org
Phone (510) 986-6860 Fax (510) 628-0568

Chairmen Smith and Wicker, and esteemed Commissioners:

Thank you for inviting me to address the important issue of the role of the healthcare system and healthcare professionals in rescuing victims from human trafficking.

Introduction

One night in 2008, Christina, a patient of mine, came to the clinic very sick. She was young, about 15 years old, and had been seeing us at the clinic on and off for three years. Although Christina never disclosed any sexual exploitation, we suspected that she was being sex trafficked. That night, Christina had a high fever, rashes all over her body, swollen painful joints, a racing heartbeat, and weighed less than 90 pounds. She was anxious and depressed over her condition. She had delayed seeking health care despite feeling ill for three months. She needed to go to the hospital. When I told her this, she absolutely refused, stating, "I'd rather die than go back to jail!" I didn't understand the connection between her going to the hospital and being sent to jail. Later I learned that on a previous hospitalization, Christina was discharged to jail because a bench warrant for her arrest was issued when she failed to appear in court on solicitation charges. Christina did not go to the hospital that night. When I found out she didn't go, I feared she was going to die. We had failed our patient.

Or, did we?

Our care did not end when Christina left the clinic's four walls. Our health center's youth program outreach workers and Banteay Srei case manager contacted their community connections all night, eventually locating Christina the next morning. The Banteay Srei case manager went to Christina, convinced her to go to the hospital, and personally drove her there. Christina was hospitalized for almost two months. She was treated, and survived. For Christina, our team-based approach, our assistance enabling her to access care, our public health perspective, and our community health center model was a success.

This model can be a success for many more victims across the country.

My name is Kimberly Chang. I am a physician at Asian Health Services. Asian Health Services is a Federally Qualified Health Center, which provides primary health care for over 24,000 primarily low-income, limited-English speaking patients annually; including such as case management, behavioral healthcare, community health outreach including a youth program, and on-site culturally and linguistically appropriate care, including interpretation in twelve Asian languages.[i] As a result of caring for patients like Christina, we also have a specific program for minor patients who have been or are at risk of being sex trafficked or commercially sexually exploited, called Banteay Srei ("Citadel of the Women").[ii] For the past twelve years, I provided health care to domestic minor victims of sex trafficking, and helped develop protocols to identify affected patients in the primary care and community health settings. I am a co-founder of HEAL Trafficking,[iii] a network of interdisciplinary health professionals committed to preventing and ending human trafficking, and healing patients who have been trafficked. I consulted and advised anti-human trafficking task forces in the Western Pacific Compact of Free Association nations, and other Pacific jurisdictions, in building and strengthening the capacity of the public health, community health, and medical sector's response to human trafficking. Additionally, I have trained thousands of front-line multidisciplinary professionals on the healthcare intersect with human trafficking. I spent the past year as a Commonwealth Fund Mongan Minority Health Policy Fellow at Harvard Medical School[iv] and the Harvard T.H. Chan School of Public Health, working with the Association of Asian Pacific Community Health Organizations[v] to address the role of community health centers in caring for victims of human trafficking.

My work with human trafficking victims has focused mostly on the function of primary care and public health, particularly the role of community health centers, and so my comments will carry that perspective today. As a front-line physician, I also see these issues through the lens of my affected patients. I hope to provide some context for the role of the healthcare system and healthcare professionals by answering: What is the responsibility of the healthcare system in addressing the issue of human trafficking? What are the unique opportunities and advantages of government-funded health centers in preventing, intervening in, interrupting, and stopping the victimization of patients who have been or are at risk of being trafficked? And, what can government and Congress do to enable community health centers to help end human trafficking and effectively care for trafficked patients?

Human Trafficking is a Healthcare Issue

Christina's story highlights the position of the healthcare system as a critical access point for identifying and reaching out to victims. Because of the very nature of human trafficking, victims experience severe physical, mental health, and social harms, and visits to any health care provider are opportunities to intervene in and interrupt the exploitation.[vi] Think about the conditions of human trafficking and the way people are controlled for labor or sex, and you get an idea of the health harms to victims in the short and long-term. In captivity, victims are deprived of health care and food, are socially restricted, and are coerced into drug and alcohol use and addiction. They are forced into dangerous, dirty and degrading living and working conditions; and they are subject to all forms of abuse (physical, sexual, psychological, emotional, behavioral, and spiritual).[vii] The health harms fall into three categories:

- physical harms such as sexually transmitted infections, injuries, malnutrition;
- mental health harms, such as trauma, depression, anxiety; and
- social harms, such as criminalization and stigmatization.[viii] [ix] [x] [xi] [xii] [xiii] [xiv] [xv]

Christina suffered from all three types of harms that night – malnutrition, a possible sexually transmitted disease, depression, anxiety, and criminalization. And here she was in my health center, severely ill - a trafficked patient refusing to go to the hospital. Her fear of being jailed for the very victimization causing her illness placed her at risk of death. Overall, our response to victims is simply inadequate and flawed.

A Robust Healthcare System Response is Critical to Victim Support

When I think about people who are being trafficked, I think about how underground and hidden victims engage with the systems of care and protection in an aboveground functioning society. The focus on criminal justice strategies to reach trafficking victims, and to end labor and sex trafficking is limited, reaching only a select few. In 2006, Asian Health Services' Banteay Srei youth development program for commercially sexually exploited minors conducted an internal survey of patients - we learned that out of the 40 girls participating in the program, only three had an interaction with law enforcement. This means almost 93% of these victims were not identified within the justice system! Yet, they were engaged with the healthcare system. Relying on a justice framework to identify and reach victims means that we miss many others who don't receive, don't qualify for, don't want to use, or are excluded from criminal justice services.[xvi] And, like Christina, there are many victims who are treated as criminals.

The call for a robust public health and healthcare system response to human trafficking has been echoed by justice and law enforcement leadership.[xvii] [xviii] It is understood that the foremost priority of the criminal justice system is to uphold the laws of the state. In best cases, these state interests overlap with victims' needs. Sometimes, however, they are at odds. When victims feel too scared or hopeless to participate in the prosecution of their traffickers or they don't have a strong case for prosecution, does

that mean the victim doesn't deserve and won't receive the support he or she needs to heal? The call for a robust public health and healthcare system response means we can create solutions whose foremost priority is that victims will undergo a healing process or obtain the educational and economic opportunities they so urgently need. Separating the priorities of the state in prosecuting traffickers, from the priorities of victim healing can yield better results in ending trafficking, by allowing victims the time to heal and regain agency over their lives.

The Healthcare System: Multiple Opportunities for Intervention through a Team of Professionals

Compared to other sectors in a functional society, the health care system provides opportunities for interaction and engagement throughout the ***entire*** lifespan – from pregnancy, to childhood, through adulthood; from acute emergency care, to long-term, chronic care; from public health community outreach, to hospitalizations. All of these points of care are opportunities to prevent, intervene in and start the process to end the exploitation of trafficked patients, a ***long-term process of rescue***. And when I think about the health care system, I think not only of doctors or nurses, I think of the ***whole team*** of professionals who provide care and service. Christina's engagement with the healthcare system began outside the clinic walls when she learned about the health harms of commercial sexual exploitation, and the care our health center could provide. The outreach work of Asian Health Services' youth program community health workers, who taught health education to various community groups and schools, ***enabled*** Christina to access the clinic. And the Banteay Srei case manager ***enabled*** Christina to get life-saving treatment at the hospital. Christina is not alone: studies of victims revealed a wide range of encounters with health care professionals and clinics while being trafficked – between 28-87% had seen any type of health care professional or clinic.[xix],[xx],[xxi]

Community Health Centers are the Best Healthcare Response to Human Trafficking

Like Christina, untold numbers of trafficked people are accessing care at community health centers and their many community programs. Community health centers are key components of the healthcare system serving people at risk for being trafficked. A study that I published with colleagues this year shows that trafficked minors can be identified in a community health center.[xxii] They offer unique opportunities and advantages in preventing, intervening in, and stopping the victimization of patients who have been or are at risk of being trafficked. Although there is no single profile of a human trafficking victim, vulnerabilities that indicate a higher susceptibility to being victimized and trafficked include runaway youth, foreign nationals with a different language or culture, poverty, and those with a history of trauma or violence. These vulnerabilities make them targets for predators seeking to exploit them.[xxiii] There is significant overlap between people who are vulnerable to being trafficked, and patients of community health centers. Community health centers serve a disproportionate share of the nation's poor and uninsured. Most are members of racial or ethnic minorities, and millions of health center patients are served in a language other than English.[xxiv] Asian Health Services is not the only clinic doing this work – many others are developing models of care, like the partnership in Honolulu, Hawaii, between the Kokua Kalihi Valley community health center and the Pacific Survivor Center, providing integrated care to trafficking victims. Community health centers provide this care, despite scarce resources.[xxv]

Health centers are also unique in that they provide special non-clinical help ***enabling*** and facilitating vulnerable patients' access to care, such as outreach, case management, translation/interpretation, referrals, transportation, eligibility assistance, health education, environmental health risk reduction, and health literacy.[xxvi]

And finally, community health centers serve more than 24 million patients in over 9000 sites located across the United States.[xxvii] This equals millions of clinical and non-clinical opportunities in the community health center ***system*** to reach out to, identify, and help trafficked patients.

Organizing our Interventions: A Public Health Prevention Model

A useful framework to help organize the healthcare system interface and response to human trafficking victims is through a public health prevention model. If we think about human trafficking as a disease, and the very real health harms as the symptoms of the patient, we can craft specific solutions to prevent and intervene during different stages of the exploitation.[xxviii]

- Primary prevention aims to reach people who are not being trafficked, but are at risk. *Interventions include issue awareness in communities, such as media campaigns, about human trafficking.*
- Secondary prevention tries to reach victims in early stages of trafficking, before many health harms may have occurred. *Interventions include early identification in various settings, like clinics or schools.*
- Tertiary prevention occurs when a victim is being trafficked and is also experiencing physical, mental health or social harms. This prevention level is late stage and patients usually present in crisis – like Christina did that night. *Interventions include acute medical visits to the Emergency Department, and are the most obvious opportunities for an immediate physical rescue.*
- And finally, healthcare presents a unique opportunity to assist and enable long-term recovery for survivors who are no longer being trafficked, or sex trafficked minors who reach 18 years of age – but they may have serious health consequences from their exploitation. This stage is vital to healing, and to preventing revictimization; *yet, it is often overlooked in policy and program development.*

Table 1: Public Health Model - Prevention Levels[xxix]

<table>
<tr><td colspan="3" rowspan="3">Prevention Levels</td><td colspan="2">Healthcare Professional Side</td></tr>
<tr><td colspan="2">Disease: Human Trafficking</td></tr>
<tr><td>Absent</td><td>Present</td></tr>
<tr><td rowspan="2">Patient Side</td><td rowspan="2">Illnesses, Injuries, Impairments: Health Effects / Harms</td><td>Absent</td><td>Primary Prevention
Illness Absent
Disease Absent</td><td>Secondary Prevention
Illness Absent
Disease Present</td></tr>
<tr><td>Present</td><td>Long-Term Care
Illness Present
Disease Absent</td><td>Tertiary Prevention
Illness Present
Disease Present</td></tr>
</table>

Recommendations for Shifting the System of Care for Victims to the Healthcare and Public Health System

I have discussed ways in which our current criminal justice based response to victims is suboptimal in providing the care they need, shown that the healthcare system is a crucial component in promoting the long-term rescue process of trafficked people, and highlighted the unique advantages of Federally Qualified Health Centers in a robust healthcare response to end human trafficking and support victims. As such, I offer several recommendations to help **shift the system of care for victims from the criminal justice sector to the healthcare and public health system**.

1. **Create wrap-around care teams in community health centers across the nation focused on reaching out to and providing care for victims of human trafficking.**
    a. Care teams include outreach workers, peer educators, social workers, therapists, case managers, interpreters, and clinical staff like doctors, nurses, medical assistants.
    b. A point person on the care team can be a victim advocate to law enforcement teams.
    c. Behavioral health and oral health should be included in care.

2. **Create human trafficking specific programs within health centers to address the physical, mental health and social harms that result from being trafficked.**
    a. Programs such as Banteay Srei should be created for victims of different types of human trafficking, with an emphasis on culturally relevant strategies to help those affected heal and fulfill their human potential.
    b. Programming should address all stages of human trafficking, from primary, secondary, and tertiary prevention, to long-term care.

3. **Ensure that there is language accessibility for victims and cultural competence by professionals throughout all systems that engage with human trafficking victims, including community health centers.**
    a. Community health centers provide a model for how to care for vulnerable populations. Their emphasis and priority on language access and cultural competency in care serves as a model that should be emulated across all sectors that work with human trafficking victims.
    b. Language access is critically important for criminal justice teams in communicating with victims.

4. **Ensure that non-clinical assistance enabling patients to access care is provided throughout community health centers.**
    a. Enabling services, according to the Health Resources and Service Administration's Bureau of Primary Health Care, are defined as non-clinical services that do not include direct patient services to increase a patient's access to health care, and should be part of a holistic healthcare response and model.
    b. This type of enabling assistance is central to the community health center model and should be included in their reimbursements. Without this assistance, trafficked patients may never realize that help may be just around the corner at their neighborhood clinic. They may not be able to access case management needed to help them navigate reenrolling into school, finding safe housing, or making a police report against a trafficker.

5. **Incorporate trauma-informed care training throughout all systems that engage with human trafficking victims, such as justice, law enforcement, and immigration. The healthcare system is no exception, and must approach patients from a trauma-informed perspective.**
    a. A robust healthcare response lies not only in the healthcare system – professionals from other sectors engaging with victims must be knowledgeable and aware of the physical, mental, emotional, and psychological effects of human trafficking, and how to work with and engage with victims. All victims have experienced some type of trauma. Understanding this is crucial.
    b. When professionals understand how to partner with those affected, by approaching victims from a trauma-informed perspective, those victims will be better supported, more likely to begin a healing process and ultimately transitioned out of the control of the trafficker and dangerous situations.

6. **Direct federal agencies to consider the health impacts (physical, mental, and social) of anti-trafficking policies on victims and survivors.**
    a. Develop a framework and methodology to evaluate the health impacts of anti-human trafficking policies across different agencies.
    b. Create guidelines on minimizing harmful health impacts in federal agency policies.

Conclusion

Let's get back to Christina: Our team was successful in getting her treated at the hospital. After two months, her physical health in better shape, she was ready to be discharged. But guess where she was discharged to? She was discharged directly to the county jail.

We can and must do better.

In conclusion, currently labor and sex trafficking victims are accessing the healthcare system. There is a great opportunity to provide better care for victims. The criminal justice based response to victims in inadequate and the healthcare system is better suited to provide the healing care needed. Looking at human trafficking through a health lens will allow us to better identify, treat, and follow-up with victims. Federally Qualified Health Centers are in the best position to deliver this care across the U.S. To do so, they need the resources to create prevention, early identification, and acute and long-term care models.

Let's not let another Christina suffer at the hands of traffickers, or our response.

---

[i] Asian Health Services. Retrieved November 25, 2015, from http://www.asianhealthservices.org
[ii] Banteay Srei. Retrieved November 25, 2015, from http://www.banteaysrei.org/
[iii] HEAL Trafficking. Retrieved November 29, 2015, from http://healtrafficking.org/
[iv] Commonwealth Fund Mongan Fellowship in Minority Health Policy. Retrieved November 25, 2015, from https://mfdp.med.harvard.edu/cfmf/
[v] Association of Asian Pacific Community Health Organization. Retrieved November 25, 2015, from http://www.aapcho.org/
[vi] Institute of Medicine; National Research Council. (2013). Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States. Washington, DC: The National Academies Press.
[vii] Baldwin, S., Eisenman, D., Sayles, J., Ryan, G., & Chuang, K. (2011). Identification of Human Trafficking Victims in Health Care Settings. Health and Human Rights, 13(1), E36-49.

[viii] Institute of Medicine; National Research Council. (2013). Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States. Washington, DC: The National Academies Press.
[ix] Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M., . . . Regan, L. (2003). The Health Risks and Consequences of Trafficking in Women and Adolescents. Findings from a European Study. London: London School of Hygiene and Tropical Medicine.
[x] Felitti, V., Anda, R., Nordenberg, D., Williamson, M., Spitz, A., Edwards, V., . . . Marks, J. (1998, May). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245-258. Retrieved from Centers for Disease Control and Prevention: http://www.cdc.gov/violenceprevention/acestudy/index.html
[xi] Dovydaitis, T. (2010). Human Trafficking: The Role of the Health Care Provider. J Midwifery Womens Health, 55(5), 482-487. doi:10.1016/j.jmwh.2009.12.017
[xii] Isaac, R., Solak, J., & Giardino, A. (2011). Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene. Journal of Applied Research on Children, 2(1), 1-33.
[xiii] Baldwin, S., Eisenman, D., Sayles, J., Ryan, G., & Chuang, K. (2011). Identification of Human Trafficking Victims in Health Care Settings. Health and Human Rights, 13(1), E36-49.
[xiv] Crane, P., & Moreno, M. (2011). Human Trafficking: What is the Role of the Heatlh Care Provider? Journal of Applied Research on Children, 2(1), 1-27. Retrieved November 25, 2015, from http://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/7
[xv] Willis, B., & Levy, B. (2002). Child Prostitution: Global Health Burden, Research Needs, and Interventions. The Lancet, 359, 1417-22.
[xvi] Chang, K., & Littenberg, N. (2015, July 29). Veto of SB 265 doesn't end need to help victims of sex trafficking. Honolulu Star-Advertiser.
[xvii] Holder, E. (2012, April 24). Justice News. Retrieved November 29, 2015, from The United States Department of Justice: http://www.justice.gov/opa/speech/attorney-general-eric-holder-speakson-human-trafficking-thefrank-and-kula-kumpuris
[xviii] Tiapula, S. (2010, September 15). Hearing on: Domestic Minor Sex Trafficking. Retrieved November 29, 2015, from The United States House of Representatives Judiciary Committee: http://judiciary.house.gov/_files/hearings/pdf/Tiapula100915.pdf
[xix] Lederer, L., & Wetzel, C. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. Annals of Health Law, 23(1), 61-91.
[xx] Family Violence Prevention Fund. (2005). Turning Pain Into Power: Trafficking Survivors' Perspectives on Early Intervention Strategies. San Francisco: Family Violence Prevention Fund.
[xxi] Baldwin, S., Eisenman, D., Sayles, J., Ryan, G., & Chuang, K. (2011). Identification of Human Trafficking Victims in Health Care Settings. Health and Human Rights, 13(1), E36-49.
[xxii] Chang, K., Lee, K., Park, T., Sy, E., & Quach, T. (2015). Using a Clinic-based Screening Tool for Primary Care Providers to Identify Commercially Sexually Exploited Children. Journal of Applied Research on Children, 6(1), Article 6.
[xxiii] NHTRC: National Human Trafficking Resource Center. (2015, November 25). Retrieved from The Victims: https://www.traffickingresourcecenter.org/what-human-trafficking/human-trafficking/victims
[xxiv] National Association of Community Health Centers. (2014). A Sketch of Community Health Centers Chartbook 2014. Washington, DC. Retrieved November 25, 2015, from http://www.nachc.com/client/Chartbook_2014.pdf
[xxv] Association of Asian Pacific Community Health Organizations. (2015, October 30). Establishing Policies and Building Capacity of Community Health Centers to Address Human Trafficking Education Brief 2015. Retrieved November 25, 2015, from AAPCHO: http://www.aapcho.org/wp/wp-content/uploads/2015/10/AAPCHO-Human-Trafficking-Education-Brief_103015.pdf
[xxvi] US Department of Health and Human Services Health Resources and Services Administration. (2015). Health Center Program Terms and Definitions. Retrieved November 25, 2015, from HRSA: http://www.hrsa.gov/grants/apply/assistance/Buckets/definitions.pdf
[xxvii] National Association of Community Health Centers. About Our Health Centers. Retrieved November 25, 2015, from National Association of Community Health Centers: http://www.nachc.com/about-our-health-centers.cfm

[xxviii] Chang, K., Sy, E., Vo, T., Nguyen, S., Thaing, M., Lee, J., & Quach, T. (2014, January/February). Reframing our Response: A New Approach to Care for Commercially Sexually Exploited Children. San Francisco Medicine, pp. 21-22.

[xxix] Chang, K. (2015, August 23). Integration of Primary Care and Behavioral Health for Human Trafficking Survivors in Patient-Centered Medical Homes. Institute of Violence, Abuse & Trauma: 20th International Summit & Training on Violence, Abuse & Trauma Across the Lifespan. San Diego, CA.