

**Testimony Before the House of Representatives Committee on Energy and Commerce
Subcommittee on Health**

Hearing

“Examining H.R. ____, the Trafficking Awareness Training for Health Care Act of 2014”

Testimony

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Chairman Pitts, Representative Ellmers, and distinguished members of the Committee, thank you for inviting me to testify today to discuss this important bill which will catalyze the training of our health workforce in caring for this extremely vulnerable population of human trafficking victims. It is an honor and a pleasure to be here.

I am an emergency physician at Brigham and Women's Hospital and faculty at the Harvard Medical School, as well as co-founder of the international organization, HEAL (Health Professional, Education, Advocacy, and Linkages) Trafficking, a network of professionals working on the intersection of health and trafficking. In Boston, I convene a citywide taskforce developing a human trafficking protocol for health facilities. In addition to my clinical and organizational work, I currently lead research on monitoring and evaluation of anti-trafficking programs in India with partners at the Division of Health and Human Rights at the Harvard School of Public Health as well as examine the health consequences of labor trafficking in the construction sector in Kazakhstan in collaboration with the London School of Hygiene and Tropical Medicine. In the context of this testimony I will use the word survivor and victim interchangeably.

HEAL Trafficking was founded in the fall of 2013. Our vision is to unite health professionals and advance their critical role in the national and global fight against human trafficking. Our working groups tackle issues at the crux of health and trafficking, including Education and Training, Protocols, Research, Direct Service, Prevention, Advocacy, Media and Technology, Legal, and International Linkages. HEAL Trafficking brings together physicians, advanced practice clinicians, nurses, dentists, 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 education and training group and steering committee have worked closely with the Department of Health and Human Services SOAR Initiative and see its work bridging a crucial awareness and evidence gap in the training of US healthcare providers.

The existing research on human trafficking has shown us that up to eighty-eight percent of human trafficking survivors interface with healthcare, that they present to a range of healthcare settings, and suffer from a myriad of mental and physical health problems. Yet, most health providers are not aware of the presence human trafficking victims within their clinics, emergency departments, and hospitals.

As an emergency medicine physician working on the frontlines, I see the care for victims of trafficking in United States as ad hoc and largely nonexistent. Victims slip through our doors unrecognized.

Imagine having a heart attack and going to the emergency room with chest pain. However, because the clinician caring for you has never heard of your condition, she does not know what questions to ask, what diagnostic tests to order, nor what treatment plan to offer.

Human trafficking is no less life threatening, and yet health providers receive no standardized training in its recognition or care. It is time for this to change.

There are three important points that must be considered in educating our health workforce nationally.

The considerations are 1. Who? 2. What? 3. Then what?

Who? First, **the full gamut of health providers must be trained.** As patients, survivors will interact with a variety of clinicians throughout their care. These include emergency medical service providers, physicians, advanced practice clinicians, nurses, dentists, psychologists, counselors, and clinical social workers, across various medical specialties. We need to ensure that this training is integrated at the initial health professional training as well as certification and re-certification stages. For example, emergency physicians, such as myself, should be trained in human trafficking victim care while in medical school, and this training should be reinforced in subsequent medical licensing exams and board certification processes.

What? Secondly, **the cornerstone of trainings should be an evidence-based, trauma-informed approach.** Survivors of trafficking are living in a reality of complex trauma, yet health providers often have no specific training in a trauma-informed approach. Our health settings see survivors of violence across the lifespan, including child abuse, sexual abuse, intimate partner violence, gang violence, elder abuse, and human trafficking. Many patients are victims of one or more types violence, but without trauma-informed training, well-meaning clinicians and clinics may inadvertently re-traumatize these survivors, missing critical opportunities for intervention. To properly care for this population, the development of trainings and identification- and treatment-protocols must be based on evidence; to that end, more fiscal support for research aimed at expanding our knowledge-base is imperative.

Then what? Third, **we need more resources for survivor referral.** Survivor care does not end the point of identification, but involves a long-term healing process. Training health providers in victim identification and care must be done in concert with enhancing options for referral. The current state of referral options for survivors of trafficking, especially male and labor trafficking

survivors is inadequate. When we train medical providers, more victims will be identified, and there will be an increased demand for survivor services. We need a robust network of resources including longterm mental health provision, housing, and legal services to care for survivors of trafficking after their initial interface with healthcare.

Furthermore, we must enhance our evidence base on human trafficking and health, including our understanding of less understood populations of adult, male, transgender and labor trafficking victims. We must study the effectiveness of healthcare protocols and educational tools for this vulnerable population, ensuring our approach is evidence based and impactful.

Human trafficking is a pervasive and pernicious problem within our borders. Health providers are on the frontlines of victim identification and care, but without empowering clinicians with awareness of the problem or an action plan, victims of trafficking will continue to go through our health facility doors undetected.

In summary, Who should we train? We must train all healthcare providers. What should every training include? All providers must be trained in a trauma-informed approach. Where will providers refer victims? We need to galvanize, increase and improve referral resources for survivors, as current options for referral are quite limited.

Thank you again for the opportunity to testify today and to share the insights from the HEAL network of health providers. We see HR _____, the “Trafficking Awareness Training for Health Care Act of 2014” as a huge step forward in unifying the healthcare response to human trafficking.

Thank you.

The opinions and conclusions expressed in this testimony are the author’s alone and should not be interpreted as representing those of Brigham and Women’s Hospital or Harvard Medical School.

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