

Madam Chair, Members of the Committee, I am JoNell Efantis Potter.

I am a Professor of Clinical Obstetrics, Gynecology and Reproductive Sciences, Pediatrics and Nursing at the University of Miami in Miami, Florida.

My career began in the early 1980s when the HIV/AIDS Epidemic emerged in Miami. I led the design of comprehensive, multidisciplinary models of care to help women and children living with HIV access medical services. Through this experience, I learned that taking care of these patients meant more than just providing medication. I learned to listen to my patients, to understand the fear, abandonment, and stigma they faced. They also taught me about resilience and the incredible strength of the human spirit. We successfully built a comprehensive care model that not only provided medical treatment but also addressed these other important factors. We have helped countless members of this vulnerable population live healthy lives, and the model we developed in Miami has been implemented in clinics across the country.

Six years ago, I was contacted by local law enforcement and members of the Human Trafficking Task Force in Miami to provide medical care for human trafficking victims. What I encountered in my exam room led me on a new journey. I realized these survivors, often taken as young children, had experienced years of abuse and medical neglect, and had tremendous health care and mental health needs. Not unlike our experience with the HIV/AIDS epidemic three decades earlier, we quickly learned that the health care needs of these trafficking victims were frankly beyond the scope of anything we had in place. And thus I took on a new mission.

I am here today to share with you the comprehensive model of health care that we have developed for survivors of human trafficking. At the University of Miami, along with our partners at Jackson Health System, we developed one of the first health clinics in the nation to help survivors of human trafficking access health care and mental health services. We saw an emergency, and we responded.

The clinic model is called THRIVE. We provide medical and mental health care to address the unique needs of this population, who are also deeply impacted by poverty, housing insecurity, food insecurity, and illiteracy. Many of the survivors have had little or no education. Most have no identification or records of any kind. Many have never had any health care or proper nutrition. All have suffered trauma from being held captive in one way or another.

Our health care model is designed on basic principles we developed listening to survivors.

Trust is critical. The most important issue for survivors is building trust. They have been brainwashed and taught by the traffickers not to trust anyone. We start by deliberately developing a trusting relationship. For example, every practitioner knows they must ask before touching a patient in any way every time.

Patient Navigators add safety and support. Getting care can be overwhelming. We employ Navigators – usually survivors who have re-entered the workforce -- who chaperone the patient through every visit.

No waiting rooms. Waiting in public makes our patients too nervous. Having their name called out in a public place is too frightening. We admit and discharge every patient inside the exam room.

Specialists come to the patient. Our patients cannot negotiate multiple medical facilities, but most need care from multiple specialists. Physicians and nurses come to the same familiar clinic every time to see our patients.

Take a medical history once. Repeating their history re-traumatizes our patients, so we take a medical history only once and ask every doctor to review it before they meet the patient. We learned that no medical history is routine. Survivors often cannot remember or do not want to remember. Their stories change over time as they are able to share. They aren't lying. They have blocked out the trauma to survive.

Every patient needs comprehensive care. Our patients have physical injuries and illnesses that have been untreated for years. They have bones that were broken a decade ago. They have never seen a dentist. They need coordinated, comprehensive care.

Extensive mental health care is essential. All of our patients, every one of them, has post-traumatic stress with all of the classic symptoms: flashbacks, nightmares, and anxiety, depression and suicide attempts. What these survivors need most is mental health care, and there is simply not enough available.

We are just beginning, but we have already seen results. Some survivors relapse, but most do not. They are successfully re-engineering their lives. Our clinic has been replicated in another Florida community, and we are collaborating and sharing best practices with programs in Texas and Atlanta to replicate our model there.

Human trafficking exists in every state in our nation, and as a country we are in great need of research and resources to eliminate this horrific practice and provide appropriate care and treatment for these survivors. I urge you to support funding to establish demonstration projects designed to evaluate the most effective model of medical and mental health aftercare for survivors of human trafficking.

Thank you for an opportunity to testify today and I look forward to your questions.