

Human Trafficking^{1 2}

Donald L. Mellman, MD, MPH, MBA, FACS

Sandra Lyth, CEO, InterCultural Advisory Institute, Clearwater Florida

Part I: Introduction

Physicians, be aware! Human Trafficking, modern-day slavery, is a real issue in the Tampa Bay region; it may raise its head in your office or emergency room.

A pregnant girl presented to the Clearwater office of Pinellas County Health Department seeking pre-natal care. She was referred to the Hispanic Outreach Center for multiple non-medical needs. Because of a suspicion of human trafficking, The Center notified the human trafficking detective of the Clearwater Police Department, who determined she was such a victim. She had been raped by the trafficker and brought illegally into the United States to clean his house and prostitute for him. She continued to be beaten and raped until her pregnancy was too advanced for her to be of further use. She

1. Parts of this article are taken from the Department of Health & Human Services; Administration for Children & Families; The Campaign to Rescue & Restore Victims of Human Trafficking web site: <http://www.acf.hhs.gov/trafficking/hotline/index.html>

2. The authors wish to thank Lt. George Koder, Commander, CATF, Task Force Detective James McBride, and Carol McAnally, Police Information Technician of the Clearwater Police Department and Special Agent Charlotte Braziel, Federal Bureau of Investigation for their assistance in this article.

was taken to Tampa and dumped on the street. She had a distant relative in Clearwater whom she called for help. She was twelve years old.

Slavery has been with us for more than 5000 years. Kevin Bales, an expert on modern-day slavery, requires three criteria for a person to meet the definition of a slave: (1) compelled to work, (2) through force, fraud, or coercion, and (3) for no pay beyond subsistence. The gain – usually financial – belongs to the trafficker. There are four main types of human trafficking: sex, forced labor, domestic servitude, and most recently forced donors of human organs. After drug dealing, trafficking of humans is as prevalent as arms dealing as the second largest criminal industry in the world, and it is the fastest growing. Compare the business plans of drug or arms dealing to that of slavery: with the former, once the drug or arms are sold, they must be replaced; slaves are renewable commodities – they may be sold multiple times. To deal in slavery is perversely cost-effective. While slaves are often from foreign countries, many are from the United States – think of the great number of children kidnapped each year. Slavery is extremely profitable. It is estimated that in 2009 there was \$20B US in forced labor alone.³ On a macroeconomic level, taxes are lost to both the source and destination countries.

There are estimated to be 30 million slaves in the world with about 18,000 persons trafficked in the United States every year. Many are

³ Source: Talk by E. Benjamin Skinner; Justice Symposium, Human Trafficking: The Price We Pay, Mount St. Mary's College, Doheny Campus, Los Angeles, CA. February 27, 2010

international victims, brought into the U.S. by “sponsors” who entrap their victims into a vicious cycle of intimidation, fear, and compliance. The vast majority are women and children. Florida is one of the top three destination states. The numbers specific for Hillsborough and surrounding counties are difficult to estimate. Since 2006 there have been 51 arrests, 19 convictions, and 16 victims rescued in the Tampa Bay area. There are dozens of ongoing investigations at this time. Also, a trafficker may be charged with another crime because there is a stronger case for conviction, adding to the difficulty in assessing the scale of activity.⁴

Prior to 2000, no comprehensive Federal law existed to protect victims of trafficking or to prosecute their traffickers. The Trafficking Victims Protection Act of 2000 made human trafficking a Federal crime. It was enacted to prevent human trafficking overseas, to protect victims and help them rebuild their lives in the U.S., and to prosecute traffickers of humans under Federal penalties. Additionally, any minor, as determined by the Mann Act (Federal) or state law, engaged in commercial sex is automatically a victim of trafficking because a minor cannot give informed consent.

Traffickers use various techniques besides lock and key to instill fear in victims to keep them enslaved:

- Debt bondage - arbitrary exorbitant financial obligations, which the trafficker makes the victim honor-bound to satisfy.
- Isolation from the public - limiting contact with outsiders to insure that any contact is monitored and superficial.

⁴ Source: Lt. George Koder, Clearwater Police Department

- Isolation from family members and members of their ethnic and religious community.
- Confiscation of passports, visas and/or identification documents.
- Use or threat of violence toward the victim and/or families of the victim.
- The threat of shame by exposing the victim's circumstances to their family.
- Telling victims they will be imprisoned or deported for immigration violations if they contact authorities.
- Control of the victim's money, e.g., holding their money for "safe-keeping".

The Mindset of a Human Trafficking Victim

Many trafficking victims neither speak English nor understand American culture. Preying upon the poor and destitute from countries in Eastern Europe, Asia, Latin America and Africa, traffickers lure their victims into the United States with promises of marriage or a good job so the victims can provide for their families back home and lead a better life.

These promises and dreams quickly turn to nightmares as victims find themselves trapped in the sex industry, the service industry, in sweatshops or in agricultural fields – living daily with inhumane treatment, physical and mental abuse, and threats to themselves or their families back home. Sometimes victims do not even know what city or country they are in because they are moved frequently to escape detection.

Victims of trafficking have a fear or distrust of the government and police because they are afraid of being deported or because they come from countries where law enforcement is corrupt and feared. Sometimes they feel

that it is their fault that they are in this situation. As a coping or survival skill, they may even develop loyalties and positive feelings toward their trafficker and try to protect them from authorities. (The Stockholm Syndrome.)

Many victims do not self-identify as victims. They also do not see themselves as people who are homeless or drug addicts who rely on shelters or assistance. Victims may not appear to need social services because they have a place to live, food to eat, medical care and what they think is a paying job. They often see themselves as better off in some ways than they were in their native country.

Although types of forced labor vary, there is one constant: in order for the trafficker to make money, the victim must be in sufficiently good health to work. This puts health care providers on the front line for detection and referral to law enforcement. The physician needs the same special awareness for the human slave that is needed for the victims of child abuse and domestic violence.

Part II will deal with medical issues involved with trafficking victims.

Part II: Medical issues involved with human trafficking

In the introduction, general issues with human trafficking, modern-day slavery, were presented. Many of these victims will surely end up in local emergency rooms, clinics and physicians offices. Remember: you may be the only person in the community that the victim will ever be allowed to talk to in private.

Initially, there must be an attempt to separate the suspected victim from the suspected trafficker. This is similar to when you are meeting with a woman you suspect to being a victim of domestic violence who is in your office with her husband. If the suspected victim is a minor, you might ask the accompanying person for a proof of familial relationship or a power of attorney.

Confidentiality is vital for victims of human trafficking. If they try to escape their servitude or initiate criminal investigations against their captors, their lives and the lives of their families are often at great risk. Therefore, it is imperative that you minimize the number of staff members who come in contact with the victim. Ensure that all staff members who have contact with the victim, including interpreters and advocates, understand the importance of confidentiality for the safety of the patient. Ensure that interpreters do not know the victim or the trafficker and do not otherwise have a conflict of interest.

Victim Identification

A victim of trafficking may look like many of the people you help every day. You can help trafficking victims get the assistance they need by looking beneath the surface for the following clues:

- Evidence of being controlled
- Evidence of an inability to move or leave job
- Bruises or other signs of battering
- Fear or depression
- Non-English speaking
- Recently brought to this country from Eastern Europe, Asia, Latin America, Canada, Africa or India

- Lack of passport, immigration or identification documentation

Screening questions for evidence that the individual is not acting independently.

- “Are you the one making decisions about your health care?”
- “Do you have money of your own?”
- What are the hours that you work?”
- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?

Common Health Issues of Victims of Human Trafficking

Trafficking victims may suffer from an array of physical and psychological health issues stemming from inhumane living conditions, poor sanitation, inadequate nutrition, poor personal hygiene, brutal physical and emotional attacks at the hands of their traffickers, dangerous workplace conditions, occupational hazards and general lack of quality health care.

Preventive health care is virtually non-existent for these individuals. Health issues are typically not treated in their early stages, but tend to fester until they become critical, even life-endangering situations.

In many cases, health care is administered at least initially by an unqualified individual hired by the trafficker with little if any regard for the well-being of their “patients” – and even less regard for disease, infection or contamination control.

The biggest symptom is fear:

- Angering the trafficker and being beaten.
- Losing the meager income they have.
- Being arrested and deported, or even being killed by the trafficker or police.
- Retribution being carried out against their family in their home country.

Some medical presentations seen in trafficking victims

- Diseases related to high-risk sexual activity: Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties from working in the sex industry.
- Pregnancy, resulting from rape or prostitution.
- Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions.
- Injuries due to sexual assault or abuse
- Infections or mutilations caused by unsanitary and dangerous medical procedures performed by the trafficker’s so-called “doctor.”

- Chronic back, hearing, cardiovascular or respiratory problems from endless days toiling in dangerous agriculture, sweatshop or construction conditions.
- Eye problems from working in unsanitary conditions.
- Malnourishment and serious dental problems. These are especially acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth.
- Tuberculosis and respiratory illness related to overcrowded or very poor living conditions.
- Undetected or untreated diseases, such as diabetes or cancer.
- Bruises, scars and other signs of physical abuse and torture. Sex-industry victims are often beaten in areas that won't damage their outward appearance, like their lower back.
- Substance abuse problems or addictions either from being coerced into drug use by their traffickers or by turning to substance abuse to help cope with or mentally escape their desperate situations.
- Psychological trauma from daily mental abuse and torture, including depression, stress-related disorders including PTSD, disorientation, confusion, phobias, panic attacks, suicide attempts, and an extreme fear of the trafficker.
- Feelings of helplessness, shame, humiliation, shock, denial or disbelief.
- Cultural shock from finding themselves in a strange country.

Reporting

One of us (DLM) has looked into any requirements regarding mandatory reporting of suspected trafficking. As far as can be ascertained,

there is nothing that states physicians must report human trafficking. However such a case may well present as suspected violence or domestic or child abuse which have their own reporting requirements.

There are two venues for learning more about Human Trafficking and to report it 24/7:

1. Call the **Clearwater Tampa Bay Area Task Force (CATF)** tip line at 727-562-4917; email: humantrafficking@myclearwater.com; website directory <http://www.catfht.org>>
2. Call the **National Human Trafficking Resource Center** at 1.888.373.7888; web site: www.acf.hhs.gov/trafficking.

Three books of interest:

Renting Lacy: a story of America's prostituted children. Linda Smith; Shared Hope International; 2009.

A Crime So Monstrous; face-to-face with modern-day-slavery. E. Benjamin Skinner; Free Press; 2008.

Ending Slavery: how we free today's slaves. Kevin Bales; University of California Press; 2007