



## “Shared Learning on Human Trafficking in India”

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This talk contains sensitive material.

Please practice self care and excuse yourself as needed.

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### Introduction

Human Trafficking is crime based on exploitation

Traffickers prey on **vulnerability**. Cross all ages, economic, cultural, gender, sexual, racial and social lines.



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### Learning Objectives:

- Define the context of Human Trafficking nationally and internationally
- Discuss the Dignity Health Medical Safe Haven Model for addressing Human Trafficking
- Review some of the local and international initiatives in India
- To recount some of the challenges we learned exist for health care providers tackling human trafficking in India.
- To reflect on our shared learning experience

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### Call to Address Human Trafficking

- In 2000, the United Nations Office on Drugs and Crime, vocalized their concerns about Human Trafficking in their “*Convention Against Transnational Organized Crime and the Protocols Thereto.*”
- At the time, Secretary-General Kofi Annan, called “Trafficking of persons [ . . . ] for forced and exploitative labour, including for sexual exploitation, [ . . . ] one of the most egregious violations of human rights that the United Nations [ . . . ] confronts.”
- “Urge[d] Member States to ratify [ . . . ] Protocol to prevent, suppress, and punish trafficking in persons”

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### Human Trafficking is formally defined as...

The **inducement, recruitment, harboring, transportation, obtaining, or providing** of a person by **FORCE, FRAUD, or COERCION** for **Commercial Sex or Labor**

unless...it is commercial sex and the victim is under **18 years of age**

\* Human Trafficking is **NOT** the same as Human Smuggling. Undocumented immigrants are a vulnerable population.

Trafficking Victims Protection Act of 2000

### Many Forms of Exploitation Worldwide



- Child Soldiers in Uganda, Child Brides in India, Sex Trafficking of women and children in Thailand
- Human Trafficking fuels a \$150 billion industry world wide
- How can we make a difference?

### U.S. Statistics on Human Trafficking

National HT Hotline: Human trafficking reported in **all 50 states, D.C.** in 2016:



Areas affected by human trafficking, 2015 (Polaris, national anti-trafficking organization, operates National HT Hotline)

### Healthcare and Human Trafficking



- Healthcare professionals come in contact with trafficked persons
- 2017 Survey Report: Surveyed labor and sex trafficking survivors
  - >50% reported healthcare encounters
  - 97% at time of contact received no information about human trafficking

### Global Statistics on Human Trafficking

21 million people victims of forced labour



- The International Labor Office (ILO) estimates
  - 40+ victims world wide
  - 25 million in forced labor
  - 5 million in forced sexual exploitation
  - 1 in 4 being children

### Hello humankindness

- Dignity Health, with Dignity Health Foundation, launched program to identify trafficked persons in healthcare and assist with victim-centered, trauma-informed care.
- Through our work with the Dignity Methodist Family Medicine Program led by Dr. Ron Chambers we have created the Medical Safe Haven



**Medical Safe Haven Goal:**

Provide a **safe primary care medical environment** for victims and survivors of human trafficking led by understanding physicians and medical staff **extensively trained** in trauma-informed care.



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**Sacramento, CA. Multidisciplinary Partners**



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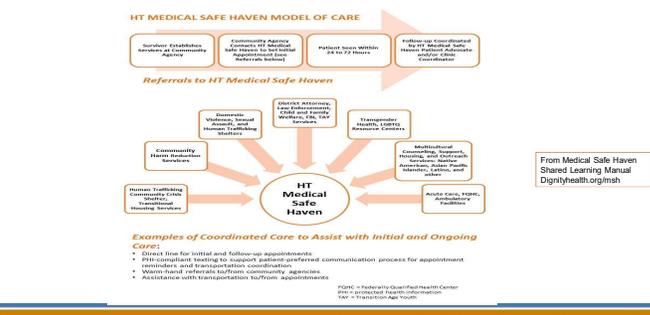
**Human Trafficking Victims From Our Clinic Describe Interactions with Healthcare**

- "When I went to the ER for help, it was so busy...I waited 3-4 hours, the I saw a social worker, and she was really bitchy and just blowed me off, **judging me** for being a runaway. She asked me sharp questions...I just shut down."
- "The first time I went to the ER, it was because I got beat up. I was questioned a lot, the police were brought in, and people started taking pictures, **no one told me what was going on**, I was freaked out...so uncomfortable. I was coming to the ER for help, and **confidential information** about my situation was **openly discussed** and so many people just kept coming in and out of the room..."
- I went to the hospital to have my baby, I **told staff I didn't want them to tell anyone I was there**, but when I woke up the baby's father (my trafficker) was sitting next to me. He said "bitch, you better not have said anything..." again, I **told them I didn't want anyone to come in and know I was there**... mind you, we were fighting the day before and he scared me so bad I peed myself. I was so scared and there he was now sitting next to me."

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**Model of Access**

HT MEDICAL SAFE HAVEN MODEL OF CARE



From Medical Safe Haven Shared Learning Manual Dignityhealth.org/msah

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**What are the possible traumatizing factors?**

- In the medical setting...
  - inability to make own decisions
  - Waiting too long
  - People of authority
  - Vulnerability/Uncertain nature of their health/situation
  - Examinations/Procedures reminiscent of trauma
  - Focus on bodily disorder or pain



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**Dignity Health Hospital-Based Identification and Intervention Tools**

Policies and Procedures - Universal Education Approach

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings  
In partnership with HEAL Trafficking and Pacific Survivor Center.

Educational Modules

- Human Trafficking 101
- Trauma-Informed Care
- PEARR Tool
- Physician Patient Encounters
- Creating a Medical Safe Haven

Additional Resources

- Victim Outreach Posters

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Access and download "HT Shared Learnings Manual" and other resources: <https://www.dignityhealth.org/hello-humankindness/human-trafficking>.

Access and download "Medical Safe Haven Shared Learnings Manual" and other resources: [www.dignityhealth.org/msah](http://www.dignityhealth.org/msah)

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### Feedback from our Patients

- "I feel like I have a great relationship with my doctor. I see my doctor and it' so different from how I was treated before...he listens and treats me like a person. He addresses my issues right away."
- "My doctor at Mercy is so caring. I have an amazing relationship with my doctor! He takes care of my physical wellbeing and my emotional wellbeing...my doctor and other physicians check in on me to see how I am doing."
  - "I like how it feels like a family environment...they take things slow and make sure I am comfortable, everyone is so friendly."

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### National Approach to Tackling Human Trafficking

#### U.S. Government Response

Combating human trafficking requires a comprehensive, multidisciplinary effort. Within government, this means the participation and coordination among agencies with a range of responsibilities that include criminal enforcement, labor enforcement, victim outreach and services, public awareness, education, trade policy, international development and programs, customs and immigration, intelligence, and diplomacy. Coordinated federal efforts that incorporate state, local, and tribal entities, the private sector, civil society, survivors, religious communities, and academia are essential to an integrated response to human trafficking that leverages resources and amplifies results. In the United States, federal agencies work to ensure a whole-of government approach to address all aspects of human trafficking. [Learn more about the Government Response](#)

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### HT Medical Safe Haven Patient Demographics & Outcomes

<p>HT Patient Age Range (M/F) 0-63</p> <p>Reported Onset of Trafficking: Age 5-24</p> <p>Trafficking Distinction Labor 3%</p> <p>Sex 97%</p>	<p>96% Reported interaction with Provider while being trafficked</p> <p>95% Reported not being identified or provided resources</p>
<p>Number of Safe Haven Patient Visits Provided <b>&lt;1300</b></p>	<p>As a result of Patient Outcomes: Decreased ED utilization</p> <p>4 Fold Increase in Program Completion</p> <p>Improved PTSD, Depression (PHQ-9) Anxiety (GAD-7)</p> <p>100% Enrolled with Health Insurance</p>
<p>Patient Ethnicity: African American - 39%</p> <p>Asian - 3%</p> <p>Caucasian 38%</p> <p>Hispanic - 26%</p> <p>Not disclosed 4</p>	

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### Beginning Global Collaboration

- Petra Linden MPH, Director International Health and Human Trafficking
- Catholic Health Association of India, Free the Slaves, Human Liberty Network.
  - Emmanuel Hospital Association (EHA)
  - Christian Medical College (CMC)
- Dignity Health and Methodist Family Medicine Residency Program in Sacramento



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### Preliminary Anecdotal Data from the Medical Safe Haven

- **Significantly Decreased Morbidity in Patients**
  - Decreased PTSD symptoms
  - Improved Depression Scores (PHQ-9)
  - Decreased Anxiety (GAD-7)
- **Improved Physician Satisfaction with Occupation**
  - Paradox effect with "burnout" reported
  - Physician reporting translation of skill set to other patient conditions
- **Improved collaboration between health care, law enforcement, hospital staff, community agencies.**

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### The Challenge

*Now that we are better able to recognize victims of human trafficking & understand how impactful our work can be in the U.S.*

1. How can what we know be shared and further developed with our global partners?
  2. How can we support other countries find their own path?
  3. How can we train and strengthen the roll of primary care providers to address non-communicable diseases as it relates to human trafficking abroad?
  4. What is the context of our work globally?

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### Dignity Health and India









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### Partnering with Voluntary Health Association of India

- Local community based organizations
- Human rights education
- Community vigilance committees
- Income generating projects
- Micro loans
- Safe migration
- Non formal primary education
- Services at government primary health centers and district hospitals



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### Strengthen Healthcare Access in Source Regions for Human Trafficking

- Engage Dignity Health physicians and staff to volunteer as trainers
- Place medical residents for one month global health rotation
- Share learnings from Human Trafficking Response Program and mobilize healthcare sector
- Increase capacity of healthcare sector in India

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### New Challenges

- Naming the problem
- Multiple Religious, Class hierarchies, State and Region Dependent.
  - Dominant religions
  - Dominant classes
  - Linguistic differences between states.
- Variety in Healthcare providers and continued education of healthcare providers
- Different Health practices: Western, Ayurvedic, Naturopathic, Yogic
- Lack of Access to Government Health Care systems
  - Forced dependence on cash for service medical care
  - Low Wages
- Fear for providers and advocates safety.
- Bonded Labor Practices that is still commonly practiced, although outlawed.

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### Partnering with Academy of Family Physicians of India

- Consultation with healthcare leaders in April 2018 at their annual rural health conference
- Medical schools
- Government hospitals
- Academic institutions
- Professional associations
- → Develop a training program for healthcare providers



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### Bonded Labor from Healthcare Debt



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## Progression Into Human Trafficking

### Poverty and Vulnerable Communities

- Family Medical Crisis
  - Loan Taken from Landlord/Factory Owner
  - Unable to Payback Loan and Interest
  - Sell livestock, land and household items
    - Loss of income generating activities
    - Threat of Violence
  - Bonded labor of adults and children sent off to work
    - Violence
    - Interest on loan accrues
    - Lifelong slavery and children never return

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## Future Directions

1. Continue to advocate for awareness of the challenges of human trafficking, the social and medical consequences that come with human trafficking.
2. Facilitate talks and collaboration of local organizations and providers
3. Foster the development of their own path and solutions, meeting them at the stage of work they're in
4. Continue working together!

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## Similarities

- Traffickers Targeting the Vulnerable
- Still using
  - Force: physical restraint or harm
  - Fraud : False promises regarding employment, wages, working conditions, or even marriages.
  - Coercion: threats against any person w/ abuse or threatened abuse.
- Similar Misunderstanding/Stigmatization of Victims of Human Trafficking
- Complex and Chronic Trauma



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Thank you

Questions?

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## Logistics of Shared Learning

- Sharing Stories
- Adapting our Presentations as we learned
- Post-Presentation Questions/Discussion Sections with Providers
- Realizing our American English was unfamiliar.



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