

Building the Capacity of Community Health Centers to Address Human Trafficking

BACKGROUND

There has been growing recognition that human trafficking is a health issue, since Congress first passed the Trafficking Victims Protection Act in 2000. In 2013, the federal government released a five-year strategic plan to address human trafficking from a multi-sector perspective, including healthcare; and an Institute of Medicine report further highlighted child sex trafficking as a health issue. In January 2015 alone, 12 bills pertaining to human trafficking passed the House of Representatives.

Human trafficking affects the most marginalized individuals in society—the poor, immigrants and refugees, those with unstable living situations—the very people served at community health centers (CHCs). **One-third of trafficked persons in the United States are Asian Americans and Pacific Islanders, comprising the largest group of people trafficked into the United States.**¹ Oftentimes health professionals are the only people with whom victims come into



contact while in captivity.

Asian Americans & Native Hawaiians and Other Pacific Islanders (AA&NHOPIs) served by CHCs are particularly vulnerable—

including migrants from Compact of Free Association (COFA)² states, lured to American shores with false promises of good jobs, low-wage laborers in domestic service, manufacturing or agricultural industries, or young children and adolescents from refugee families deceived into commercial sexual exploitation.

HUMAN TRAFFICKING

Under the Trafficking Victims Protection Act, the federal legislative definition of human trafficking is:

- Sex trafficking (i.e., the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act) in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

ISSUE

Health care providers across the country are being trained to recognize the signs of human trafficking, and to treat individual patients. One study showed that 87.8 percent of trafficked victims had contact with any type of health care provider, and

57.1 percent had treatment in a clinic setting while in captivity.³ While individual health care professional training continues, the health care delivery system must be ready to respond to patients' needs on a systematic basis and on a population level. **CHCs are an essential component of the safety net delivery system.** It is important for CHCs to understand how AA&NHOPi patients are impacted because of their potential to identify and care for victims before it is too late. Policymakers must realize that human trafficking is a huge issue in the United States and help CHCs provide care for affected patients.

Each trafficked patient requires care specific to the complexities of culture, migration, and complex trauma that the individual experiences. CHCs are key points of contact for these individuals as they excel at cultural competency and can provide continuity of care. CHCs however need assistance in navigating legal environments and social service resources. Although federal legislation defines human trafficking and who is considered a victim, legislation, reporting, and resources differ by state or county. CHCs must be prepared to prevent the trafficking of patients, identify patients who are victims, and care and coordinate services for those exploited.

RECOMMENDATIONS

1. Develop a National Cooperative Agreement on the topic area of human trafficking as it pertains to federally qualified health centers (FQHCs);
2. Issuance of a Program Assistance Letter (PAL) from the Bureau of Primary Health Care (BPHC) on the topic of human trafficking;
3. Host a summit on health care and human trafficking cosponsored by HRSA/BPHC with the Administration for Children and Families;
4. Develop funded pilot projects in FQHCs to work with this population.

If you have any questions related to this brief, please contact AAPCHO's Director of Policy and Advocacy, Isha Weerasinghe at isha@aapcho.org.



1. U.S. Department of Justice. Assessment of U.S. Government Activities to Combat Trafficking in Persons. Washington, D.C.: Author; 2004.
 2. Compact of Free Association (COFA) is a diplomatic relationship between the United States and the independent nations of the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau (RP).
 3. Lederer, Laura, and Christopher Wetzel. "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities." *Annals of Health Law* 23.1 (2014): 61-91. *Annals of Health Law - Vol 23 Issue 1*. Web. 13 Oct. 2014.