October 30, 2015

President Barack Obama
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Obama,

In honor of the 15th anniversary of the Trafficking Victims Protection Act (TVPA), HEAL (Health, Education, Advocacy, Linkage) Trafficking and the undersigned individuals and organizations call for an improved health sector response to prevent human trafficking and promote care for trafficked persons. We urge that the President’s FY 2017 Budget proposal include increased resources to support the essential efforts and initiatives described in this letter.

HEAL Trafficking unifies and mobilizes interdisciplinary professionals combating human trafficking through a healthcare lens and serves as a centralized resource on health for the broader anti-trafficking community. Our members include leaders from clinical practice, public health, law, global health, academia, and government, working at national and international levels. In addition to HEAL members, the undersigned include a broad array of organizations and individuals playing key roles in the health sector’s response to human trafficking.

This request is consistent with the “4P” paradigm: Prevention, Protection, Prosecution, and Partnerships of the U.S. Department of State’s Office to Monitor and Combat Trafficking in Persons, and with the Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States (2013-2017).

HEAL Trafficking and the undersigned individuals and organizations celebrate the 15 years of the Trafficking Victims Protection Act (TVPA) and its reauthorizations. Towards the advancement of the TVPA and the full achievement of its goals, we offer these suggestions for improving and expanding the health sector’s response to human trafficking in the United States:

1. Medical Education: We strongly support training and educating health care providers to recognize trafficked persons and respond effectively to potential cases. Such training should be grounded in a patient-centered, culturally relevant, evidence-based, gender-responsive, trauma-informed perspective for identifying and treating victims of intentional violence, in general, and should build upon existing educational modalities such as those that educate providers about intimate partner violence. Trauma-informed care should be integrated into health professional training across specialties, clinical practice and professional titles. This training would improve care for survivors of intentional violence, including trafficking, by advancing treatment approaches, preventing re-
traumatization and harm, enhancing identification of survivors, and disrupting survivors’ cycle of violence and trafficking.¹

2. Credentialing for Trauma-Informed Care: We support facility-based accreditation for provision of trauma-informed care.² Implementation of this suggestion could occur in collaboration with SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), SAMHSA National Center for Trauma-Informed Care (NCTIC), the National Association of Community Health Centers (NACHC), the Joint Commission for accreditation and certification, and relevant state-based agencies. This trauma-informed credentialing should include verification of competency among health professionals as well as front-line staff of health facilities (i.e., security personnel, receptionists) and administrators at all levels of health care organizations.

3. Health System Trafficking Protocols: We strongly support the development and evaluation of health system protocols to identify, care for, and refer potential victims of human trafficking. Such protocols would allow health professionals to overcome many of the logistical obstacles in meeting the needs of victims of trafficking. Based upon preliminary data examining protocols already in use, HEAL Trafficking recommends that health system protocols provide local flexibility but guide health professionals and health care facilities toward standardized and safe practices for identification, care, and referrals to child protection agencies, social service providers, other community-based organizations, and local law enforcement.

4. Comprehensive Clinical Care for Survivors: Recognizing the complex trauma of trafficking, we strongly support delivery of comprehensive services that include access to both short-term and long-term physical and mental health care. Currently, most healthcare provisions for victims of trafficking are short-term, not well coordinated amongst multi-disciplinary providers, and poorly funded, creating a significant barrier to restoration and recovery. Integrated services for survivors of human trafficking and other forms of violence should involve a) harmonization of medical and mental health care, allowing for evidence-based complementary and alternative healing modalities; b) treatment for substance abuse; c) enabling services including transportation, interpretation, and case management; and d) housing support and vocational training, provided through links with community agencies.

We strongly support the development of funding streams to sustain the provision of comprehensive, culturally relevant, survivor and trauma-informed care. Unfunded mandates and programs that divert funding from existing programs serving survivors of violence and other vulnerable populations undercut the utility of anti-trafficking efforts. Initiatives to improve the health sector’s response to trafficking must include support for community partnerships and funding for social service agencies.

¹ http://www.ncbi.nlm.nih.gov/books/NBK207192/
² http://www.ncbi.nlm.nih.gov/books/NBK207194/
5. Resources for Health & Trafficking Research: We strongly support significant and sustained focus on research so that promising and best practice models can be developed into evidence-based treatment guidelines for survivors. A 2013 study by the Institute of Medicine and National Research Council included as one of its five overarching recommendations on trafficking: “Strengthen Research to Advance Understanding and to Support the Development of Prevention and Intervention Strategies.” To improve the health of survivors of trafficking, we advocate for increased resources to support research that would a) identify survivor short-term and long-term physical, mental, and social healthcare needs, especially in understudied populations; b) understand survivor experiences and use of healthcare services; c) elucidate knowledge and gaps in health professionals’ understanding of trafficking survivors’ healthcare needs; d) further elucidate risk and protective factors on trafficking; e) explore links among other forms of intentional violence; f) understand the role of disparities in prevention, identification, and care of trafficking victims; g) evaluate the effectiveness of health programs and policies; and h) develop effective but efficient screening tools for healthcare settings.

6. Health & Trafficking Legislation: We strongly support proactive legislation to improve health professional training about human trafficking specifically and violence in general, through a trauma-informed lens; to promote wide-spread implementation of successful trafficking prevention programs; and to promote comprehensive delivery of integrated health services to survivors of trafficking and other forms of violence.

We believe the most effective way that we can identify, treat, and support human trafficking victims in the U.S. is through full implementation of the Federal Strategic Action Plan and increased attention to survivors’ service needs. The success and impact of the federal government’s efforts to address the health needs of victims of trafficking will be based on the dedication of sufficient and additional resources. As you have stated, President Obama, “We will invest in helping trafficking victims rebuild their lives.”

HEAL Trafficking and the undersigned individuals and organizations offer these recommendations with collaborative intent. The U.S. Government has our continued support of the TVPA and Federal Strategic Action Plan in educating the health community and advancing the nation’s healthcare response to human trafficking.

Sincerely,

HEAL Trafficking, Inc., Supporting Organizations and Individuals (see next pages)

CC: Katherine Chon, ACF, Senior Advisor on Trafficking in Persons

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Advocating Opportunity – Legal Services
AIM - Agape International Mission; Engedi Refuge
American Medical Student Association
American Medical Women's Association
Bags of Hope Ministries
Bay Area Anti-Trafficking Coalition
CAST
Center for Adolescent Health & the Law
Children’s Healthcare of Atlanta
Coalition Against Trafficking & Exploitation
Coalition to Abolish Slavery and Trafficking (CAST)
Community Psychiatry Program, University of California, San Diego
ENC Stop Human Trafficking
Engedi Refuge Ministries
Family Violence Prevention Caucus, American Public Health Association
Free to Be ME
Futures Without Violence
Goldfarb School of Nursing
HealthRight International
Ho'ola Na Pua
Hope For Justice
Human Trafficking Awareness Partnerships
International Justice Mission
Maryvale
Metro St. Louis Chapter, Coalition of Labor Union Women
Musicians Against Trafficking M.A.T.
National Association of Hispanic Nurses
National Survivor Network
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Pacific Survivor Center
Participatory Development Associates
Physicians for a National Health Program – California
Polaris
PRISM: Pride and Respect for Individuals in Sexual Minorities
Rahab's Hideaway
Rebecca Bender Ministries
Responsible Sourcing Network
RIA House, Inc. -- Ready.Inspire.Act
Runaway Girl, Inc.
SAFE Coalition for Human Rights
Safe Horizon
Salt River Mental Health
San Diego Psychiatric Society
Shared Hope International
Society for Adolescent Health and Medicine
St. Louis Rescue and Restore Coalition
STARfish Now Project
STARS
Survivor Clinic
The Buddy House, Inc
The Enitan Story
The Los Angeles Trust for Children's Health
The Wayne Foundation, Inc.
There Is Hope For Me, Inc.
U.S. Catholic Sisters Against Human Trafficking - Steering Committee
United Against Human Trafficking
Unitarian Universalist Abolitionists
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Note: The individual sign-ons are alphabetized by 1st name as some persons did not list their last name. Also, please note, the individuals listed are not endorsing the letter on behalf of their organizations.