

MCHB/ OWH May 18, 2005 Webcast

Rescue and Restore Victims of Human Trafficking

JON NELSON: Good afternoon and welcome to the Maternal and Child Health Bureau webcast seminar on human trafficking. This seminar was organized in recognition of sexual assault awareness month which is recognized in April every year. My name is Jon Nelson. The deputy director for the maternal child Health Bureau. I'll be introducing today's topic and speakers. Thank you for joining us today. We hope these presentations will provide an opportunity for you to develop a better understanding of the nature, scope and consequences of human trafficking in the United States and to learn about resources that have been developed by the U.S. Department of Health and Human Services to help health and social service providers like yourselves to meet the needs of this vulnerable population.

We're joined by Mr. Steven Wagner, director of the trafficking and persons program at the administration for children and families in the U.S. Department of Health and social services and Ms. Cherie Sammis from providence hospital in Washington DC. and we have Sabrina Matoff-Stepp who will moderate the question and answer period at the end of the presentation. As director of the trafficking and persons program Mr. Wagner is responsible for overseeing the agency's task of helping victims receive benefits and services, services critical to helping victims regain their dignity, live safely in the United States. Prior to joining H.H.S. he served in the U.S. Department of housing and urban development where he worked to facilitate collaboration between faith based

organizations and HUD and linked residents of public housing and local faith communities to aid residents in moving toward economic independence. Mr. Wagner will provide an overview of the prevalence and consequences of human trafficking as well as information about resources available through the rescue and restore victims of human trafficking campaign.

Mr. Wagner is joined by Ms. Cherie Sammis a family nurse practitioner of the Perry family health clinic of providence hospital in Washington, D.C. with over 25 years experience in family and community oriented family healthcare she has researched and advocated for care, access to care for underserved and minority populations in both urban and international public health arenas. Since 2004 she served on the human trafficking advisory council for the U.S. conference of Catholic bishops fostering community awareness and identification of human trafficking victims. She'll speak to some of the opportunities and responsibility of serving victims from her perspective as a healthcare provider. We thank you for joining us today. Hope that you'll find this seminar helpful. Hold onto any questions for the speakers as there will be time at the end of the broadcast to email your comments and questions. I'll turn it over to Steve Wagner for his presentation.

STEVEN WAGNER: Jon, thank you very much and express my appreciation to HRSA to talk with some of your partners about this human trafficking and express my gratitude to all of you who have tuned in for reasons that I hope are going to become clear by the end of my presentation. I think you all have a vital role to play in helping us address the phenomena of human trafficking in the United States. What is human trafficking? Well, it is

literally modern day slavery. What that means is that people are forced against their will to engage in labor or provide commercial sex. It's an economic crime. Although it may take a certain amount of sadism to be a trafficker. It's for profit and this is an extremely profitable enterprise. It is the second largest, most lucrative criminal enterprise after drug trafficking and it's also the fastest growing criminal enterprise.

Internationally, the estimate is that there are some 600 to 800,000 persons trafficked across international borders each year. Our best estimate of the number of victims coming to the United States is somewhere between 14,500 and 17,500 per year. We have no idea how many victims there are in the United States at this moment in time. Most of the victims come from Asia, followed by Latin America, the former Soviet Union is the fastest growing source region, followed by other developing regions. The former Soviet Union is the fastest growing because traffic is being driven by criminal syndicates in the former Soviet Union. There isn't any place that we could say with confidence is immune from the phenomenon of human trafficking. The federal law that really got this anti-trafficking effort underway recognizes two types of trafficking. Sex trafficking, that is to say for commercial sex purposes, or labor trafficking.

Sex trafficking involves either the commercial sex exploitation of kids under the age of 18 or the commercial sex exploitation of adults by means of force, fraud and coercion. I think this point is important to emphasize. Any child under the age of 18 involved in commercial sex in the United States is a victim of human trafficking period, regardless of where they're from, regardless of whether you can show the elements of force, fraud or coercion in their

exploitation. For adults, in order to qualify as a case of trafficking you need those elements of force, fraud and coercion. Types are prostitution, pornography, exotic dancing, stripping, massage parlors, escort services. To underscore the profitability of this activity there was a study done in Canada that found that the average value of a sexually trafficked individual to the trafficker was \$250,000 per years. Hugely lucrative.

On the labor trafficking side regardless of whether you talk about kids or adults, in order to qualify for labor trafficking you need to have the elements of force, fraud or coercion. Meaning that the person is forced to do something against their will. Their will has been overcome by these techniques. Migrant farm labor, sweat shop industry, domestic servitude, a wide variety of service industries. Half of the victims internationally are children under the age of 18. And while you probably can't focus closely on this graph, what it shows is that over half of the victims are women and girls engaged in commercial sex exploitation although there are substantial numbers of boys and men found in labor exploitation situations.

Every story of human trafficking is different. Some of the victims come to the United States full of hope because they think they're going to the land of opportunity. Some of them come to the United States full of despair because they've been sold into slavery by their parents. Some of the things that the traffickers tell their victims is that it's a great opportunity to earn money for your poor family. You can send money home. You'll be able to work in an entertainment industry. Opportunities to get a high-class American education. You can get adopted or you can get married once you get to the United States.

Needless to say, these promises are rarely realized. Once a person is in the situation of being trafficked, the principal tool of the traffickers is fear. They instill fear in the victims. Fear of the traffickers themselves and what they'll do if the victim attempts to escape. Fear of us, fear of government officials, fear of American society in general, fear of what will happen to their families back home.

This point merits emphasizing. The victims are literally paralyzed by this fear. We cannot expect victims to come forward spontaneously to seek help. Traffickers use threats, isolation, debt bondage. They confiscate the victim's document and control the victim's money. The anti-trafficking effort at the federal level really got underway with the passage of the victim protection act in the year 2000. It had a number of important features. It gave a name to the phenomenon of human trafficking. Let me explain that human trafficking is not smuggling. That is to say human smuggling and it's a little bit of a misnomer because it doesn't involve the physical movement, necessarily, of the individual. The crime of trafficking is the exploitation to which they're subjected. Smuggling is people paying, often a coyote, to come across the border. Once they're brought across the border they're often subjected to extortion. This isn't trafficking because the essence of trafficking is being made to engage in labor or commercial sex to the financial benefit of the traffickers.

The act gave a name to this phenomenon. Made it a major category of federal crime with penalties ranging up to life in prison. It's the first federal law that really recognized the power of psychological coercion. The passage of this law was important because here to for anti-slavery statutes required we show physical bondage. What we've learned is that

more often the victims aren't subject to physical bondage, they're subjected to psychological coercion. I want to emphasize it is the trafficking victims protection act, not the arrest the trafficker and throw away the key act. It's a happy outcome and we want to see more of it. The premise of the act is that victims should be allowed to rebuild their lives while staying here in the United States.

The act calls upon my agency, the U.S. Department of Health and Human Services, to facilitate state that rebuilding of their lives and created a Visa for the victims so they can normalize their immigration status. It provided for certification by the Department of Health and Human Services which has the effect of making the victim eligible for virtually every federally funded benefit program. Even though an alien and particularly an illegal alien might be ineligible for Medicaid, this makes the victim eligible for those federal benefits. And with our partners at the U.S. Department of Justice, H.H.S. created a national network of service providers so we have a number of organizations coast to coast that has stepped forward to provide services and supportive help to victims of human trafficking. In particular, we are proud of the unaccompanied refugee minor program which is available to juvenile victims of trafficking.

Our policy is to enroll juvenile victims in the unaccompanied refugee minor program for persons under the age of 18. So we have set the table, so to speak, created a wonderful mechanism for helping the victims once we find them. The problem is that the victims of human trafficking are extremely hard to find. This is a social problem exacerbated by the fact that not many people have heard about it. Victims are literally being held in plain sight

and I think it is very similar to the phenomenon of domestic violence going back 20 or 30 years when that social ill was perpetuated by the lack of awareness, lack of recognition by the public, and the great fear that the victims have of coming forward. Child abuse is another major category of crime in which, like trafficking, the victims will not self-report the crime that has been perpetrated against them for a host of reasons mostly coming back to fear.

I wanted to tell you a little bit about the case of trafficking that we uncovered on Long Island at the end of last year. Nearly 90 laborers from Peru were rescued. What was instructive about that case is they were kept in a so-called safe house by night and transported to legitimate places of employment during the day. They went to construction sites, commercial laundry, nurseries and so forth. The owners of the businesses did not realize the labor was coming from trafficked persons. It really boggles the mind to contemplate how many times in a given day those victims had an opportunity to cry out for help and did not do so. They were picked up at night, transported back to the safe house, their salary was confiscated by the traffickers. The proper -proprietors of the business had no idea. In order to make money with victims of human trafficking they have to be exposed to us, society at large. And so there is a set of organizations and a set of individuals that we think are coming in contact with victims of human trafficking on a regular basis. We call these intermediaries.

Here are some of the things you might notice if you were to encounter a victim of trafficking. They are shadowed by a very dominant, controlling person. They are showing

signs of physical and psychological abuse. They're very fearful, very submissive and reluctant to talk to people from the outside world. Don't speak English or often won't admit it if they do and are carrying no identification. In order to address the problem of too few victims being identified, H.H.S. launched the rescue and restore victims of human trafficking campaign with our theme, look beneath the surface. This effort is targeting intermediaries, targeting folks that are coming in contact with victims on a daily basis and don't realize it. The goal is to increase the rate of victim identification so that we can do more to help these victims of trafficking. Some of those intermediaries that I mentioned include law enforcement agencies, healthcare providers particularly emergency room doctors and nurses and clinic staff.

Social service providers, juvenile court officials, child protective services, immigration attorneys, public defenders, faith community leaders. All sorts of community social service providers are likely candidates to encounter victims of human trafficking in their daily work. So our strategy is to partner with organizations that consist of members falling into these categories of intermediaries and to work with our partners to disseminate educational materials giving tips on how to recognize human trafficking and give you a place to go if you think you've encountered a victim of human trafficking. Some organizations that are partnering with us are shown on this slide. The resource materials that I mentioned, the educational materials are available for viewing on our website. You'll see that address in just a second. We have printed over a million pieces of posters, fact sheets, role decks cards. We would have been happy to provide this material to you in bulk free of charge and there is an order form on our website. This is the web address, [www.acf @ hhs.gov](http://www.acf@hhs.gov).

This campaign got underway now about a year. We're at our first year anniversary right now and we've had about 85,000 visitors to the website and again, I encourage you to visit the site to preview the materials. They are available in many languages other than English and we're adding more languages every day. One of the gratifying aspects of working with our partners in the field is that they keep coming back to us and saying you know, we need our material in Creole. We have to have a fact sheet in Portuguese and they're actively seeking out new ethnic communities to help disseminate this information. We established the trafficking information and referral hotline. The number is shown there, 888-337-8888. This is the action item. If you think you've encountered a victim of human trafficking you can call. The purpose of this hotline really is to connect a victim either directly or through you through an intermediary to the local service provider.

Very often victims of human trafficking will be discovered through the actions of police, raids in brothels and perhaps enforcement actions by the Department of Labor in those cases but we're trying to create a second avenue by which victims are identified and come forward. That is utilizing you. Non-governmental organizations, community organizations that don't involve, necessarily, the police in finding victims. The reason for that is we want the victims who have been so badly traumatized, to have space to get comfortable with the idea of telling their story to the police. We encourage them to do that. We want them to participate in the investigation and prosecution of traffickers.

It is necessary under the law for adults to cooperate in order to access the full range of benefits. But we also realize the first step should be to encourage the victim or to facilitate the victim getting stabilized, getting the help that they need, understanding the process, and for this we look to our national network of service providing organizations, which you can access on behalf of the victim by calling this hotline. The network of grantees is located throughout the country and if we're in a location, if you find a victim someplace where there isn't a local grantee, then we have another grant that kicks in, the so-called any time, anywhere grant so we have national coverage in our ability to serve victims. These organizations know trafficking, they know how to work with victims of trafficking and they're really superb and will provide case management and that all-important role of advocating on behalf of the victim. It is so important when the victim contacts government officials that they have a friend at their side and they understand fully how this mechanism works to their benefit.

The number one concern everyone in this program has, particularly the grantees that are working with the victims, is we don't want to see any victim of human trafficking inappropriately deported. And any victim of human trafficking would be inappropriate to deport them. It's very important when they come forward and make their case known to law enforcement that there is an advocate who is willing to walk that road with them and our grantees fill that role. I mentioned that we're really dissatisfied with the pace of victim identification. Since the law was enacted, we have certified, which is sort of the endpoint in the process, this means the number of people who are really getting the help that they

need right now, 737 victims compare that to the annual inflow rate of 14,500 to 17,500 a year we have a long way to go.

We've doubled the rate of victim identification but we have much more work to do and your help in this is critical. In particular, I'm very concerned about the low rate of minor detection. That is to say, the juvenile victims of trafficking that we've found. If international figures hold, we would expect half of our victims to be under the age of 18. We've only found 10% of our victims from that age category, as you can well appreciate, kids are going to be particularly reluctant to come forward. So what can you do? Be aware of the phenomenon of human trafficking. Know how to recognize the victim of human trafficking and call the hotline if either you think you've encountered it or that is say encountered a case of human trafficking or if you want more information about the phenomenon. If somebody is imminent risk they need to call the local police, but follow those calls up with a call to the hotline so that we can make sure the victims are getting into that partnership with NGO's that we consider to be so desperately important for their welfare.

We are going around the country initiating this campaign at the local level in selected metropolitan areas where we go to a city to launch the rescue and restore campaign. We bring together a coalition of local service organizations, nearly 500 community officials have enlisted in the campaign. We've launched this effort in 12 cities. We'll go next to our 13th, which is St. Louis. We expect to get to a total of 17 cities through the end of this year. Those cities are identified on this slide. Media outreach, that is to say media is extremely important in overcoming the lack of public awareness. When we go into a city,

we do have an event to present the phenomenon of human trafficking and our response to the public. We've created 80 million needy impressions which is the audience that could have seen a newspaper or television story about trafficking. There is some paid advertising done as part of this campaign in non-English media but using the news media to get the word out is our principal strategy.

By way of conclusion, the -- there is a critical role for medical professionals to play in combating human trafficking in the United States and that is to partner with us in finding the victims. We're really very lucky to have Cherie Sammis with us who really is a healthcare practitioner and can share that perspective with you.

CHERIE SAMMIS: Thank you. First I would like to thank the Office of Women's Health for inviting me here today and allowing me to opportunity to share with you some of the personal and professional experiences that I have had in dealing with victims. And also in trying to identify victims. Before I begin, I feel like I should clarify for the audience that I do not consider myself to be an expert on human trafficking. Through the years, as much that I've been exposed to identifying victims of child abuse, domestic violence, working in impoverished communities with no access to care I know a lot about international and migrant health. I feel like I can establish good relationships with patients. I'm bilingual and culturally competent. All those things didn't help me very much until I probably about two years ago when I really started to learn about this project and determine that I had become an expert in missing opportunities in the healthcare arena.

I have three objectives today. One is to share with you some of those missed opportunities. Two, identify some of the health effects that you may see in your community settings, and three, maybe some general recommendations or considerations to administrators and social service providers. I think Steve gave an excellent overview about victims of human trafficking, the prevalence and the statistics. I do want to reemphasize we feel like they're predominantly women and children. You may see them in debt bondage, sexual exploitation. The how and why is what we're trying to learn more about. They're very vulnerable population and they fall prey to the false pretenses of the traffickers. They come here thinking they're going to get improved living conditions, better education, financial security, food, shelter in that regard.

In the context of where I work, before I begin I would like to share that with you. I operate a health center right downtown in the middle of Washington, D.C. It's located about two or three blocks from a Covenant house. Walking distance to the greyhound station. Close to a corridor of youth and adult prostitution. These are the people that we reach out to and try to take care of. And through the years, we've learned that we've been probably missing a lot of victims. So that's really why I'm here today to reach out to you all because I don't think it takes an expert. I think it takes people who encounter these victims to bring them forward.

OK. So why are we missing so many victims? When I have these conversations with people and they say have you seen victims and I say probably I've seen hundreds but I've missed probably 95% of them. We know they're seeking care. They are a known

commodity to the traffickers. They need to be kept in good working condition so they come to our emergency rooms, we see them in the urgent care settings, we know and talk about them in the safety net environment. What are we doing wrong? Why are they so hard to reach? The clinical symptoms and the health effects, they're so broad spectrum and in a few minutes I'll go over those with you. It's a very daunting challenge to try to identify the victims. Victims vary just as the profile of the victim varies. The symptoms that they have just go across the spectrum. The challenge, I believe, as a clinician is much more intense than screening for domestic violence.

Many of us are very well versed on domestic violence. We know it crosses all ethnic, cultural and racial boundaries. We know for those of us who care for immigrant women that they suffer high rates of battering. But are we actually overlooking that and not looking beneath the surface? Next slide. OK. Some of the other challenges and barriers that we encounter, of course, well-known to all of us are the cultural and language barriers. New immigrants are not cultured to the American norms and they present themselves to our healthcare settings. Also what we have to really understand that what we may consider as a violation of human rights to us, may be acceptable or just not talked about in their country of origin.

This next is very, very important for you to always keep in mind and that is the victim's feelings of hopelessness. I find this to be one of the greatest challenges. I think we can overcome cultural and overcome language but that feeling of hopelessness is probably the biggest barrier. Number one, they believe that they don't have access to the legal

system here in the United States. They are not aware that they actually have rights. There is an enormous and basic distrust of our current legal system maybe because of the corruption that they experienced in their native country. Establishing trust with the victim is probably one of the most difficult. The fear of deportation is very, very real. The traffickers' threats of harm to their families is something that you also have to keep in mind. Many times they won't come forward because their families back in their countries are being threatened. Maybe their children are back there and if they come forward they may be killed or harmed.

Another challenge following along the same lines of the cycle of abuse model. Again, follow along like domestic violence and that inability to break the chain. The victims exhibit a very strong attachment and protective behaviors toward the traffickers known to us as the Stockholm syndrome. That defense coping mechanism is in response to great fear and a reaction to stress but it's through that fear and intimidation and coercion they actually protect the trafficker just like what we see in victims of domestic violence. But that power actually perpetuates the relationship of the dependency with the traffickers and what they don't understand is even though they themselves are actually victims of a crime they themselves believe that they're guilty.

I'm going to go through very quickly some of these health symptoms and effects. It is a laundry list. What I'm going to ask you to do is to please think about the current patients that you're taking care of. Maybe think about patients you've taken care of in the past as a missed opportunity. They may be malnourished, poor oral health, delayed or fragmented

immunizations particularly in children and adolescents. They may present with symptoms of T.B. or positive P.P.D. Old scars, poorly healed wounds, misaligned fractures, chronic pain, chronic headaches, the suspicion that we always have of domestic violence. Chronic anemia. Evidence of a disease state maybe from an underdeveloped country, parasites, fungal infections. Multiple and recurrent sexually transmitted diseases. Maybe some that we've begun treatment on and then it reoccurs. If they're pregnant. Unplanned pregnancy. During a physical exam evidence of a forced abortion with results in scarring. They have higher rates of tubal pregnancies from sexually transmitted diseases. No medical home. We call them sometimes frequent fliers to the emergency room but it is different emergency rooms.

And you'll notice that they have varied caregivers that are always in charge. If they're pregnant, maybe they've had no prenatal care. Missed appointments, poor weight gain. Intrauterine growth retardation. History of miscarriage. Post traumatic stress disorder. Poor self-esteem. Depression, flat affect, anxiety and sleep disorders, eating disorders, drug and alcohol abuse new to that victim used to desensitize the sense of entrapment. Inappropriate aggression in youth that you can't identify where it's coming from. This is something key especially with youth. Inappropriate bonding of children and youth with adults. Particularly strange adults. The challenge for all of us in looking at these slides are the exact same slides I would use if I was giving a talk on access to care for the uninsured and underinsured in the United States and particularly for immigrant populations. So it can be quite daunting. But it is important that you keep all of these in mind when you're identifying victims.

So what do you do? The key is just to raise your index of suspicion. Maybe think along the lines of domestic violence because we're comfortable talking about that but take it down to the next level. Look beneath the surface. There is something that I use when I'm teaching this called YIMBY. Always think yes, it is in my backyard. The patients or clients that you may encounter come from rich neighborhoods, they come from poor neighborhoods, they may be the domestic help in the houses, they may be the service employees in the restaurants, they may be those adolescents that you're caring for that came from the street corners that you thought were homeless. Teen prostitutes. What I strongly recommend is if you use your knowledge in what you already know, build upon the provider/patient relationship and that interaction. When you're behind a closed door in the exam room or in a counseling office, a kind word, build that trust while you're trying to treat the healthcare issue.

Those of us that know all about CPR, look, listen, feel, use that same analogy. Look beneath the surface, look back on a missed opportunity, listen to your patient, pay attention to the subtle nuances and as they talk, bear witness to those victims and feel. Be non-judgmental, pay strong attention to the non-verbal, the eyes. Do you see fear? The eyes are the windows to the soul, as you know. These screening questions I have found personally to be very helpful. I have starred the top three. If you use those first three sentences you would not believe the information that you'll get back in an exam room. Why? How did you get to this country? Where do you eat and sleep? How did you get here today? That's an amazing story. Where do you live? Can you leave your job if you

want to? Are you paying off a debt? Is there anyone out there who is forcing you to do anything you really don't want to do?

And this last one is also important. Have your papers been taken away from you? What do you do if you encounter victims? Think along the lines of domestic violence. Safety is the number one priority. Of course we're going to provide information in the social, legal and health but please remember always provide, number one, safe shelter. Again, when you're talking to the victims, first do no harm, remember that you can retraumatize your victims. Always remember that. If you're dealing with a youth or child, just as in child abuse, you need to make sure you have trained professionals and specialists who can communicate with those children. And again, use that trafficking and information referral hotline. It will help guide you. You don't have to know it all. You don't have to do it alone. Call that number and they'll guide you to an N.G.O. in the area.

Very quickly I'll tell you two stories on missed opportunities. The first one was one I read about. The second one is actually one of my own patients. Many of you may have read or heard about the case down in Florida called little hope. This is a 9-year-old girl from Haiti who was brought here to the United States and found in upscale neighborhood. She was a sexual slave. What is interesting to note about this case she was apparently in the school system. So I would ask those of you out there that may be teachers, those of you in school health, immunization providers, the WIC office, places where this child may have gone day-to-day.

Maybe there was a missed opportunity. Marta, one of the many patients I take care of, she was 17 years old, came here to the United States from Guatemala. Was smuggled across the border into Arizona or California by a coyote and needed to pay back her travel debt. It was paid through what she said multiple rapes and assaults. And forced prostitution in California. She became pregnant and this is where the story changes a little bit. Somehow landed on a greyhound bus from California to the greyhound station in Washington, D.C. and walked up the street to my health center. I will never know how people find their way. As I've gotten to know this young lady, she is very afraid to come forward. She has family back in Guatemala and for those of you that know that culture they have what is called -- they don't talk very much. They're very quiet. And it has taken me several months to develop that relationship. I've given her the little cards. I talk to her all the time. She's not quite ready to come forward. But it is something that I'm experiencing in terms of the continual challenge in trying to get the victims to come forward.

Recommendations for administrators, very quickly in terms of training, none of us want to have an additional course or additional piece of paper in our health centers. Try to integrate this training with domestic violence. The training we do every year on cultural competency. Remember to include not just the clinical stuff, include non-clinical. The clerical, housekeeping, the van drivers. I had a conversation in Spanish with my van driver from El Salvador, he knew about those victims I had been caring for long before I found out. Add just trafficking questions to the standard domestic violence form. One thing here in terms of providing training for healthcare providers and social workers on victim abuse and torture, lessons learned when I was giving a presentation in an urban setting I was

overwhelmed with the number and volume of contacts that I got after the presentation by email and telephone by the diversity of the healthcare providers and the sensitivity that I had to learn very quickly from.

Many providers come from these countries, maybe they witnessed this. They grew up with it. They're very aware but they didn't do anything about it. And you have to be very sensitive to that and actually hold some debriefing sessions with our diverse providers. I learned this lesson the hard way. Have posters and cards. Put them in the bathrooms next to the domestic violence cards. Have them in the WIC office, dental suites, clinics. Have a clear understanding of the migrant worker seasons and the travel corridors that are particular into your community. That may be where you see an extra surge of these victims.

Dialogue with the federal and local law enforcement. I think we need to do better with that. Sponsor collaborative forums with non-government organizations. Speak to the schools, the youth organizations, medical societies, nursing organizations, bring everybody to the table but you need to bring everybody to the same table. I think that we need to reduce barriers that we know all exist between the social and the medical and the legal providers. So in closing, talk about it anywhere, any time. In your social settings and work settings. I would like to end with a quote. The heart of the matter is society's failure to identify victims but at the heart of that is the average person's lack of knowledge and vigilance and we're all average people.

STEVEN WAGNER: I'm sure you would be interested in hearing directly from a survivor of human trafficking so we'll provide you the testimony of Sara. She is actually an American victim. But I think some of the things she has to say give you a sense of what the reality is for foreign victims of human trafficking also.

INTERVIEWER: You were a victim of human trafficking. In what industry did you find yourself in and what was that like?

SARA: I was in dancing, massage parlors, escort services, street prostitution, hunting parties and what was it like? It was humiliating. It was scary.

INTERVIEWER: Why didn't you just walk away? You weren't held, I take it, by handcuffs or shackles. How come you didn't go to the police or one of your relatives? What kept you in this?

SARA: Fear. Fear kept me in this. In this circle. Fear of my family being harmed, fear of myself being harmed or killed, believing that my traffickers would carry out what they said they would do. Fear of no one believing me. Going to the police was not an option at the time. So I thought. I was brain washed to believe that no one would help me. If anything, it would put me in more danger or even put me in jail. That's what I was led to believe.

INTERVIEWER: To what extent did the traffickers use fear to keep you enslaved, so to speak?

SARA: Things that they used for tactics for scaring me was showing me the abuse on other women or the other girls that were around. The abuse that was inflicted on myself. Keeping me on drugs and threatening to take them away. Once you're addicted it's not something that you want to go through withdrawal.

INTERVIEWER: What are some of the typical mistakes that people make in trying to help victims?

SARA: I feel that some of the mistakes that are made by providers and service people that are trying to help, one of the big ones is expecting this to happen overnight. Expecting that these women are just going to come out of the woodwork and trust you. Expecting them to just walk away because we said just walk away, there is a better life. We need to trust these girls and build trust with them. That's a process. It is not something that happens everynight. I think we need to stop and take a look at this. It may take a girl a year before she trusts you.

INTERVIEWER: Talk about the process you went through on a personal level and how did you end up getting out of this?

SARA: It took me talking to an organization that cared about me unconditionally. They helped pick me up and took me by the hand and walked me through things. They continued on a regular basis reinforcing that I am somebody and I'm worth saving. That

it's not my fault. They helped me get skills. They opened doors that I had been told would never be open due to what I had done.

INTERVIEWER: How does someone identify a victim of human trafficking? How do they raise this to the consciousness of this in their own mind and what should they be aware of?

SARA: When you see sexual activity going on, bruises or they're wearing long sleeved shirts in the summertime. When you go into nail shops and see the young girls in there ask them if they belong in school or how old they are. When you go to the strip joints and see the girls on stage, look at them. You can tell if they are skinny or if they're just not eating. Things like escort services, the numbers that they have. Personal ads they have girls in now where girls' faces are on there. Keeping track of the new faces that come up on the Internet, the websites that they have for pornography and stuff. Looking in the eyes of people for one. If you look in the eyes of people, sometimes they can tell you a lot more than their body can. Unhappy face of someone who is supposed to be full of life and happy.

INTERVIEWER: How does the average person going about their regular, average day sort of keep this in the back of their mind and what kinds of things would that person look for?

SARA: A lot of traffic going in and out of a house, that would be one thing I would say for the public. If you have a lot of traffic going in and out of the house like drug dealers that

set up shop. Make that phone call whether you're wrong or right, it doesn't matter. It could be the one that could save a bunch of girl's lives on a hunch or I suspect that something is happening out of the norm. Late hours. Activity going on late hours in areas that you are around or by. Look at the time when you go by and see what time it is and what kind of people are out. Normal people in the norm are in bed by 12:00 unless they're working night shift. Or something like that.

INTERVIEWER: What would your advice be to those folks in terms of how to identify a victim?

SARA: How women are dressing. You have a 15-year-old girl with a slit all the way down and Daisy Duke's on. We need to at least ask what is going on. Pagers, seeing pagers. Everybody nowadays has a cell phone so it's hard to identify that where at one time you could say the girl is wearing a pager. Tardiness in school, not being in school. Multiple partners. All of a sudden you have a person who was quiet and all of a sudden she's outspoken and flamboyant about herself, the whole nine yards. Things like I said, bruises that are on her body that they're saying I fell down a flight of steps. Hair all of a sudden getting cut in a style that doesn't fit her. Things that are used. Burn marks. Starvation. Rapid weight loss. Tiredness in school, during school here. That means they're up late hours. These are things just to ask a question about.

INTERVIEWER: Tell me just a little bit about the pain that this carries with you.

SARA: The abuse, there was horrendous abuse. I was tortured. I never thought a human being would go through what I went through and live. The abuse that I went through by my traffickers were things like cigarette burns, they were put out on me, being called names on a regular basis, being told I was no good, having knives stuck in me. Being beat with a coffee pot extension cord. Having a candle placed in a sock and swung against my arm to break it. Having a metal ball put in a sock and slammed down on my arm. Being thrown out of a car on the way to taking me to a so-called river to drown me. Throwing me out of the car and come back around to make me believe that I got away and then picking me right back up. To take me down there and beat me. Having gasoline poured on me while they held a match. Being kicked and stomped on, being drug by my hair. Having 15 guys circle me and stomp me and I mean literally stomp me. Being raped in every sense that you could think of repeatedly by different men over and over again as the power and control showing me what would happen to me if I didn't do what I was being told to do. Being starved. Being mentally tortured, saying things like they would take my children, they would hurt my mother, all these things happened through the years. Just pure hell.

STEVEN WAGNER: Sara today is working with survivors of trafficking helping us identify more of them in her area.

SABRINA MATOFF-STEPP: I am the acting director for the HRSA Office of Women's Health and I want to give a special thank you to our presenters Steve and Cherie for bringing us information that is difficult to hear but needs to be talked about. We need to talk about this more. We need to hear about it and I'm really thankful they were willing to

come and share with us. I would also like to really give a special thank you to Reem Ghandour, who is a public health analyst in our office. It's because of her that we really are bringing you this vital information and I just want to give her a special thanks. We went through lots of challenges to bring this to you and we're really pleased we were able to do this today. We have some time now and I see up on our screen here we have some questions that are coming in from our viewers. I'm just going to take them in order. So hopefully we'll get to most of them and if there is a question that we don't get to, I am sure our presenters will be glad to follow up later.

So let's get started so we can hopefully answer most of your questions. Our first question is -- comes from a person viewing and the question is what about the prevalence of sex trafficking of American girls into sex exploitation? I think we talked a little bit about that but perhaps there is some additional information you can provide us.

STEVEN WAGNER: You know, the trafficking victim protection act is a little bit ambiguous on this point. My office's task is really focused on foreign victims of human trafficking because the money that we have to invest in this effort comes out of an appropriation for refugees and other entrance populations. But the law insofar as the crime of trafficking is concerned does not distinguish between American and foreign victims. So I'm afraid what we're going to find as we really start to get beneath the surface of this crime is that there are as many American victims as foreign victims. And I think that in a case of Americans, it's going to be particularly run away and homeless youth that get caught up in commercial sex. Remember, I told you that anyone under the age of 18 who is involved in commercial

sex is a victim of trafficking. So I'm afraid we're going to find that's a very substantial problem but it is one we don't know as much about today as we should.

CHERIE SAMMIS: I agree.

SABRINA MATOFF-STEPP: OK, we'll go to our next question which is how many—

STEVEN WAGNER: I don't have that number. It's a handful. What the questioner is referring for an adult to qualify for the Visa they need to be willing to help in prosecution of a case. The best way to demonstrate the willingness is to include in their application an endorsement from federal or local law enforcement that they spoke and regardless of whether a prosecution or an investigation goes forward, once the person has demonstrated this willingness to assist, they should be eligible for a T-Visa. And eventually Congress has directed us to consider those affidavits from local law enforcement. So I'm pleased to report that we are seeing folks getting the T-Visa based on local law enforcement endorsements. People are getting the T-Visa with no law enforcement endorsement. However, I don't think it's a substantial percentage yet. And I think that the Department of homeland security has not yet drafted regulations governing the issuing of T-Visa based on local law enforcement endorsements. It is happening and I would encourage advocates to look at that to getting the help victims deserve.

SABRINA MATOFF-STEPP: Next question is are there any safeguards for the illegal immigrants prior to trial?

STEVEN WAGNER: There are a couple of things in the case of adults. Prior to receiving the T-Visa, a federal law enforcement officials have the ability to issue continued present status and that is a very quick immigration remedy which guarantees that the presence of the victim in the United States. I think, you know, ultimately the success of this program rests on our partners at the local level building relationships with the U.S. attorney's office, with the F.B.I. and with immigration and customs enforcement. The most effective of our N.G.O. partners know well the ICE officials tasked with investigating cases and it hinges on that relationship of trust to guarantee if we bring a victim forward, makes their presence known to the F.B.I. or the U.S. attorney the victim is not going to face deportation. It's an issue that we're desperately concerned about, however.

CHERIE SAMMIS: I wanted to add in there also in terms of the NGO's many times to the victims and even in social service providers there is a little bit easier element of trust to go to first. And then use them to guide you to law enforcement.

STEVEN WAGNER: That's right.

SABRINA MATOFF-STEPP: OK. There was a follow-up question to this previous question where the questioner is asking about if the person does go to trial, is there any protection after the trial for that person?

STEVEN WAGNER: Well, first of all, let me emphasize that our goal is to ensure that every victim of trafficking as defined by the act in a particular case gets the help that they need. And gets it early on in the process. What we don't want to see is a case where only certain victims get help and they have to wait until the trial is over to get that help. The law, I think, is very clear. Every person in a case who meets the definition that exploitation provided under the act needs to get services and needs to get them very early on in the process. There are options available to victims who may get through the trial process and, of course, it's always a possibility for the justice system to use the witness protection program, that has not yet been done in a trafficking case but it is a tool potentially available to prosecutors and law enforcement and we are on a fairly routine basis practicing relocation. We're moving victims out of the metropolitan area in which the trafficking occurred and that can be -- that can occur really well before a case gets to trial. So that kind of protection is very important and I think we all are very mindful of the security threats that victims face.

SABRINA MATOFF-STEPP: OK. A question came in to verify the hotline number. So that's the question to verify the hotline number on Steve's slides I think there is a way. Cherie's slides they were presented. It's where the hyphens are.

STEVEN WAGNER: 888-3737-888. We clumped the numbers different.

SABRINA MATOFF-STEPP: The last four numbers being 7888. If you're used to seeing three and four. OK, OK, there we go, OK. Let's see. Another question here. Who investigates the actual cases that are identified?

STEVEN WAGNER: Well, there are a couple of options. You know, I mention to you that this is a federal statute and therefore federal law enforcement is charged with enforcing it. And that enforcement to the investigative responsibility usually falls to either the F.B.I. or immigration and customs enforcement. Now, the F.B.I. has about 100 agents nationwide who are devoted to civil rights cases and human trafficking is considered to be an example of a human rights case. ICE has nearly 6,000 agents now but they're devoted to homeland security tasks or to illegal immigration, particularly smuggling. So my point is that there really are few federal agents available to do these investigations. The investigations at the federal level are normally coordinated by U.S. attorney's office and most of our N.G.O. partners have excellent relationships established with all three of those entities but the long-term success of this program is to involve in the investigation of trafficking local law enforcement. Now, there are four states that have passed state anti-trafficking statutes. Those are Florida, Missouri, Texas and Washington State. In those states, local law enforcement is empowered to investigate and prosecute human trafficking cases. In other states, local law enforcement would have to take the case to the U.S. attorney for prosecution. We're encouraging that and trying to help develop relationships, particularly in those target cities that we showed on the map. Develop relationships between the U.S. attorney and local law enforcement for the purpose of bringing a trafficking cases forward. If it happens that an N.G.O. encounters a victim of

trafficking before law enforcement, the N.G.O. has a certain amount of latitude in how to bring the case forward and work with that agency that has really been most responsive to them in their local area.

CHERIE SAMMIS: Can I add onto that in terms of a clinical perspective if we're dealing with a child or youth in terms of duty to warn we'll notify as possible child abuse. But again, we'll reach out to the N.G.O. or the social service provider to take it along that line as dual. I think sometimes it's confusing for us as clinicians in terms of the legal and the social. But my take on it is do both. Again, one can help guide the other.

SABRINA MATOFF-STEPP: OK. Lots of questions are coming in. This is good. There is another question what about states where specific services for victims of trafficking are not available? Does the hotline refer them to services available in other states and how is this good for the victim?

STEVEN WAGNER: We have a federally funded national network of service providers and we have a grantee that will step forward to help victims in any place where there is not another service provider. So I think that we can respond to the needs of victims anywhere in the country. It's true in some places it may be recommended that the victim travel to a city where there is an N.G.O. and where the N.G.O. has facilities to care for those victims. But I think we have pretty good national coverage and we're not yet relying on states to

step in and contribute to the care of human trafficking victims. I look forward to that occurring down the road. But at the present time, it's mainly a federally funded initiative.

SABRINA MATOFF-STEPP: OK. The next question is are there any health departments that are currently formally screening for human trafficking and are there protocols for the public health setting besides E.R.'s?

CHERIE SAMMIS: I'm not aware of any formal in terms of states. I don't think it has to be in an emergency room. You can identify them in your safety net settings in your public health clinics, in your private non-profit and free clinics. When you see them through the emergency rooms that's another missed opportunity. It's like domestic violence. We may offer them some safe shelter but they may be in and out. In terms from my perspective we're trying to reach out more to the community health centers where they may be actually coming back to that area.

STEVEN WAGNER: We're working with a couple of states and really I mentioned the campaign is still fairly new and we have lots of work to do but we've recently become focused on the role of state government in helping us with this problem of human trafficking. And we do have now one state, Pennsylvania, in which the human trafficking screening questions have been incorporated into the intake protocol for the child protective service system. We need to do that in every state and we need to make sure the intake for the juvenile justice system includes questions targeted at identifying victims of human trafficking. And then if we can figure out a way to do the same thing in

healthcare systems I think that makes a lot of sense. In terms of the questions, Cherie's presentation will be available on the web. Her screening questions were terrific. Our website has some suggested screening questions also for their specific toolkits for healthcare providers and those are two places you can start in terms of finding the questions that need to be asked to identify victims.

CHERIE SAMMIS: I would like to also add in those healthcare facilities that are joint commission accredited are required to have standard criteria to identify victims of domestic violence and I think just by adding additional couple of words we'd be able to tap into that human trafficking because the guidelines are similar.

STEVEN WAGNER: You know, on the child protective service front a lot of states are really overtaxed and we found a number of states really do not -- are not eager to use the child protective service system to respond to the needs of juvenile victims. For example, in some states if the parent of the child did not have -- if there isn't a reasonable expectation that the parent of a child knew the abuse was going on, then the child doesn't qualify for services under the child protective service system. In the case of trafficking, if the child has been trafficked into the United States an argument can be made and has been made they shouldn't be served under the child protective service system. We're encouraging states to take second looks at those barriers to entry.

SABRINA MATOFF-STEPP: The next question a multi-part again, our Mules or people who smuggle drugs inside their bodies who often cross borders alone considered traffic

victims and what resources are there to help these victims whose families are often held hostage in their country of origin?

STEVEN WAGNER: Well, I think the short answer is that if the mules are transporting drugs against their will, then yes, they are victims of human trafficking. And the test is that there is some kind of force, fraud or coercion going on compelling them to do this thing. I think we would have to also say that they're not necessarily victims of trafficking. It is one of those cases where you have to look at the specifics of the case.

SABRINA MATOFF-STEPP: There is a specific question here about Florida. Has Florida's human trafficking statute provided any [inaudible]?

STEVEN WAGNER: The T-Visa's awarded by the citizenship and immigration services. The short answer is I don't know. But I'm sure that there are victims from Florida who have received a T-Visa based on local law enforcement endorsements or perhaps without a law enforcement endorsement. I'm not aware that the state law in and of itself has resulted in T-Visa awards. That's still pretty new, like much of the system.

SABRINA MATOFF-STEPP: Next question. Tell us what states -- in the past legislative session Colorado passed a law creating a task force to look at human trafficking which is looking at sexual trafficking of women and girls. Do you have any idea as to how we can communicate the breadth of the problem and how it also involves men and boys in migrant work?

STEVEN WAGNER: Our strategy, the goal of increasing public awareness is extremely important. And our strategy, as I mentioned, has focused more on using intermediaries and earned media instead of paid media to get the word out. I would really encourage you and your task force to utilize the materials that are available to you free of charge from the Department of Health and Human Services and I think that there are great opportunities there for collaboration between our efforts and your efforts and we should try and pursue that conversation.

CHERIE SAMMIS: I would also add to try to include the directors of those migrant health centers where and bring them together to a table. They have a wealth of experience in terms of trying to reach this population and also in terms of for men and boys I know we tend to be biased in talking about women and children, but yes, it is true, they are out there and I think we need to do better ourselves in terms of communicating that.

SABRINA MATOFF-STEPP: OK. Another question is, is trafficking primarily about sexual exploitation?

CHERIE SAMMIS: No. It also includes forced labor. I think again we end up talking more about it maybe because it tugs at us more but forced labor in terms of services in restaurants, the migrant workers. It depends on the community they're coming from. We hear more about sexual exploitation.

STEVEN WAGNER: As you saw from some of the numbers, we really have just begun to scratch the surface and so I would not say that looking at the population of victims of trafficking who are being held today that it's necessarily representative of the population of victims who are out there. But a majority of our cases to date have been cases of labor exploitation. The two largest cases of trafficking, the first involving 200 victims, the second being the case on Long Island that I mentioned nearly 90 victims. Those were both labor trafficking cases. We think, in fact, the majority of victims of trafficking are involved in commercial sex, maybe something on the order of 60%. And I emphasize that it is commercial sex, meaning that the sex has occurred as the result of something of value exchanging hands. In other words, it's not necessarily a rape or other sex crimes that qualifies as human trafficking.

SABRINA MATOFF-STEPP: Next question is would relocation include assistance returning an immigrant to their home country and their family?

STEVEN WAGNER: There is a mechanism available for that at the victim's option. The U.S. Department of State and the international organization for migration are prepared to help. You know, I mentioned that the premise of the law was that victims should be allowed to build their lives here in the U.S. Part of that calculation is that a person return to their home country, particularly if they returned unwillingly, have a very high risk of being re trafficked and so it's certainly easier to protect the individual here i
CHERIE SAMMIS: n
the United States but if they choose to go home, then yes, we would want to facilitate that.

SABRINA MATOFF-STEPP: Another specific question about a case of Korean women trafficked into north Idaho from Canada. How do we stop the women from being deported?

STEVEN WAGNER: Well, I assume that you're working with a qualified N.G.O. that knows trafficking and knows the law. It really is extremely important for victims of human trafficking to have the opportunity to consult legal counsel, I'm happy to report that there are a lot of pro bono attorneys that are willing to devote their time to trafficking cases. But they really need to understand the law. And it's just -- it is inconsistent with federal law to deport a victim of trafficking. So it comes down to having good legal advice and it comes down to the relationships that exist between the N.G.O. or the advocate on one side and federal law enforcement on the other. If all else fails, I think you should call us and see if we can't in some way be of is service to you here in Washington to solve that problem. It is tremendously disturbing to us to hear a report that victims of human trafficking are being deported and I think that victims of human trafficking have been unwittingly deported. I don't think they're being identified as victims and then deported. I think the problem is victims are being deported because we're not yet screening adequately for trafficking of victims prior to deportation. But I encourage you to be in touch with us if we could have of service in that area.

CHERIE SAMMIS: I would also like to add, that would be an important role for the advocacy groups to be involved in. You have to go back to the helplessness and hopelessness. You can't look to your victim to do that. You need an advocate start to finish.

STEVEN WAGNER: That's right.

SABRINA MATOFF-STEPP: OK. Interesting question here, what about child brides in polygamy cults that are moved around the country?

STEVEN WAGNER: We have heard stories of this and we have not seen a prosecution yet, I don't believe, on a child bride case. Again, we need to -- it's one of those cases where you have to evaluate the circumstances. If it is a child under the age of 18, and money has changed hands, I think you can make a case that it is a case of commercial sex exploitation.

CHERIE SAMMIS: I don't have any personal experience with that.

SABRINA MATOFF-STEPP: I think this is a review question. How many states have human trafficking laws on the books?

STEVEN WAGNER: There are four and a number of states are looking at passing additional -- passing laws. So this is definitely a growth area. We'll see more and more states passing anti-trafficking statutes.

SABRINA MATOFF-STEPP: OK.

STEVEN WAGNER: If you're involved with a state effort I really encourage you to evaluate the federal law, the trafficking victim protection act. I think it really is a magnificent piece of legislation and it has the right balance of concern for the victim and desire to get the traffickers off the street. I think it really strikes a good balance.

SABRINA MATOFF-STEPP: The next question is can you talk a little about intake worker safety. How can we protect ourselves because we may find victims before law enforcement.

CHERIE SAMMIS: That's very real. I mean that's real in terms of even dealing if you have experience dealing with domestic violence it's along the same way. And safety is a priority for all of us. I -- there is not enough time to tell you the numbers of times I've been forced into unsafe situations so I need to tell you to bring it to the forefront it's very real. I don't know if I have all the right answers for you other than you can't do this alone. You cannot take this victim on alone even if you're the one that encounters it and you want to try to involve as many of your multidisciplinary groups to help shelter you. For those of you that have dealt with child abuse and where safety comes in where the parents come after you afterward and we hear of cases along that same line. I don't have a good answer other than I think it's real and safety is all of our priority.

STEVEN WAGNER: Sure. And sadly we just lost a hero in the cause, sergeant Gerald Vick of the St. Paul, Minnesota police department was killed in the investigation of a trafficking case. So the dangers here are really very, very real and I hope nothing that I've

said about my desire to see the partnership develop between victims and N.G.O.'s suggested to you that you should be reluctant to call local law enforcement if there is imminent danger either to you or to the victim. I'm not saying that. I just think that in those cases where you do feel it's prudent to get local law enforcement involved is to follow up and get an appropriate advocate to sort of look over the shoulder of law enforcement, make sure that the victim is getting the help that they need. And, you know, not only is law enforcement unaware of this phenomenon. We're working at expanding the circle of officers who understand trafficking and understand how to appropriately care for victim. Even at the federal level there is a lot more education that needs to occur and so again, I don't think it's maliciousness, it's a lack of awareness of how to deal -- of the whole phenomenon of human trafficking that N.G.O. advocates can help overcome by -- just by explaining to police officers who it is they're dealing with when working on a trafficking case.

SABRINA MATOFF-STEPP: We have about five minutes left and we have about five questions left so it looks like we won't get to every question but there will be an opportunity after the webcast for your questions to get answered. So if we don't get to your question, we apologize for running out of time. There have been so many good questions. I think this question we've touched on a little bit. It has to do again with how many states have enabled immigrants to get the T-Visa working with local law enforcement?

STEVEN WAGNER: It's an option available everywhere. So again I'm sorry that I don't have the exact number of T-Visa's that have been awarded on the basis of local law

enforcement endorsement. It's significant and growing as a percentage, but it is an option available to victims everywhere in the country.

SABRINA MATOFF-STEPP: OK. Next question is, is it possible to calculate how many immigrants in Florida have benefited from the department's resources made available through their rescue and restore website?

STEVEN WAGNER: Florida, I think, is the second largest state for the number of certified victims which is, again, sort of the endpoint of the process. Certification means the victim really is getting the help they need and we can certify either on the basis of a T-Visa application or on the basis of a person having this continued present status. There are more certifications than there are T-Visas. I don't remember the exact number in Florida. It's substantial.

CHERIE SAMMIS: What would you -- you find there are pockets of immigrants in most of the border states. Why Florida?

STEVEN WAGNER: It was -- there was an early response to the phenomenon of human trafficking in Florida. Will was an early case -- there was a labor case involving migrant farm labor. One of the first prosecutions under the law occurred in south Florida and there are really robust local coalitions of N.G.O.'s in Miami in particular and in the Tampa Bay area. The U.S. attorney for the central district of Florida is really adamant about prosecuting trafficking cases. So you have that investment of will going on there. And I

think that Florida probably is just more sensitive to some of the concerns of the immigrant population by virtue of its relatively importance but you're absolutely right to point out, this problem is ubiquitous. There is no state that is immune from the phenomenon of human trafficking.

CHERIE SAMMIS: Maybe we can take what Florida is doing and replicate it if our other communities.

SABRINA MATOFF-STEPP: I'll take one more question because we're running out of time. The question is, do they have outreach services available and how do we contact them for victims?

STEVEN WAGNER: What would you guess outreach services refers to? Public outreach?

SABRINA MATOFF-STEPP: Probably. Public outreach, community outreach.

STEVEN WAGNER: Again, if you live in one of those cities in which the rescue and restore campaign is active, that means there is a local coalition that has come together to address the problem of human trafficking and that is helping us get the word out in the community. And by reviewing the webcast I think you can see where those cities are. We would be happy to give you more information on that. In other cities, you can find out what kind of activities like what N.G.O. might be working to serve victims by contacting the hotline.

SABRINA MATOFF-STEPP: OK. I think we're going to have to wrap up. And I know there are a couple more questions and we'll be sure to capture those and have some responses available. I would like to thank everyone for participating today and particularly also give a thanks to the Center for the advancement of distance education at the University of Illinois at Chicago School of Public Health. They help make all this happen with their incredible technology and we couldn't do it without them. As you heard this morning from Jon Nelson, our deputy director for the bureau. All the webcasts are available, archived and put on a website which is www.mchcom.com. And we encourage you to go back and review this when you have some time and to share it with your colleagues. This is really important and credible, good information and we make it archived so you can go back and refer to it. It will be up in about a couple of days so we give a few days to get it ready so check back and you'll see it available on that website. The contractors at the University of Illinois-Chicago are interested in knowing what your needs are when it comes to webcasts. If you have suggestions for topics for future webcasts, please feel free to send them to [info @ mchcom.com](mailto:info@mchcom.com) and we'll be sure to take those into consideration for some of our future webcasts. So we really would like to thank you all again for your participation. I think this has been a fabulous webcast and we'll look forward to working with you again in the future. Have a great afternoon and a great weekend.