

MCHB/ OWH July 18, 2006 Webcast

Health Implications of Human Trafficking for Public Health and Medical Practitioners

JOHN NELSON: Good afternoon, everybody. This is John Nelson, I'm the deputy associate administrator for maternal health organization. Thank you for joining us today for this webcast on human trafficking. This is the second such presentation by the bureau. The first being almost two years ago in 2005. Today's webcast is designed to build on that previous effort. We hope this presentation will provide an opportunity for you to develop a better understanding of human trafficking in the United States and learn about new resources 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 Vanessa Garza, director of the Anti-Trafficking in Persons Division in the Office of refugee resettlement within the U.S. Department of Health and Human Services Administration for Children and Families. As director of the anti-trafficking and persons division miss Garza is responsible for overseeing the agency's efforts to identify victims and becoming eligible to receive services, services critical to become self-sufficient and live safely in the United States. Prior to this position she served as policy director in the Bureau of global health and in the center of faith based community center and the international agency for development. Faith based -- anti-trafficking efforts in developing countries. We thank you again for joining us today and hope you'll find this seminar helpful.

Please hold onto any questions you have for the speakers as there will be time at the end of the broadcast for you to email questions and comments to the presenters.

Before we proceed with the presentation, though, I want to have -- introduce Sabrina Matoff who will cover some of the housekeeping administrative details for today's webcast. She's the director of the HRSA Office of Women's Health and she'll go over that now.

SABRINA MATOFF-STEPP: Thank you, John. I will be the moderator today for this webcast and there are several pieces of information I with like to share with you before we hear from Vanessa. If you're looking at your computer screen, please follow along.

The slides will appear in the central window and should advance automatically. The slide changes are synchronized with Vanessa's presentation. You don't need to do anything to advance the slides. However, you may need to adjust the timing of the slide changes to match the audio by using the slide delay control at the top of the messaging window.

We encourage you to ask Vanessa questions at any time during the presentation and you can do this simply by typing your question in the white message window on the right of the interface, select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so we know where you're participating from. The questions will be relayed to Vanessa periodically throughout the broadcast. If we don't have the opportunity to respond to your question during the broadcast, we'll email you afterwards. Again, we encourage you to submit questions at any time during the broadcast. On the left of the interface is the video window.

You can adjust the volume of the audio using the volume control slider which you can access by clicking on the loudspeaker icon. Those of you who have selected accessibility features when you registered will see text captioning underneath the video window.

One more piece of information, at the end of the broadcast, the interface will close automatically and you'll have the opportunity to fill out a very brief online evaluation. We would really appreciate it if you would take a few minutes to fill out this evaluation because your response will help us plan future broadcasts in this series and improve our efforts for technical support. It's now my pleasure to turn over the webcast to Vanessa Garza.

Vanessa.

VANESSA GARZA: HRSA for inviting those of us that work at the Department of Health and Human Services in the administration for children and families to share one important -- an important effort of the Department of Health and Human Services, which is trafficking in persons. Again I'm the director of the program at HHS and we reside in the Office of refugee resettlement in the Administration for Children and Families. I'm very thankful you've given me an opportunity to talk to you today about this issue. I really just want to say three things today.

First of all, I'll give an overview of what is human trafficking. Then I'll talking about the HHS effort on the issue and then we'll talk about the health implications and how this may impact the work you do in working with vulnerable populations. Before we get started on the Power Point I would like to show a DVD that we have developed that is a training DVD. It's 13 minutes long and we can start that now. It gives you a good overview of trafficking in persons. Thanks. (music)(music)

DVD: The abuse, it was horrendous. I was tortured. I never thought a human being would go through what I went through and live.

For this woman, we'll call her Sarah, the suffering began when she was kidnapped in her early teens, forced to engage in stripping and prostitution. Sarah endured horrific physical and mental abuse.

>> 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.

>> As traffickers moved here from city to city, town to town, fear, not shackles, kept her from breaking free.

>> 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, 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.

>> Sarah's story is tragically typical for many victims of human trafficking. A modern day form of slavery happening in the U.S. which forces tens of thousands of women, children and men into brutal conditions for little or no pay. Many are forced into commercial sex. Others end up working in hotels and restaurants as domestic servants, on farms or in sweat shops. A name we gave this woman was 11 years old when her mother in Guatemala sold her to a man who turned her into his sex slave. Smuggled into the United

States she endured long days of cooking, cleaning and childcare and nights of repeated rape and brutality.

>> He told me that he paid money for me and that he can do whatever he want with me. He used to hit me and I used to bleed and everything because we have a carpet in the room. It was blood everywhere.

>> While traffickers find some victims in the U.S. often their targets come from other parts of the world. Latin America, Africa, the former Soviet Union and Southeast Asia.

>> It's important to realize that although people might have been brought her willingly, when they arrive in the United States they're put in positions they had no idea they would be placed in. Either forced into prostitution, some type of slave labor. We need to look at them as victims, not criminals.

>> It's like I'm not there.

>> Traffickers rely on brutal tactics, emotional and physical bondage to enslave their victims.

>> He tell me if somebody ask you if I'm your husband, tell them I'm your brother or something. If you say something I'll kill you. That's what he told me. He used to get a knife and put in my neck and said he would kill me.

>> They use a variety of methods to keep their victims enslaved. Coercion ranging from physical beatings and torture to psychological intimidation or threats to their family members in their home country.

>> Human trafficking occurs across the U.S., big cities, small towns and rural areas. It's unlikely that victims will be found and rescued until the American public gains a much greater awareness of the horror of human trafficking. That's the goal of rescue and restore, a major public awareness effort launched by the U.S. Department of Health and Human Services to identify and assist the victims of human trafficking.

>> There is only one measure of success for this program. Increasing the number of victims that we provide and provide services to.

>> The rescue and restore campaign reaches out to people on the front lines. Those who have the best chance of coming into contact with victims. Like faith-based communities, social service providers, health workers and law enforcement officers.

>> Victims don't come forward because they're afraid. Another reason they don't come forward is because the victimizers tell them if they do they'll be jailed and perhaps deported. The victims are afraid to come forward and part of what that campaign is designed to do is re assure them that if they do they will not be treated as law breakers but victims.

>> By watching out for signs of human trafficking, local organizations and service providers are helping to identify and rescue victims. (music)(music)

>> This man was just 11 years old when he was brought to the United States. He was an orphan living in crushing poverty in Zambia when a U.S.-based trafficker promised him an education, free clothes and the chance to earn money to build schools back home. All by singing in the boy's choir in churches across the U.S. Once here he recognized none of it was true yet he couldn't just walk away.

>> The mind games are the biggest thing saying that if you run away or call the police or the INS or U.S. government, anybody you inform they're not going to have any interest in you. They'll send you back. What good are you to them?

>> Members a church in Texas came to the boys rescue. You may come into contact with victims of human trafficking and not no it. So rescue and restore urges you to look beneath the service and pay attention to clues.

>> There are a number of clues to identify a victim of human trafficking. Typically we'll look for lack of proper documentation, a well rehearsed story given to them by the trafficker. Also look for physical signs of abuse and might also find in a victim intense fear and depression.

>> Evidence of being controlled is another important clue. Knowing what questions to ask can help uncover victims of trafficking. Questions like are you being paid? Have you been threatened? Where do you eat and sleep? And can you leave your job if you want to?

>> I was not free to move in and out. I was forced to live in a very unclean house and to eat ugly food.

>> Asking the right questions helped free this woman from the abuse she suffered as a garment worker.

>> They don't have food for us to eat. And in a small room with so many people inside we have no electric fan and too hot in the daytime.

>> If you've met someone like these people who you think might be enslaved, take action. You may be the only outsider with a chance to speak to the victim. Contact the police if you suspect the victim is in imminent danger. Either way, call the national human trafficking resource center to activate local, on the ground support for the victim. The resource center is available 24 hours a day, seven days a week with operators who can immediately connect victims to community groups that can help. The HHS rescue and restore campaign has set up a safety net of organizations across the country to help identify, rescue and provide social services to trafficking victims. It's a modern day underground railroad to help victims on the road to freedom.

>> The goal of the rescue and restore program is to assist victims on their road to recovery. We have a national network of social service providers who stand ready to provide victims with services in their time of need. We're victim centered and doing everything we can to make sure that victims are being rescued and restored.

>> Trafficking victims, whether they're foreign born or U.S. Citizens, are eligible for benefits and services such as shelter, food, medical care, counseling, language assistance, job training and education.

>> We help these survivors with the paperwork they need to get the benefits and services they're entitled to. We help them get past the language barriers they're facing and help them do job training and secure the jobs they're looking for. We'll try to get them help with documentation, ultimately help them apply for a T-Visa to give them permission to stay in the country for a certain period of time.

>> The rescue and restore campaign provides a wide range of resources lighting the way for organizations helping to lead victims out of the darkness of modern day slavery. A neighbor came to this woman's rescue. It's been a long and sometimes painful recovery process. But with the help of caseworkers, and foster families, both have persevered. Today they're adapting well to living free in America. Doing well in school, enjoying the mall, singing for the joy of it. You can play a crucial role in helping the thousands of human trafficking victims. Become a partner by joining the rescue and restore effort. Go to this website to learn more about human trafficking and how you can work with the rescue and restore campaign. You can also download or order free materials in a variety of languages. And you'll find special resources for law enforcement officers, healthcare workers and social service providers. Please, look beneath the surface for victims. If you come into contact with a victim, call the National Human Trafficking Resource Center. You can make a difference.

>> Okay, that almost says it all. That is a training video that is available free on our website. You all are welcome to log on to rescueandrestore.org and order a copy of this DVD. It comes in an English version and also contains a Spanish version, as well as a couple of public service announcements that include Ricky Martin who, if you know, is actively involved in this issue and the issue of child sexual molestation and exploitation. So let's go ahead and go back to the slide presentation.

Go ahead and move onto the next slide, please. And I'm going to go back to -- I'll touch on the three topics, an overview of the definition of human trafficking, the legal definition and talk about what HHS does and finally give you an overview of the health implications, what we're seeing in the victims and survivors that we're serving and how you can get involved.

Next slide. Okay, so this model called the action means purpose model was developed to encapsulate the legal definition of human trafficking that was put out in the trafficking victims protection act of 2000. It's basically either labor trafficking or sex trafficking. Sex trafficking is when a commercial sex act is induced by force, fraud or coercion or the person hasn't attained 18 years of age. Labor trafficking is the recruitment or obtaining a person for labor or services through the use of force, fraud or coercion for the purpose of - - it's a mouthful and it's in the law. However, we believe that the model that you're seeing on your screen, the action means purpose model displays and helps visualize what we mean by human trafficking. Only one of the elements need to be present to have a human trafficking case. You can have an individual who has been recruited through coercion for the purposes of labor exploitation. You can have another individual that has been obtained through fraud for commercial sex. An example would be a minor recruited by a pimp. In the cases of minors force, fraud or coercion the blue bubble goes away because anyone under 18 can't by law consent to the sex act so therefore a minor that is recruited by a pimp into commercial sex by definition could be a victim of human trafficking. Another example would be a domestic servant that is being harbored or kept in a basement of a home. This happens -- many of our cases of human trafficking end up to be domestic servitude cases and they could be -- they may not be forced but the threat of deportation. So it is a form of psychological coercion, or perhaps their trafficker has lied to them and told them if they when leave the house they'll be arrested and therefore they're

experiencing fraud and no physical force present. Only one of those elements needs to be present in order to have a human trafficking case.

Next slide, please. So I've already talked a little bit about the trafficking victim protection act of 2000. It defined what human trafficking is. There were old anti-slavery laws on the books that were given -- the Department of justice used to prosecute cases. It wasn't until 2000 that we actually had a more robust definition of what human trafficking is. The TVPA gave the Department of Human Services two mandates. Those were to increase public awareness and the second would be to certify victims of human trafficking. By certifying a foreign victim we have to identify them and provide them services. You're eligible for a form of immigration relief, a T-Visa and to the same extent as refugees. Another interesting thing about the TVPA, it changed the way we viewed slavery. I think most of our traditional views are that someone was shackled or bound or held or transported like we're trafficking foreign victims into this country. That's one view of human trafficking. The TVPA also gave us a fuller definition in that just the threat of harm or the threat of harm to one's family could be viewed as an element of force, fraud or coercion. When traffickers take away someone legal documents. Many times victims do come into this country legally under the belief they're here to work as seam stresses and they end up in a very bad garment factory situation in forced or exploited labor situation. So we are finding victims in all cities and states as you saw in the video. The case of the 14-year-old girl is very common in terms of domestic servitude. We know cases in Milwaukee, Wisconsin, where there are doctors that are keeping domestic servants and they were prosecuted as well and these are happening in all states, all cities throughout the country.

Next slide. So how HHS actually meets its mandate in the TVPA. This is background. Our philosophy is victim centered and try to achieve our goals by victim identification,

certification of victims and through a network of grants and contracts. We have 18 outreach grantees in the country. The reason we call them street outreach in their application to us they demonstrated they work with a vulnerable population and in that vulnerable population, be it prostitutes or migrant farm workers or any vulnerable population that could be vulnerable to human trafficking they're working with them and trying to identify victims through their everyday work. We also signed a per capita services contract with over 100 subcontractors that are social service providers so when a human trafficking victim is referred to them they get reimbursed through the contract for the case management of those services. We fund four intermediary contracts, regional programs, and the basic point of the intermediaries is that 60% of the funds of the intermediaries go to strengthen the grassroots efforts of the region. They're building up the coalition or the community that is engaged in doing anti-trafficking work be it victim identification, public awareness and others and these are the intermediaries do sub awards. An opportunity for very small grassroots organizations to get funded by HHS. We also run a national public awareness campaign for the DVD you saw was a result of the rescue and restore campaign. The tag line looks beneath the service. Anyone can identify a victim if they know the signs and what to look for. We fund the national human trafficking resource center, the toll free number you saw,

the 1-888-3737-8888 and that turned out to be a resource center number, not necessarily a hotline. The belief four years ago is that victims would liberate themselves and call the phone number and say that they were a victim of human trafficking. What we've learned in the last four years just the nature of human trafficking they are in domestic servitude situation. They're in slave labor, they are under pimp control in many cases. They don't have the freedom. Even though they may have a cell phone they don't have the freedom to make calls and ask for help. They need to be rescued.

Next slide. This actually shows in the colored parts where all of our coalitions are. We launch the coalitions basically strengthen the grassroots and we believe it's a local effort that social service providers, medical professionals, pro bono lawyers working with immigrants can be in a position to identify victims of trafficking. We've launched 21 coalitions throughout the United States. The green dots show where the street outreach grantees are. The blue dots show where intermediary contractors are. And where we've launched statewide and done training in those areas so we believe that there are a lot of resources there.

Next slide. This slide shows our efforts along with the Department of justice. Our office works very closely with the Department of Justice in terms of how a victim is able to access federal benefit and services. They need to be certified by HHS so -- it's because of their legal status. They're not a U.S. citizen. You just can't go to a federal benefit issuing office and get Medicaid. They require this letter from HHS in order to access those federal benefits and services. In order to be certified, though, a federal law enforcement official, specifically the F.B.I. needs to be able to issue for an adult a document called continued presence, which will get the individual on their way to getting their T-Visa. It's probably more complicated than you need to know. It has to do with cooperating with law enforcement. We work closely with the Department of Justice and they have a number of grants as well. They have funded local and state law enforcement in the states you see with the blue and they have also through the Office of victims of crime funded social service providers because they understand the need. They won't be able to effectuate a prosecution unless they can provide services to their witnesses which are the survivors of human trafficking.

Okay, next slide. I've already talked a little bit about what HHS does, our network and what human trafficking is. The next several slides will talk about how anyone can really -- including health practitioners. This training was developed for health practitioners but I do understand those in this training represent a wide variety of specters present today. We believe anyone can be in a position if you're working with a vulnerable population to identify a victim of human trafficking.

Next slide. Research conducted by the family violence prevention fund shows there are many similarities between victims of domestic violence, child abuse and human trafficking. While the individuals share similarities, there is an important distinction regarding trafficking victims. They may have little or no interaction with the public and in many cases have no access to health services unless they're faced with an acute situation that lands them in an emergency room. While victims of human trafficking may be walking in plain sight they aren't telling us their story. They aren't asking their neighbors for help and so -- for a variety of reasons. The element of force, fraud or coercion and fear keep them from talking and telling us their story. There is a lot of mistrust and why there is this need to know the signs and to be able to identify them properly.

Next slide, please. I'm going to talk a little bit in the next several slides about health and mobility and some of the issues that deal with migrant populations. While human trafficking victims don't have to be transported many of them are kept beyond their will. There are issues dealing with transportation or migration of certain populations that affect a person's health status and so to understand the health effects of human trafficking we want to address health in the context of mobilization and migration. This model was given to us by the international Office of migration and it indicates how migration may cause spreads of certain diseases, poverty, lack of access to health services and medication,

lack of education and access to informational influence migration. Victims of trafficking from migrant populations are vulnerable to disease and illness just by the sheer nature of being mobile. So within this framework, the health risks of individuals that migrate voluntarily and victims of trafficking moving from one country to another could be very similar.

Next slide. Some of those health risks are outlined in this slide. The fact that some victims have faced severe poverty, harsh and dangerous labor conditions or harsh abuse in their country forced them to enter this country for a better life and then their lack of knowledge about what they're getting into when they migrate to another country. Their exposure to violence, deception, coercion and further abuse from traffickers while en route to their destination is very common. We call it -- it's human trafficking but also destined for trafficking because they may not -- some are exploited en route. Others are not and are being, you know, defrauded or in that process and so when they are -- arrive at the destination is when they land in a human trafficking situation. In the meantime, though, the -- all of these elements and risks come into place.

Next slide. I started talking about some of these elements. This is another model that the international organization for migration have categorized how trafficking, the process of it takes place in three stages. The first stage being recruitment. Why people choose to maybe believe a trafficker? Why a woman in Eastern Europe, Russia. Many of the former Soviet Union states, countless ads for modeling, for seamstresses, nannies. That answer the toll free numbers, pay someone money to take them into the Middle East or into Latin America and end up in the United States working in brothels. They are preying on the vulnerability of people that want to find work and want to come to the United States eventually for a better life. The second stage would be movement and transit. It defines

the period where the victims move to the new location for the promise of new opportunities. The final stage is the destination and exploitation and defines what that is.

Next slide. A little bit about the predeparture and recruitment. Why people choose to leave. Many times it's fraud. But they have -- victims may have a predisposition to family-based violence and child abuse. They may have lived in poverty and lack access to health information. In some cases they're forced or lured into forced labor for the promise of a better life to send back to family. That's very common. There are many cases where family members are part of the trafficking network. They're trafficking or selling children to -- so children can work in other countries and send money back home. Many of these persons may already be working in the sex industry and may have already been exposed to and suffer from sexually transmitted diseases such as HIV.

Next slide. In the movement and transit phase, that is another opportunity for exposure and there are obviously lots of health risks involved. Those are listed here. They face the same risk as migrant populations that move voluntarily. Many times the situation, the traffic -- person's traffic into this country are very similar. Looking at the smugglers smuggling persons and trafficking an smuggling have two legal definitions. But persons being smuggled into this country face the same health risks as people who come against their will.

Next slide. Finally, the destination and exploitation phase. Whether a victim is actually transported or held in bondage. If women are sexually exploited or forced into the sex trade there are statistics. In talking to the clients we serve, the number of sexual partners that they're forced to engage in commercial sex with is as high as 40 to 50 cases -- 40 or 50 exposures or sexual acts an evening. So women are particularly -- that are engaged in

the sex trade in commercial sex are at risk to many reproductive health diseases as well as pregnancy and continue to lack access to healthcare service and undergo violence, physical, mental and financial control. Abusive living and working conditions can also cause victims to develop chronic health problems such as back pain, visual, hearing and respiratory problems to name a few. In more severe cases limb amputations. An overcrowded work environment with spread infectious diseases. Garment factories, one in California where it was Korean garment workers living in the factory they were working with and working 18 hours a day. It wasn't a simple wage and hour dispute. They were being forced to stay in the factory and they were not able to leave the premises and when you see photos of the garment factory you can see the high Barbed wire fences to keep people in and keep people from the outside knowing what was going on the inside. It was hard for the persons on the inside to liberate themselves.

Next slide, please. The condition of the victims. This actually the next couple of slides will summarize the physical and mental health of the victims that we are rescuing and that develop as a result of their status as being trafficked into commercial sex or labor exploitation.

Next slide. You'll find this information on the fact sheets. The DVD gave an overview of it but I talked about the psychological cooperation. You can force someone to do something against their will without laying a hand on them. The threat of deportation for foreign victims is very strong. The threat of harm may be enough to keep a person in sexual servitude or labor or domestic labor or any type of labor exploitation. Obviously many traffickers do resort to physical force to maintain control over their victims. So obviously, you know, the manifestation of bruises, broken bones, hearing loss, cardiovascular problems, signs of torture may include genital mutilation, electrical burns. All of these are

manifestations of probably -- symptoms of a severe problem that we've seen in many of our victims of human trafficking.

Next slide. In the United States we think that maybe this probably isn't so much. These symptoms may not be so apparent but we're finding in many of the minors that we are identifying as victims, malnutrition, hunger, dental problem. Adults diseases because of lack of healthcare services. The first thing we try to do we're screening refugees for TB and hepatitis. It's great capacity we have there. We train law enforcements when they do their raids they have health professionals on staff to make sure they're screening for those diseases as well. We often don't know what we're getting when a raid is happening. The biggest surprise has been when they will raid brothels and rescue a number of women. They're coming with children. A lot of times an officer doesn't know what to do with a 5 or 6-year-old that may be victim and involved in the arrest and the case management involved in taking care of kids causes new problems.

Next slide. Tell you a little bit about the reproductive health of victim. Women have a number of health effects through violence and sexual exploitation. Women who have been sex trafficked suffer the same kind of injuries, similar to battered women and sexually assaulted or rape victims so violent sexual exploitation is a part of sex trafficking. Reproductive health problems will be highly prevalent among this victim populations and the risks include STDs, HIV/AIDS, pelvic pain, urinary tract infections, pregnancy. In one study by the coalition for trafficking women 70% of victims reported symptoms of yeast infection, pubic lice and other things resulting in hysterectomy. In addition to the physical health the mental health of victims is also of great cause -- great concern to us in the case management in dealing with the survivors. Our clients develop general feelings of helplessness, shame, humiliation. Suffer from shock, denial, disbelief. Often drugs are

used by the trafficker to continue to force their victims to do what they want them to do especially in the sex trade. Women end up when they're rescued being drug abusers or addicted to many of the drugs that keep them in their traffic situation. We have found that many of the issues that we're dealing with with the clients are similar to those victims of torture. We have a torture program at ACS so we're learning a lot about torture victims and seeing similarities in their case management as we learn to treat victims of human trafficking.

Next slide. Finally I would like to just talk a little bit about how you can identify and communicate with victims in your everyday work life. If you're working with a vulnerable population these are some of the things you may be seeing with some of the clients you're serving and it may lead you to trigger additional questions that you may want to ask to help possibly identify a victim of human trafficking.

Next slide. Many victims don't know their victims in human trafficking especially because of the falling out elements. They aren't talking about their situation because of fear or distrust. They're coming from a country where there is severe distrust of law enforcement or the law enforcement is very corrupt in their own country and they're told by their trafficker that if you leave why will you run to the police they'll put you in jail. They have a natural fear and distrust in law enforcement in this country as well. They don't know any different. They might have already been previously in trouble with law enforcement. The perpetuates. The denial of not knowing they're victims is also something we work with when we're working with in the identification process. We work with vulnerable populations trying to gain trust with many of the clients because they suspect that they may be in a trafficking situation. There have been cases where the victims were married to their trafficker and in love with their trafficker and had Stockholm syndrome. It wasn't until

prosecutors were able to prove to the victim that the trafficker was having affairs with other women that the trust was broken and they were able to trust the caregiver and in the meantime these women were being prostituted out by their husbands in commercial sex and that was a case in New York, for instance, where that happened. Where two men that went into Mexico and courted and married women. Brought them into the United States and then prostituted them out. Another thing is confusion, traffickers often move their clients across state lines and so that would violate, you know, the commerce laws and it also makes it a trafficking case but often victims don't know where they are and it makes it difficult to identify. If you are working with a client that doesn't know what city they're in, it could be a big clue. Their fear, distrustful. Signs of beatings or, you know, coercion and they don't know where they are, I would venture to ask more questions.

Next slide, please. I think this was a review in the DVD but these are some things that we look at in terms of trying to screen for victims of human trafficking. They may look like the people you see every day. You may have treated some of these victims without realizing their circumstances. Sometimes I'm not saying that all non-English speaking persons are victims of human trafficking but they're a particularly vulnerable population. If they have a translator telling them one thing and they're vulnerable to a trafficking situation. That's just one example.

Next slide. We -- our tag line for the rescue and restore campaign is look beneath the service so we encourage folks to ask themselves some of these questions to determine whether or not you may have a potential victim of human trafficking. It's important to at the very basic is to just recognize situations that continue seem quite right. A restaurant worker that is sleeping on a mattress in the alley in the back of a restaurant in a big city. That doesn't seem quite right to me especially if he's being paid for the restaurant work,

why is he sleeping on a mattress in the back of an alleyway? There are things there that don't seem quite right and should cause you to perhaps ask additional questions. We're not advocating you put yourself in harm's way, by any means, but certainly perhaps give the person the number to the information -- rescue and restore National Human Trafficking Resource Center number or refer them to a social service provider where they can get a homeless shelter. We try to talk to the network of homeless shelters around the country. Often they deal with a vulnerable population that could fall prey to human trafficking.

Next slide. If you think you've identified a victim it's important to keep in mind some of the elements before you begin communicating and questioning the process. We developed this slide for case managers. It's important to separate the client without raising suspicions. The trafficker may actually be there and may be the translator and so many of the victims are very dependent on their trafficker if not experiencing Stockholm syndrome. It is also important to understand the cultural and language barriers and to be safe -- to be concerned for the safety of the person you're trying to help and for the safety of the environment you're working in and especially the trafficker -- the suspicious person is there as well. I do want to mention also that obviously HIPAA covered entities may not report incidences that they believe might be human trafficking so I would encourage those of you that are working for HIPAA covered entities to consult your privacy officer. If you aren't a HIPAA covered entity we encourage you, if you're seeing something not right in the situation call the National Human Trafficking Resource Center and see if you can get a social services provider in your area that you can refer the person to for services and then they could further screen for human trafficking.

Next slide. These are samples of some of the questions we use and provided them to different parts of ACS working in social services and that are trying to identify victims

through their population so they're a summary of many of the elements that we talked about. Obviously you will know -- the questions can help you get there to find out if a person is a victim of human trafficking. There have been a number of cases. One in California where a neighbor noticed that there was a young woman in a home that looked to be of school age. The family had several children. All the kids would leave and go to work and this one never left the house and she just made the report and it turns out the woman was in domestic servitude. In that case the referral came from a neighbor that was recognizing that this woman can't leave the house. Another one, a similar situation where the actual domestic servant was developing a very large tumor on her neck and it took a neighbor to actually take the victim to the emergency room in order to get her medical attention. Obviously the traffickers, the people she was working with, were not getting her access to medical care.

Next slide. This is on communicating with the victims. Messages, gaining the victim's trust. It goes to case management of how we are trying to identify victims and how we're working with them. Trust is the biggest issue, obviously people that are in a trafficking situation like I mentioned earlier have extreme fear. They still fear their trafficker. The trafficker is not in jail or hasn't been apprehended. They're fear in the back of their mind that the trafficker is going to find them and harm them. It's an up hill battle once a person has been rescued from a trafficking situation to get them into social services and the social service providers we're working with are learning a lot about the particular trauma their clients have undergone.

Next slide. So obviously we have four general areas of assistance, immediate assistance for rescued victims being housing, food, medical, safety, security, language issues, if they're foreign victims. Their mental health and well-being. Support counseling, spiritual

resources may be needed immediately. For foreign victims they are in a legal situation where they may not be here legally or their legal documents have been taken away from them. They have access to apply for immigration relief and they need some form of living assistance. The long term goal is to move victims beyond Medicare and into rehabilitation and recovery programs. None of our clients are yet in the long term -- very few of them have. Those of you saw on the DVD are doing much better but by far most of our clients are still in the short term goal air. Yeah. More pre-certified victims in our care than non-certified. It is a long process. The case management is sometimes anywhere from a year to three years that we have victims in our care. Clients in our care.

Next slide. This is either we're getting to the end in terms of the resources. Obviously the national human traffic resource center is there for your use and we have developed a number of materials through rescue and restore that you can also order through our website. Rescue and restore.org will take you to the ACH, the HHS, ACS website that has materials available, fact sheets that you can download and I don't know, here is an English sample of some of the posters we developed. We encourage anyone to put them up anywhere. Store fronts, hospital emergency rooms, and these materials were developed in eight different languages. If you're working with an ethnic community or working with a particular sector of the population, then you may be interested in putting these in different languages. We also would like you to utilize the resource center number if you yourself are not a social service provider or don't know exactly if you can help this person to call the toll free number and get connected to a social services provider in your area. Other times it may be a Department of justice task force. The referral may go straight to law enforcement which is great if there is a crime being committed. We encourage you to call 911 if that's the case.

Next slide. There is our website on the next slide www.acf.hhs.gov/trafficking. That's where you can get information about the HHS human trafficking program.

Next slide. There it is again actually. Our website address and we encourage you that if you are interested in joining the fight against human trafficking, you can join rescue and restore. Another benefit of being a member is you get monthly emails, access to training and technical assistance. We'd like to connect you to coalitions that are being formed. You can form a coalition yourself if you want and be a leader in the movement. Every six months we learn something new. So you actually today got a fuller picture of what we normally call our trafficking 101 presentation. At this time I'm willing to take any questions and thank you for listening.

SABRINA MATOFF-STEPP: Thank you so much, Vanessa. This is Sabrina again and we're at the time of our presentation when we very much would like to answer your questions. So as you can see them come up on your screen from our technical people you are welcome to type in a question and I will read them in order as they have come in. And Vanessa will take them and as well as folks whose in the room. We have the first question here. It appears that these programs are designed to have the traffic victim adapt to a healthier life in the U.S. What is the percentage of those that, after they receive care, want to return to their home country?

>> Very small actually. We have in -- since 2001 have certified over 1300 foreign victims of human trafficking. We average 250 a year. It is not high numbers. We aren't finding victims in the volume between 14,000 and 17,000 victims are trafficked into this country. The state department has a repatriation program that assists those victims that are found and rescued in the United States with going back to their home country. The program is

not that old but the last time I met with them they had only assisted five. That may sound really low but it also means that persons really -- it tells us that people came to this country for a better life and they choose to stay and cooperate in the prosecution of their trafficker. There is an essence of restorative justice there and they get a form of -- if they do that and are a victim they get immigration relief. Access to better benefits of services and I don't know it's like a huge carrot to dangle but most are choosing to stay in the country. The reason they came here is they wanted to be here in many cases. I don't know five of 1300 is but a very small percentage.

>> Okay. While we're waiting for additional questions from the audience, there might be some questions here in the room here at the Maternal and Child Health Bureau. I would open it up for that. I have a question for Vanessa so do we have some questions from a few people that are in our room here?

>> I'll ask a quick question for Vanessa. You've talked about mainly trafficking focused on the individual. I was wondering if there is any data you have focusing on trafficking where people are kept as groups or families? Are there times when traffickers want to keep people in a group?

>> Yes, there are. I realize I touched on domestic servitude where the cases are individual cases and why I think we don't get the high numbers. However, last year 100 victims came from a single -- it was all forced labor. We have instances right now in Florida where it is hotel workers and they are coming from foreign countries and it is the hotel industry that is trafficking these people. They're coming out one by one but we only get instances of groups of persons like the garment worker factory in California where there was a rescue of 40 persons at one time. They are trafficked in groups. The interesting thing

about trafficking in groups is law enforcement, when they do these raids, they end up having the trafficker in the mix and the element of coercion and force keeps the person from running to talk to the law enforcement officials and the trafficker is pretending they're a victim as well. It's hard to discern. There were probably way more persons rescued than were victims. Many didn't -- in a big garment factory situation or a brothel with 40 or 50 working some may be victims of human trafficking, some of them may be not victims and are doing it just as a job.

>> Interesting. We have more questions here. What if a non-profit wants to get involved and provide training to members of its community? Is there a place on your website to apply for grants and do you train them?

>> I want to start with the second one. Anyone can join rescue and restore. Before we had grants to give out, we did go out and build these coalitions and we didn't fund the coalitions so the 21 coalitions that are on the map are all over the country but not so much in the Midwest, it seems. We formed those coalitions to get grassroots organizations, victim advocates, law enforcement to come together and solve the problem in their community. We encourage people to take on the issue as their own. The non-profit decided they wanted to anti-trafficking work they could start a rescue and restore coalition. Or call it whatever they want to call it. They could use all of our materials. They're paid for by taxpayer dollars so they're free. Last October we hit a peak of 78,000 pieces of materials went out in one month. I suspect that organizations are ordering them in bulk and distributing them and HHS does not have to be the only one doing the trainings. We have a number of power points also available on our website, obviously a shorter version of this is what is trafficking presentation.

We encourage you to go to a neighborhood watch meeting, show the DVD. Could be a coalition meeting and show the 13 minute video and talk about it. It's a great way to access the resources and do it at a very low cost. Your second question about how to apply for a grant we have a grant out now. I think the due date is October 22 called the rescue and restore victims of human trafficking regional program and it is our attempt to fund a version of intermediaries, to fund a coalition of organizations, one entity may apply 60% of the funds have to be sub awarded out to build up the region in which they're trying to work. We call it our network of caring and in creating a network of care when you rescue a victim from trafficking it seems no one service provider can do it alone. Housing, mental health services, a free health screening. All of those entities are part of that network of care and can all receive funding from this grant is one entity applies for the grant and then 60% of the funds are sub awarded off and the model we're operating on now and that's a grant we have available.

>> Don, do you have a question?

>> You mentioned the T-Visa. It sounds like a tremendous incentive for people who are trafficked to reveal themselves as well as simply not being a victim anymore. Could you say more about the T-Visa?

>> We don't issue that Visa but they are issued by the Department of homeland security. Part of what we're trying to do from a public awareness campaign is let entities know. We target pro bono lawyers, immigration lawyers, this is another route of immigration relief. It is not an easy route. For minors there is a special immigrant juvenile Visa for unaccompanied minors that we find a lot of immigration attorneys are pursuing that because it's easier to get that than a T-Visa. I don't know why that may be a DHS

question. For victims of crime there is something called a U-Visa. When the legal community has been doing this work for a number of years, it's hard to put in a new type of process and procedure and we're just in the infant stages. Once the process for the T-Visa catches on and enough public awareness we'll have more people applying for it. Like applying for any Visa I don't know if I would need an immigration attorney, I might. I've never applied for a visa. For a victim of human trafficking that may not have access to information to begin with, they don't tend to -- I mean, they don't tend to know this information. Someone needs to explain it to them.

>> Interesting next question. It comes from someone here at HRSA. The question is how is HRSA collaborating with the administration of children and families on trafficking issues? I'll try on that one. Maybe ask for some assistance and from John and from Vanessa. Two things that of course obviously this webcast, this is our second webcast the HRSA Office of Women's Health has coordinated. We feel this is a very important topic and we'll continue to be a partner with ACF on getting the information out and using these types of distance learning tools to get the word out to HRSA grantees and partners. There also has recently been the development of an HHS-level trafficking workgroup that HRSA is represented on and some of the other -- practically all the other agencies are also represented on because as you've heard Vanessa talk about this, the issue has risen in the priority list of very important issues that the department is working on and every agency is at the table and is getting more new information and learning more so that each agency can do its part. So we are a player in that effort. I think we want to continue to use the vast network of grantees that HRSA has and certainly the providers, the coalitions, the states, to use these free materials as much as possible so that you saw on this webcast lots of free materials that we encourage HRSA grantees to use. Those are just some that

come to mind but Vanessa maybe you have other thoughts on how we can partner with you as we move forward.

>> Sure. I think that was what we were talking about. Public awareness is such a key component of our program right now because it is -- it's not a new issue. It is new for the federal government. Because of the Trafficking Victims Protection Act, HHH has been a leader in this issue in raising awareness of the issue. It's caught on. We don't feel any longer we need to be launching new coalitions because there are student groups and local community organizations that want to get involved and we -- this past year we decided to turn inward a little bit. We knew the public health sector worked with vulnerable populations and potentially identifying victims. With the help of the deputy secretary he launched the campaign this April to get HHS engage in the issue because we feel it's a cross-cutting issue. The definition of the Department of Health and Human Services it is working with people in need that could be in -- vulnerable to human trafficking. We think everyone has their role to play.

>> Okay. Questions are coming. That's great. Here is a new one. Do you have data on the country of origin of the victims and where they were recruited in their countries or somewhere else?

>> We do know from our certified victims what their country of origin is. The majority are coming from Latin America. I don't have specific data. Of the 1300 that we have certified they represent almost every country in the world, which is very odd. Maybe not something that -- there is another map I didn't show in this presentation. Eastern Europe. Predominantly Latin America. Even Africa. We'd have it in our data. We have to know where they're coming from. If they're U.S. citizens they can be considered victims of

human trafficking but they don't have to be certified. We're identifying victims from any number of countries, Korea, Vietnam, mostly from Mexico although we have a lot from Central America, El Salvador, Guatemala, 20% of victims, 20 to 30% would be from Central America.

>> Next question. Is there an effort to market the grant awards to the mid northwestern -- what parts of the country are you marketing, if you're marketing to a specific part of the country with the grant?

>> We actually solicit people to apply for a federal grant? It is on grants.gov. We sent the link to our rescue and restore list which is about 1,000 emails that we have. We have an informal coalition in Idaho. I do know they got that email. I can't specifically target the Midwest but we do hope that it's the upper Midwest or I don't remember the region. We encourage anyone from anywhere in the country if they're interested in the issue and put up a good application they have a chance of getting funding and we want to spread to all parts of the country. We're finding victims everywhere.

>> We're doing well. We have one more question I see here and I'll just throw out to everyone we have about ten more minutes or so if you have questions, now is the time to write them in and we'll do our best to address them. Our next question -- I think we have new interest here, someone wrote in how can I become part of the workgroup? Vanessa, how can someone become a member of the workgroup.

>> Send me or one of my staff persons an email. Laura good @ ACF.HHS.gov. She manages the workgroup that meets quarterly. I believe we just had a meeting last week on

that. And we meet in a room similar to this that people could call in. We realize that the working group meeting is for all of HHS. [Inaudible]

>> Different topics that we cover. Definitely more technical. We have street outreach. We have the NGO come in and talk about their work and their cases...