

The Health Care Professional as a Modern Abolitionist

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Abstract

Health care professionals are in a unique position to identify and to assist victims of human trafficking. Human trafficking today occurs both domestically and globally. It manifests in many forms, including adult and child forced labor, involuntary domestic servitude, adult and child sexual slavery, involuntary servitude, debt bondage, and child soldiers. This article offers insight into modern human trafficking and ways health care professionals can be activists.

Background

The past several years have seen a proliferation of information regarding human trafficking. Television news reports and articles in print media appear with increasing frequency. A recent Google search had more than 12 million matches to the term “human trafficking.” Many universities now offer courses on “human trafficking and contemporary slavery.”

This is remarkable considering that in the early 1980s comparatively little attention was given to the subject of human slavery. In 2000, the United Nations adopted the *Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children, supplementing the United National Convention against Transnational Organized Crime*¹ (commonly referred to as *The Palermo Protocol*). That same year, the US passed the Trafficking Victims Protection Act.²

Various efforts to confront the scourge of modern human slavery now span the globe. They are necessarily multifaceted requiring involvement of those in law enforcement, national security, human rights, public policy, social work, community education, victim protection, and rehabilitation. There is a scarcity of professional medical literature on the topic of human trafficking. A February 2012 PubMed search of the term “human trafficking” yielded just three references. There are additional references in the professional, nonmedical literature and many more resources in the lay literature, yet misinformation and ignorance on this important topic is still widespread.

According to the US State Department's *Trafficking in Persons Report 2011*: “trafficking in persons” or “human trafficking” have been used as umbrella terms for activities involved when one person obtains or holds another person in compelled service.³ People may be trafficking victims regardless of whether they were born into a state of servitude or were transported to the exploitative situation, whether they once consented to work for a trafficker or whether they participated in a crime as a direct result of being trafficked. At the heart of this phenomenon are

the myriad forms of enslavement—not the activities involved in international transportation.³ The same document reports the major forms of human trafficking as forced labor, sex trafficking, bonded labor, debt bondage among migrant laborers, involuntary domestic servitude, forced child labor, child soldiers, and child sex trafficking.

Although the increased awareness is encouraging, there is still a great deal of work to be done. For example, as of 2010, of the 117 nations that signed The Palermo Protocol, 62 nations have yet to convict a single trafficker, though there are an estimated 12 million⁴ to 27 million⁵ slaves today. In absolute numbers, that is more than at any other time in human history. It has been reported that adjusted for inflation, slaves are cheaper today than they have ever been. The enslaved fieldworker who costs the equivalent of \$40,000 in 1850 costs less than \$100 today.⁶ The estimated 27 million slaves in the world now equal more than twice the number taken from Africa during the entire 350 years of the Atlantic slave trade.⁷

In addressing human trafficking, national governments invariably prioritize state security issues over human rights and health issues. One reason why health care concerns have taken a back burner is that “the health consequences (of human trafficking) are commonly severe and long lasting, indicating that intervention strategies will be resource intensive. Most destination countries do not want to accommodate and pay for new residents or citizens with significant health and social support needs. Most countries of origin have limited health resources even for the average needs of their citizens.”⁸

Common signs and symptoms of human trafficking¹

A patient who:

- is younger than age 18 years and is a commercial sex worker
- is accompanied by someone who seems to be controlling and may act as a translator
- does not have appropriate identification or documentation, or who is not allowed to handle the identification or documentation
- lacks knowledge of his/her whereabouts
- shows signs of neglect or abuse
- has a discrepancy between history provided and clinical findings
- is unusually fearful or submissive
- has recently entered the US from Asia, Eastern Europe, or Latin America

¹ Spear DL. Human trafficking: health care perspective. AWHONN Lifelines 2004 Aug-Sep;8(4):314-21.

It is an error to think that human trafficking is a problem largely confined to distant lands. Human trafficking occurs all too commonly, even openly, in many other parts of the world. Yet the US is a well-documented “source, transit and destination country for men, women and children subjected to forced labor, debt bondage, document servitude and sex trafficking.

Trafficking (in the US) occurs for commercial sexual exploitation in street prostitution, massage parlors, and brothels, and for labor in domestic service, agriculture, manufacturing, janitorial services, hotel services, hospitality industries, construction, health and elder care and strip club dancing.”³

The 2011 Trafficking in Persons report also stated that “US citizen victims, both adults and children, are predominantly found in sex trafficking; US citizen child victims are often runaways, troubled and homeless youth. Foreign victims are more often found in labor trafficking than sex trafficking. In 2010, the number of female foreign victims of labor trafficking served through victim services programs increased compared with 2009. The top countries of origin for foreign victims in FY 2010 were Thailand, India, Mexico, Philippines, Haiti, Honduras, El Salvador and the Dominican Republic.”³

The Role of the Health Care Professional

It has been suggested that “the health care community must become more engaged in increasing the recognition of trafficked women and girls in health care settings, in provision of appropriate services and in helping shape public policy to address what is one of the most disturbing health issues of our time.”⁹ Yet amid the struggle to understand and to confront contemporary slavery, a critical question arises: how can individual health care professionals effectively engage in this battle?

We have increasing awareness of the horror of human slavery in its myriad forms. We see images and read narratives of those whose most basic human freedom has been stolen from them. Yet we also have several hundred thousand compassionate, educated, and articulate health care professionals across the globe not yet engaged in this struggle. Some choose to be self-absorbed or uninterested; others are too busy to address one

more injustice on the world’s stage; many others have heard about human trafficking and are profoundly disturbed, but, for the most part, that concern has not yet been translated into an effective force for change.

My contention is that health care professionals should be leaders in the fight against this modern form of human slavery. As health care professionals, we have dedicated our lives to the betterment of our fellow man. We have the training and expertise required to assist the victims of slavery in the arduous road to recovery. Trafficking victims report a myriad of health concerns, such as psychological problems including posttraumatic stress disorder, infectious diseases including HIV, reproductive health problems, substance abuse, headaches, fatigue, dizziness, back pain, dental problems and the effects of physical trauma.^{10,11}

Besides caring for the victims of trafficking, health care professionals can combat the scourge of human trafficking by becoming modern abolitionists. which would manifest differently in personal and professional lives. The term “abolitionist” brings many different images to mind; some of which may seem inappropriate for a health care professional. Yet in reality, health care professionals can engage in the battle against human trafficking in many different ways, perhaps as many as there are people willing to make that commitment. Some possible means of involvement in the abolition of human slavery today are:

Become better informed: Acknowledging the Latin maxim *scientia potentia est* (knowledge is power), it is certainly true in the arena of human trafficking. There are many resources one can employ to gain more knowledge on this topic.

Share your growing knowledge and passion with others: Be part of a growing grassroots abolitionist movement. Affect the world through your sphere of influence to help those trapped in bondage.¹² Health care professionals can share with friends, family, and colleagues in various venues such as staff meetings, continuing education courses, places of worship or even during lunch. Strive to eliminate the “culture of tolerance” that supports flourishing sex trafficking markets.¹³

Support organizations that combat human trafficking: This includes local and international organizations that are on the ground rescuing and rehabilitating victims, as well as development agencies that are attacking the root causes of human slavery (such as poverty or corruption). These organizations often seek volunteers, especially those who are willing to make a long-term commitment to assist with financial needs and/or in leadership roles.

Be a wise consumer: Encourage vendors and suppliers to strive to eliminate slave-made products from their supply chain.¹⁴

Practice medicine vigilantly: According to a study by the Family Violence Prevention Fund, 28% of trafficking victims came in contact with health care providers during their captivity, yet every one of these opportunities for intervention was missed.¹⁵ In the same way that health care professionals train to respond to an emergency in their clinical setting, one can prepare to respond in a timely and appropriate manner to a suspected victim of human trafficking presenting for care (see Sidebars Common signs and symptoms of human trafficking and

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Suggested questions to pose to a patient suspected of being a victim of human trafficking¹

- Where do you live?
Be suspicious if the patient lacks knowledge of his/her whereabouts and/or is unable to state where s/he is staying.
- Where do you work? What hours do you work? When you are not working can you come and go as you please?
- Are you free to quit your job and get a different job?
- Have you or family members been threatened or mistreated by your employer?
- Have you ever been forced to do work that you did not want to do?
- Have you ever been forced to have sex?
- Has anyone lied to you about the type of work you were to do?

¹ Barrows J, Finger R. Human trafficking and the healthcare professional. *South Med J* 2008 May;101(5):521-4.

Suggested questions to pose to a patient suspected of being a victim of human trafficking¹⁰). To seek assistance for a victim of human trafficking, call the National Human Trafficking Resource Center (NHTRC) at 1-888-373-7888.¹⁶

Provide volunteer health care services for the victims of human trafficking: This can be done locally or internationally. There may be a local organization that cares for victims of trafficking or refugees that would appreciate pro bono health care assistance. Clinicians can serve internationally by volunteering either on a long-term basis or on a short-term medical mission to assist the victims of trafficking.¹⁷ Being able to use professional skills to treat victims of human trafficking is a rewarding life experience. The restoration of hope, dignity, and wellness is a long-term process. The victims of slavery need loving, competent, and patient professional assistance on that journey.

Disseminate and educate through research and publishing: Health care professionals can advance the abolitionist cause by obtaining and publishing credible data on this subject. There is a dearth of academic research in the field.¹⁸

Human trafficking is a great injustice. As health care professionals, we can make a difference in the battle against this violation of the most basic of human rights. ❖

*The only thing necessary for the triumph
of evil is for good men to do nothing.*

— Author unknown

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The Responsibility We Bear

The more freedom we enjoy,
the greater the responsibility we bear,
toward others as well as ourselves.

— Óscar Arias Sánchez, b 1940, President of Costa Rica from 2006 to 2010,
1987 Nobel Peace Prize Laureate, and recipient of the Albert Schweitzer Prize for Humanitarianism