Emily: I'm Emily Kumler and this is Empowered Health.

Jill: Hi, I'm Jill, the producer of Empowered Health and I'm going to be taking over hosting this week. Emily will be back next week talking with Shannon Watts of Moms Demand Action[1], but today in honor of January being Human Trafficking Awareness Month[2], I'm joined by one of the country's leading experts on the subject. A report from the State Department[3] ranked the U.S. at the top three nations of origin for victims of human trafficking in 2018 joined by Mexico and the Philippines. Most cases remain unreported[4] so the exact numbers aren't clear, as we'll discuss, but a majority of victims are trafficked within their own countries[5]. Trafficked persons are overwhelmingly female and children are vulnerable for being trafficked.[6] I hope you enjoy this week and don't forget to donate to the project via Patreon.com/EmpoweredHealth[7] to ensure that we keep it going.

Dr. Stoklosa:So hi everyone. I'm Hanni Stoklosa. I'm an emergency medicine physician at Brigham Women's hospital[8], Harvard Medical School and executive director and cofounder of HEAL Trafficking[9]. I really came to the issue of human trafficking from a social justice lens. Like I grew up as a pastor's kid. And so that's one of the reasons why I chose medicine. I very intentionally, as I was developing myself and developing myself as a doctor was also looking for a skillset to be able to do advocacy because I saw doctors not only as you know, someone who treats individual patients but also treat society. And it was really important to me to build those, those skill sets. As I was at this intersection of having finally finished my Harvard Emergency Medicine training[10] and had done a bunch of advocacy work, had worked in DC for a year, had done a lot of international research on different social justice issues like HIV, AIDS, like domestic violence. I found myself really reflecting, okay, here I am, this Harvard trained emergency doctor. What is my, what is my life's purpose? How am I supposed to use all of these skills? And around that same time, there were studies that were coming out that were showing that trafficking victims in the United States access to health care while they're being

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[1] https://momsdemandaction.org/shannon-watts/
[2] https://www.acf.hhs.gov/otip/news/prevention-month-2020
[3] https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf
[4] https://thecrimereport.org/2018/11/16/human-trafficking-vastly-under-reported-in-the-us-says-researcher/
[5] https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf
[6] https://www.un.org/sustainabledevelopment/blog/2016/12/report-majority-of-trafficking-victims-are-women-and-girls-one-third-children/
[7] https://www.patreon.com/EmpoweredHealth
[8] https://www.brighamandwomens.org/emergency-medicine
[9] https://healtrafficking.org/people/hanni-stoklosa/
[10] http://haemr.org/

trafficked. And that just blew my mind when I heard that because here I was having not even known the trafficking was happening in the United States, let alone knowing that, you know, as an emergency medicine doctor, I might be treating these patients. And thinking about, wow, how many of these patients have I missed during my, even my time of training? And then if I'm, you know, if I'm in this place where I'm like, wow, I knew nothing about this. I don't even know what I would do if I saw a victim. How many other clinicians across the United States across the globe would be in the same boat. So together with a group of co-founders, we've co-founded heal trafficking in the fall of 2013 really with that intent to build healthcare's risk capacity to respond to trafficking. So when a victim or survivor of trafficking comes through a hospital or clinic stores that there's a plan in place. And that that person will receive the care that they need and are on a path towards healing.

Jill: I just want to start off going over the idea of human trafficking in general, just because I feel like there is a lot of misconceptions about it and people kind of think about it as this thing kind of like when the Taken franchise[11] branch out that somebody goes on vacation to a foreign country and get scooped up but it's a lot closer to home than many people think. And it's also not just sex trafficking, it's things like forced labor. Can you explain a little bit about the basics around it?

Dr. Stoklosa:Yeah, absolutely. And I think you're, I think you're absolutely right. I think folks, even with all of the awareness that's been going on it's very easy just to imagine that trafficking's happening only in other countries. And it's scary to imagine, frankly, that, you know, it's happening right here, but we know that the trafficking happens in every community in the United States[12]. Some of that data comes from law enforcement[13], some of it comes from the National Human Trafficking Hotline[14]. But yeah, what is trafficking? And I think when people hear the definition, it actually opens their eyes to, to really understand how it can be truly hiding in plain sight. So the U.S. law divides trafficking into the two buckets of labor trafficking[15] and sex trafficking[16]. You know, as a clinician it's a little bit weird because I'm, you know, it's like we're talking about the crime and we're talking about the perpetrator or the trafficker. So it's defined in terms of what the actions of that trafficker would be. And we divided into these three buckets of the act, the means, and then the purpose[17]. So the

[11] https://theconversation.com/movies-and-myths-about-human-trafficking-51300
[12] https://humantraffickinghotline.org/states
[13] https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/additional-data-collections/human-trafficking
[14] https://humantraffickinghotline.org/
[15]
[16] https://humantraffickinghotline.org/type-trafficking/sex-trafficking
[17] https://humantraffickinghotline.org/sites/default/files/AMP%20Model.pdf

trafficker has to do something, right? They have to transport somebody, they have to recruit them. They may harbor an individual, but they have to actually take an action to exploit this person for profit. They may use a variety of means in that process. So the three means are the three ways that somebody ends up getting stuck and not able to leave their trafficking situation are force, fraud and coercion[18]. So starting with coercion, you know, we think a lot about what we see with domestic violence, how powerful that psychological coercion can be to make somebody really a mental prisoner with threats against not only themselves, but against their family, against their loved ones that can keep people in a situation where they feel like they really can't leave otherwise those that they love or themselves may experience some amount of danger. We see fraud where someone's given, you know, offered some contract, they had to pay thousands and thousands of dollars and to get maybe to the United States or to get a job. And then when they get here, the whole system rigged against them. And so they end up essentially indentured or in debt monitor situation and then forced. So we see that victims of trafficking experience physical and sexual abuse, that keeps them in their situation of exploitation. And then so act means purpose, purpose for commercial sexual exploitation or for labor exploitation. Just a caveat, a couple of caveats there. So we see labor trafficking or forced labor. It's a exchange of sex for anything of value. So that could be food, that can be shelter, that can be a ride. So just think about that particular population under the age of 18 engaged in commercial sex. That's a huge number of individuals

Jill: And people in that commercial sex industry that are doing it by choice like not kids obviously, but that cohort is at an increased risk to be sex trafficked too, right?

Dr. Stoklosa:Yeah. So you know, we think a lot about how choice is something that can change minute by minute, day by day, hour by hour. There's certainly vulnerability for those that may at some point be choosing to engage in commercial sex over the age of 18, being vulnerable to being trafficked if those their underlying vulnerabilities to trafficking are not being addressed. So one example I would give is somebody that may be engaging in commercial sex as a means of a survival for housing. And if, you know, we know that housing we're in housing crises, right? Housing is super, is not affordable in many places in the country. And so in order to pay rent, some people are forced to make some tough decisions. That would be one example of where an underlying need that need that's not being met, that's having somebody in a situation that may increase their vulnerability to being trafficked.

[18] https://www.acf.hhs.gov/otip/resource/fshumantrafficking

Jill: And what would be some other examples of people that are especially vulnerable to this? I know I saw an interesting statistic from the National Center for Missing and Exploited Children that one in seven runaways were likely child sex trafficking victims[19] **[editor's note: updated 2019 statistics now say one in six]** and 88% were in foster care[20]. Are there any other numbers like that that you've come across that people usually find surprising?

Dr. Stoklosa:So I think statistics in general for trafficking are really hard to generalize and each of them comes with their own caveats. So you know, you're talking to a researcher here. So, but I would say what we do know in terms of relationships of vulnerability to trafficking in general are there are a number of populations that are particularly vulnerable. And as a public health professional, we think about it in terms of like societal vulnerability, familial vulnerability, community vulnerability as well as like the individual level all the way down. So you know, on the society level, the demand for cheap goods is something that drives trafficking. If you think about on a community level, if there's a lot of gang violence on an individual level, someone's immigration status may make them more vulnerable to being trafficked. And, I don't just mean those that are undocumented, we have particular visa schemes in the United States that may link somebody to a potential trafficker, for example, the HTA visa scheme. So even those that are documented or not immune from vulnerability to trafficking. You mentioned the foster care population, those that are involved in the foster care system are, are more vulnerable to being trafficked as well as runaway and homeless youth. I did a study with a colleague Makini Chisholm-Straker on runaway and homeless youth[21] and many of them were involved in the foster care system. We know that those that use substances are also vulnerable to being trafficked, LGBTQ populations as well[22]. I could go on and on

Jill: And I know there are a lot of estimates about how many victims there are in the U.S. In different countries, but I've seen a lot of research around human trafficking that talks about the issues with the data collection and just the use of different legal definitions and law enforcement kind of logging people as prostitution when there's not a specific category for human trafficking. I know you've written some stuff on the ICD codes and why they're important[23]. Can you kind of break that down a little bit?

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[19] http://www.missingkids.org/theissues/trafficking
[20] https://www.childrensrights.org/newsroom/fact-sheets/child-sex-trafficking/
[21] https://www.sciencedirect.com/science/article/pii/S0190740918300434
[22] https://polarisproject.org/wp-content/uploads/2019/09/LGBTQ-Sex-Trafficking.pdf
[23] https://healtrafficking.org/2019/07/globally-harmonized-icd-codes-would-help-in-struggle-against-human-trafficking/

Dr. Stoklosa:Yeah, absolutely. So yeah, numbers are hard to come by for prevalence estimates. I've been at some pretty high level United Nations and national Academy of Medicine conversations with minds that are much brighter than I in terms of statistical analysis and they're still working on it. We're talking about a clandestine hidden criminal activity. But I think the bottom line when it comes to two, you know, people want prevalence estimates because they want to know that it's, that it's happening. And we do know from, again, from law enforcement data as well as National Human Trafficking Hotline data in the United States, that trafficking touches all of our communities. I think that is the more important message. Internationally, we know that labor trafficking is more common than sex trafficking. The way that our laws are constructed in the United States and the way that funding schemes are constructed in the United States disproportionately incentivize and structurally make it sort of easier to detect sex trafficking. So it's tricky to interpret the breakdown of sex versus labor trafficking United States context, given the sort of underlying disparities in the ways that we're looking for those cases if that makes any sense.

Jill: And a lot of people that are in forced labor are at risk for sexual violence, even if they're not a sex trafficking victim.

Dr. Stoklosa:Exactly. Yeah. So, you know, they're not mutually exclusive. We do see that trafficking victims may experience both labor exploitation as well as sexual violence and from international data, women who are labor trafficked are more likely to experience sexual violence than men[24]. That's based on one study. It's just something to keep in mind that it's not just sexual violence of trafficking victims is not just experienced by those experiencing sex trafficking.

Jill: Are there any stark differences in trafficking in different areas of the world compared to the U S or what are some factors that stand out to you looking at it in different populations?

Dr. Stoklosa:Yeah, that's a really good question. I mean, fundamentally traffickers are looking to exploit vulnerabilities and those vulnerabilities and how intense those vulnerabilities are present in different ways. So, you know, we know that we're in an opioid crisis here in the United States[25]. Most of the world is not in an opioid crisis, but what we see is that that's, that's a colliding public health issue here in the United States that collides with vulnerability to human trafficking. That would be one example of a unique aspect of human trafficking trends in the United States versus other locations.

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[24] https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575479.pdf

[25] https://www.hhs.gov/opioids/about-the-epidemic/index.html

Jill: I know in terms of, as we've said, law enforcement and data collection, there's a lot of issues, but specifically you do a lot of work in the intersection of emergency medicine and human trafficking. Looking into it, it seems like human trafficking victims do have a lot of interaction with health care and a lot of people wouldn't think that just because there are so many restraints put on the victims, but they still are going into like the emergency room a lot. Why is it important to train people in the emergency room to be aware that human trafficking victims are coming through the door?

Dr. Stoklosa:Yeah, excellent question. This is, this is like the thing that I think about, Oh, this is the only really, so as you said, the majority of trafficking victims in the U.S. access health care at some point while they're being trafficked.[26] And to me that means that healthcare needs to know exactly how to respond when that victim comes through their doors. It's a huge opportunity and a huge responsibility. And I think what's unique about the healthcare setting is we really can be a safe place for individuals were thought of differently than, for example, law enforcement. We know that many trafficking victims have experienced, are forced to commit crimes while they're being trafficked as part of their trafficking exploitation. So while you and I might think, oh, you know, somebody could call just like just call 911 and get out of the situation. No, they, they would be worried that they would be arrested or deported. And in many cases if they were to seek help from law enforcement. And so the healthcare setting really, not only do we know that trafficking victims are accessing healthcare, but we're also a safe place for people to access care and connect with the resources that make most sense to them. And as you said, based on the studies that we do have, emergency departments are the number one department that seize trafficking victims. But working with survivors from across the country, we know that trafficking victims, really, some of them have primary care doctors, many of them seek OB GYN care, some of them have plastic surgeons, you know, it really runs the gamut. And so all health professionals really need to know how to identify trafficking and to know how to care for victims when they come across them.

Jill: Like going off what you said earlier, that someone in the emergency department being aware that calling law enforcement can put the trafficked person at risk. What are some other, like having a knowledge that you're dealing with someone who has undergone a lot of trauma. What would be some tips for people in situations that they have a chance of interacting with trafficked persons to be aware of?

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26 https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf

Dr. Stoklosa:Yeah, great question. I think first of all, as a health professional, when you first hear about trafficking, it can be really scary. We're talking about modern day slavery, we're talking about this really extreme form of violence and it can be overwhelming. But the reality is we do have amazing detective skillsets, pattern recognition, skillsets that help us identify victims. It's those same skill sets that we call upon or looking for forms of domestic violence. And also the other thing that I would say is there still is this, there's a bit of culture change that needs to happen. And what I mean by that, so you were talking about trauma-informed care. It is not enough to just ask a perfect question. It's more important to create the environment for somebody to feel physically and emotionally safe. That if and when they're ready to even disclose and share that this is happening, that they know that that your primary care clinic, your emergency department is a safe place for them to disclose and then connect with resources. So, and the reason I'm sharing that is, is that I came into this thinking, oh, you know, simply by asking a question, do you feel safe in your relationships that we would be really checking the box and like if a trafficking victim happened to come, you know, through the emergency department that that would be sufficient. But actually when we look at the domestic violence literature[27], that question is not even sufficient for domestic violence because it's more about how you create that emotionally and physically safe space by having a private conversation, by empowering the individual with, with education and opening that door. There's a tool that we use that we HEAL co-created with Dignity Health[28] and Pacific Survivor Center[29] called the PEARR tool.[30] So it stands for privacy, educate, ask, respect and respond. And it's that walking somebody through those steps is much more trauma informed than kind of like jumping to the checkbox kind of questions. So just to give an example, like if I have a patient that uses heroin and they're some concerning patterns and make me think, Oh, this person might potentially be being trafficked. And at the very least, I know that they're vulnerable to trafficking. So first of all, I'll find a private place to talk to them. I might have to get creative, like I might have to say, Oh, let's get a urine sample and walk around the corner because they were in the hallway or what have you. Anyway, so creating that private space. So the P for privacy and then I say, you know, I'm your doctor and as your doctor, of course I care about your health and I'll reference whatever medical issue that we're treating that day. And I see your health is related to your relationships and the work that you do. And then I'll say, you know, I've, I'm taking care of a number of patients that exchange sex in order to be able to pay for their drugs. And sometimes they meet the wrong drug dealer and that drug dealer ends up controlling all of their life. May not let

[27] http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.453.606&rep=rep1&type=pdf
[28] https://www.dignityhealth.org/hello-humankindness/human-trafficking
[29] http://pschawaii.org/
[30] https://healtrafficking.org/resources/pearr-tool/

them contact their family, may not let them come and go. Has that ever happened to anybody you know, or to you? And I'll usually allow some time and pause there, but I'll follow up by saying, you know, the reason that I'm asking is that we do have resources to be able to help people in that situation. And if, you know, if that ever is something that you, a friend or you ever experienced, where a safe place to come. So you can see how that's fundamentally different than like just kind of zooming into the checkbox of like, do you feel safe? Do you, you know, it's just, you know, it's based on normal human interaction, but especially when somebody is traumatized to to let them feel that sense of emotional and physical safety and then the respect and respond gets to part of what you're asking to. Like someone may not be at a place where they that day they want to get out of the situation, but they may want a list of resources to be able to call for later. They may want a Turkey sandwich. They, you know, so I make no assumptions about what someone needs or wants in that moment. And we do know that from domestic violence literature that that time of leaving can also be quite dangerous to an individual and their family. So safety planning is really, really critical in that time period and not jumping to the assumption that like, I know best for that person. So the goal is not disclosure, the goal is not rescue, but to create that safe space.

Jill: Yeah. And kind of just going off the idea that that these people aren't really free to come and go as they please and that they are frequently monitored. Do you see the person that's trafficking them usually come with them to appointments? Would that just be an opportunity for you to ask like can I talk to you about something privately and have partners leave the room and do they tend to kind of open up more if that's the case?

Dr. Stoklosa:Yeah, great question. So most of my answer to this is based on anecdotal data. I don't know that anybody has done a study to look at this in particular. But yeah, sometimes patients who are vulnerable to being trafficked are A. dropped off in the emergency department on death's door because they're of no use to their trafficker anymore. And so they're, you know, just kind of almost discarded. And then in those scenarios they're alone or they may be able to slip away from whatever their exploitation experience is during some off hours or what have you and come in alone so they don't always come in with, with someone. What I thought was interesting, and I've, I've heard this from many survivors now is while they might come in with their trafficker themselves, usually if they were accompanied by somebody, they were accompanied by another survivor, another victim in the trafficking situation who was told to kind of mind them, quote unquote, you know, you may see a female and a female, you may see a male and a male. I think the other point that is really important to make relevant to this and then also more broadly is for health professionals to really be aware of our unconscious biases when it comes to what we think of when we think of a trafficking victim or you know, even somebody who might

come in that's with them, that might be part of their exploitation experience and not to be blinded by our preexisting assumptions. And just to speak a little bit more about that as a result of the trauma that the trafficking victims experience, that trauma can manifest in a number of different ways, but it can make somebody angry, it can make somebody agitated. And it's so easy as a health professional to see that behavior and assume that that that person's mean or, or that person is actually like, you know, has something out against you. It's just like a natural human reaction. But one of the things that trafficking survivors have taught me is to really pause and reflect whenever I see a patient who's angry or agitated and think about why and be curious about what's underlying that. And I'm not saying that like all my angry patients are being trafficked, but to recognize that that actually that person actually may be a victim of some sort of violence and this may be their way that they're surviving and that the way their brain has even remodeled is in results of the trauma that they've experienced.

Jill: Have you had any experiences treating for a trafficked person that have kind of stood out to you and stayed with you?

Dr. Stoklosa:Yeah, I think there's a couple of examples that I'd share. I mentioned the intersection with the opioid epidemic in particular and we've definitely had a number of our trafficked patients have substance use disorders, sometimes that involves opioids, often it's opioids and some other substance use disorders. You know, I had this one particular patient who had gotten hooked on oxycodone through a dental procedure early on in life and then had paid for her drugs with exchanging sex. And then, you know, as I described in this earlier scenario, had met the wrong drug dealer, had actually met the drug dealer at a detox center and then was ultimately trafficked in a hotel room and, and ultimately escaped to our emergency department. So she came to us asking for help. And I think what was really heartbreaking in this particular scenario was that, we were unable to, before she started to experience her with withdrawal symptoms and ultimately left AMA, we were unable to get her connected to the substance use resources, the mental health resources that she needed. And I share this not as like a negative story, but to demonstrate the fact that trafficking also prays on the like existing structural vulnerabilities of our health system. And so, you know, in a world where we have ready access to behavioral health treatment and substance use treatment, we probably could have gotten her those particular resources that she had been asking for in a shorter time window. And she ultimately ended up leaving our emergency department. I think one of the things that I've heard from survivors who have, who are now know, I use that word survivor because they're not currently being trafficked. And that's the language that you just use to describe their situation, who have said that even though they didn't choose, whenever they interface with health care to tell anybody exactly what was going on. They remember the

kindnesses that they experienced from, you know, a particular nurse when they were really in a rock bottom place. And to me as an emergency medicine physician, I'm like, oh, like what difference does that really make a person didn't in that moment, you know, that trafficking victim get out of the situation. And you know what that says to me is that we have the ability to really, as healthcare, to build somebody's resilience, even by just showing human kindness to all of our patients. And you never know whether that person is a victim of violence, whether they're a victim of trafficking.

Jill: That kind of resonates with a lot of stuff we talk about the podcast in regards to women's health in general, this theme of women going to the doctors and getting dismissed and it's not just even about being kind, but more being able to have that patient provider communication where you're actually being listened to. That communication kind of seems what you're pushing for, not just in the emergency department but across the field in general that these people aren't really coming in to say, hey, I'm in danger. But more like they're coming in because they have an actual health issue, but that serves as the perfect opportunity for you to kind of come in and give them the help they need

Dr. Stoklosa:Mhm, and to work with them. Like it's all in partnership, right? It's it, yeah. To really trust their own assessment of their, their place to even tell you information about what may be going on.

Jill: Just to switch gears a little bit, so obviously we know now that law enforcement and the healthcare fields are two kind of jobs that have a lot of overlap with human trafficking victims. Are there other jobs and kind of positions that should be on the lookout for this? I've read that like hotel and motel workers[31] and even cab or Uber drivers have an opportunity to keep an eye out for this. Would you agree with that?

Dr. Stoklosa:Yeah, I think that um, we all as individuals and community with each other have an opportunity to look for those that are vulnerable to exploitation and those that are actually being exploited around us. I would also say those same individuals that you named. I mean, especially like when we think about hotel employees, I would think about their own, those employees own vulnerability to trafficking depending on their labor conditions and their labor recruitment. And so not just to think of them as potentially somebody to identify trafficking, but also that is, you know, housekeeping is a historically under-regulated and underpaid sector[32]. So I would also kind of add that to the list. And I would say that we have to be very cautious to not cause unintentional harm. So we talked briefly about folks may be forced to commit crimes as part of their trafficking exploitation. But those engaged in commercial sex that are

[31] https://polarisproject.org/human-trafficking-and-hotels-motels/
[32] https://www.oxfamamerica.org/static/media/files/Undervalued_FINAL_Nov30.pdf

above the age of 18. If somebody accidentally calls law enforcement thinking that person is being trafficked, there's a potential that that person may end up getting arrested when in fact they're just trying to engage in a behavior to survive. You know? So some of these awareness raising efforts that may not just be detecting trafficking, but also potentially could put others at increased vulnerability. And I think it's really important to tread lightly and very cautiously around all of these issues cause we're talking about real people's real lives and not wanting to increase their criminality and increase their vulnerability to being trafficked if they're not, or traffic. I put out a lot of cautious words around that

Jill: That kind of goes with the idea that trafficked persons can get stuck in the revolving door of crime. And if people aren't really educated on the best ways to help them and they make these mistakes or not even mistakes, just when things kind of go the opposite way, they're intending to that the traffic person can kind of get sucked back into the system or involved with different areas that can kind of hurt them more like substance abuse or stuff in that realm.

Dr. Stoklosa:Yeah. And revolving door is an interesting way of phrasing it, but I mean, I think fundamentally about vulnerability. And what have we done to affect that person's vulnerability to being exploited. And if we're not looking upstream at issues of like living wage, affordable housing, substance use treatment just to name a few, then we're really not going to be preventing trafficking from happening in the first place. And we can rescue as many people as we want to. But if we're not changing those fundamental conditions of society in order to make society more safe for more individuals, then it is really a revolving door.

Jill: Yeah. And I think I read this on HEAL's website that Partners Health Care has an inpatient psychiatric program that has been able to identify survivors and kind of get them into treatment. Are you involved with that at all?

Dr. Stoklosa:Yeah, so there's a number of initiatives across Partners Healthcare. So starting my own hospital at Brigham Women's Hospital, we have the C.A.R.E Clinic that's run by Dr. Annie Lewis-O'Connor[33] that cares basically like a medical home for those are experienced trafficking and also other forms of sexual assault and violence. Our domestic violence program Passageway[34] utilizes an advocates community advocates model and interfaces with a lot of the trafficking victims that we identify through our health

[33] https://www.brighamandwomens.org/womens-health/connors-center/care-clinic/about-care-clinic

[34] https://www.brighamandwomens.org/about-bwh/community-health-equity/passageway-domestic-abuse-intervention-and-prevention

care system. And then MGH has the Freedom Clinic[35] there but there's definitely growing awareness, growing initiatives across Partners Healthcare. And then I would say across Boston from the beginning of Boston Medical Center as well through their project assert program has been quite active on this issue. So it's been really exciting to see all of that momentum grow.

Jill: Looking at the grand scheme of things is Congress responsive to dealing with these issues? Like do they view it as a priority in the U.S.? How have you kind of seen that grow over the past decade?

Dr. Stoklosa:Yeah, so we're going to be celebrating 20 years of us response to trafficking in 2020, which is really exciting.

Jill: And that was the first initial law in 2000[36] that made it illegal, right?

Dr. Stoklosa:Yeah, exactly. The TVPA. Yeah. So yeah, I mean, Congress has always been supportive of this issue. It's always been bipartisan. The caveats that I would say that are pretty major caveats are a lot of the focus does go to sort of the identification stage and really not towards the longterm healing of survivors, which then as we've talked about, if you're not an addressing those underlying vulnerabilities really increases somebody's risk of becoming trafficked, re trafficked. Again, there really needs to be that increased emphasis and allocation of resources more, more downstream as well as to think about prevention. Not just in terms of awareness raising, but really fundamental at prevention. Again, thinking about what are these fundamental vulnerabilities in the structure of U.S. society that can not only help prevent trafficking, but also other forms of exploitation for individuals to live happy and healthy and thriving lives. And those really all should fall under trafficking response. And then the other piece that I would say is that disproportionately there has been baked in to the ways that our laws are structured, an emphasis on sex trafficking and therefore, labor trafficking is sort of behind in terms of awareness and resource allocation. And so that's something that really is a gap that needs to be addressed.

Jill: And as we're talking Human Trafficking Awareness Day[37] is tomorrow just for anyone who's listening, do you have any kind of tips for people that want to be more aware or signs to look out for resources to know just for the average person?

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35 https://www.massgeneral.org/emergency-medicine/divisions-centers-and-programs/mass-general-freedom-clinic

36 https://www.govinfo.gov/content/pkg/PLAW-106publ386/pdf/PLAW-106publ386.pdf

37 https://www.acf.hhs.gov/otip/news/blueday19

Dr. Stoklosa:Yeah, no, I think that's a great question. So if you're, if you're a health professional, first of all, I would encourage you to check out heal trafficking.org[38] H E A L T R A F F I C K I N G. dot org. We have a compendium of resources and an entire community that you can join, but we have resources on education and training, protocol development, media and technology advocacy, direct services, mental health, even like medical education simulation curriculum on our, on our website. So I encourage you to check that out. If you're not a health professional, I really encourage you to seek out critical thinking and resources that present trafficking as a nuanced issue that has, that's evidence based and trauma-informed as well as survivor informed. I think the office of trafficking and persons out of the department of health and human services, the resources that are on their website really are my go to to share with people because they really kind of strike the balance of all of those different things and they're mindful of making sure that they encompass all forms of trafficking and not just, you know, sex trafficking as we've talked about, I would encourage you to check out the Office of Trafficking Persons website[39] and Department of Health and Human Services[40].

Jill: And then just my last question is turning to you and the people in your field, do you experience burnout working with such a vulnerable population and how do you kind of self care around that and help yourself so you can be the best when you are working?

Dr. Stoklosa:Yeah, no, it's a really important question. Yeah. I think it's really easy to get burnt out working in any kind of caring field. In particular in emergency medicine where we're known for having sort of the highest rates of burnout at baseline[41] and then I'm working on this topic can be kind of a traumatizing, I would say, first of all, it's about building community and support. So I don't do anything that I do alone, whether that be on the HEAL Trafficking national, international level or here at the Brigham in our efforts to combat trafficking. I have colleagues and friends that where we really are really lean on each other for emotional as well as intellectual support around cases. And that's just so, so important. And then being mindful of signs of burnout and integrating systematically self care. So I like the outdoors. I like photography, I like kickboxing. So those are outlets for me to be able to make sure that I'm keeping myself well because if I didn't, then I would be useless to my patients and useless to trafficking victims. So I would just like to say that trafficking is a public health issue. We are never going to arrest or prosecute our way out of

[38] https://healtrafficking.org/
[39] https://www.acf.hhs.gov/otip
[40] https://www.hhs.gov/
[41] https://www.annemergmed.com/article/S0196-0644(13)00002-4/fulltext

trafficking. And it really takes the upstream public health approach and everyone can be part of that public health approach.

Emily: I'm Emily Kumler and that was empowered health. Thanks for joining us. Don't forget to check out our website@empoweredhealthshow.com for all the show notes, links to everything that was mentioned in the episode as well as a chance to sign up for our newsletter and get some extra fun tidbits. See you next week.