



August 29, 2018

Katherine Chon
Office on Trafficking in Persons
National Advisory Committee
Designated Federal Officer
330 C Street SW, Washington, DC 20201

**RE: National Advisory Committee on the Sex Trafficking of Children and Youth in the United States
Comment Letter**

Dear Katherine Chon,

The Alameda Health Consortium (AHC) is committed to improving the health and well-being of all individuals and communities by addressing pertinent public health issues such as human trafficking. AHC is the regional association of eight community health centers that work together and support the involvement of our communities in achieving comprehensive, accessible health care and improved outcomes for everyone in Alameda County, California. Together, our eight member health centers provide primary medical, behavioral health, dental care and supportive services to more than 250,000 patients in Alameda County and adjacent areas. Additionally, our member health centers provide over 1 million patient visits annually. We understand the detrimental consequences human trafficking has on the health and well-being of our communities, thus, we are graciously submitting comments to the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States.

AHC recognizes human trafficking as a public health issue and understands that the role of the healthcare system is critical for identifying and reaching out to trafficked victims. It is important that we view human trafficking through a public health lens and utilize systems and processes that are community based and focus on the social determinants of health. In efforts to address human trafficking, community health centers work to address these social determinants and prevent harm through community outreach and multidisciplinary collaboration for all populations, including those most at risk of being trafficked and those that have already been victimized. Our community health centers provide effective care throughout the entire lifespan, enabling them to provide opportunities for interaction and engagement with patients, in efforts to end exploitation and begin the healing process for victims of trafficking.

Human trafficking affects our most underserved and marginalized communities including the underprivileged, immigrants and refugees, and those with unstable living situations, largely due to social factors beyond their control that create the perfect environment for exploitation to occur. Community health centers are located at the heart of our most vulnerable, at-risk communities and are positioned to identify and treat exploited and abused victims through short and long-term care. Our health centers are well-positioned to provide resources and programs to care for trafficked victims more effectively than, in some cases, other health care settings. Many of our sites have multilingual staff and on-site interpreters; they have social services that can connect patients to non-health care resources such as medical-legal partnerships, which integrate the unique expertise of lawyers into our health care settings to help clinicians, case managers, and social workers address the problems at the root of many health

inequities. Additionally, our community health centers provide integrated behavioral and medical care for our patients and our staff is well-versed in navigating complex health care systems with regards to case management and care coordination.

Community health centers have long been recognized for providing services that enable patient access to health care. Often, victims of human trafficking can face numerous obstacles, including language proficiency, health literacy, and lack of transportation along with a myriad of complex physical, mental, and social health needs. Community health centers work to alleviate these obstacles by providing non-clinical services that facilitate access to care, such as translational services, transportation, referrals, health education and other services. Furthermore, community health centers are key points of contact for these individuals because they excel at cultural competency and can provide continuity of care.

Community health centers have the capacity and necessary information to create programs that are specifically targeted to the type of human trafficking affecting their patients. There are a wide variety of programs that are implemented to address human trafficking, many of these programs focus on specific populations such as labor trafficking, domestic minor sex trafficking (DMST), commercially sexually exploited children (CSEC) and the interventions vary from prevention, to identification and after-care. For example, in 2004, Asian Health Services, one of AHCs member community health centers created a CSEC/DMST specific program, Banteay Srei. The program was created in response to a rising trend in sex trafficking and exploitation among Southeast Asian women in Oakland, Ca. This program provides sex positive education, community building and leadership development that fosters cultural pride and self-determination. Banteay Srei is a program that demonstrates the critical role community health centers play in addressing human trafficking.

It is critical that we continue to research, create and facilitate programs in community health centers that are geared toward preventing, identifying and treating victims of human trafficking in our most vulnerable and marginalized communities. In efforts to do so, **we are providing the following recommendations:**

1. Provide the necessary resources and funding to create comprehensive, wrap-around care teams in community health centers across the nation. Care teams would incorporate outreach workers, therapists, case managers, social workers, peer educators, interpreters, and clinical staff. Care teams are critical components of community health centers and are beneficial in providing care for victims of human trafficking.
2. Prioritize and provide the necessary funds for research that would assist in the development of specific programs that address the physical, mental health, and social harms that result from being trafficked.
3. Create and incorporate trauma informed care throughout community health centers and other health sectors. A trauma-informed approach equips providers with methods, tools and resources enabling them to effectively partner with patients and staff to achieve individual and community health and wellness.
4. Increase prioritization of victims of human trafficking by creating health care specific funding streams for comprehensive human trafficking programs in community health centers.

Due to their origins as a community-oriented primary care model, community health centers effectively utilize a public health framework and provide services that human trafficking victims can benefit from throughout the stages of exploitation and trafficking. While, in many cases the criminal justice framework focuses on prosecution and punishment of traffickers, the public health framework focuses on the health and well-being of patients who have been trafficked, and on prevention and early intervention. Community health centers are a primary system of care across the county and are positioned to be the first point of contact with the health care system for many victims of trafficking. Community health centers provide a steady and often long-term care for survivors of human trafficking, making them an invaluable source to our most vulnerable populations.

For these reasons, the Alameda Health Consortium respectfully requests that the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States consider the aforementioned remarks and recommendations in the public meeting discussion.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gregory C. Garrett", is positioned above the typed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Gregory C. Garrett, MPH
Chief of Policy and External Affairs
