IFMSA Policy Document
Human Trafficking & Health

Proposed by Team of Officials
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Policy Statement

Introduction:
In an increasingly globalized world with unprecedented communication, interconnectedness and migration, great challenges threatening human rights and peace continue to emerge. Issues stemming from widening inequalities, disenfranchisement and marginalisation have given rise to violations of basic human rights, one particular topic being human trafficking. Human trafficking encompasses illegal transportation of people against their will across different locations with the aim of exploiting them. Adults and children have been, and continue to be, victims of human trafficking. Despite unabated efforts by the global community, human trafficking remains a harrowing epidemic. The enormous effect on health has resulted in human trafficking being announced as a global health concern.

IFMSA position:
The International Federation of Medical Students’ Associations strongly condemns all acts leading to the direct or indirect manifestations of human trafficking. IFMSA advocates for adequate prevention from all forms of human trafficking, promotes the protection & assistance of human trafficking victims and demands prosecution of the relevant perpetrators through social accountability. IFMSA reaffirms its stance of actively promoting and advocating for a safe space to access healthcare for survivors of human trafficking, encompassing physical, mental and social care in aims of supporting their successful reintegration in society.

Call to Action:

IFMSA calls Governments to:

- Uphold international human rights law by ensuring that the rights of human trafficking survivors are respected and are treated with dignity and without discrimination;
- Ensure that perpetrators are held accountable for any contribution to human trafficking operations such as financing or participating through appropriate judicial procedures;
- Ensure that national legislation procedures prevent and do not endorse human trafficking, protect human trafficking victims from exploitation and aims to prosecute perpetrators;
- Establish, reinforce and monitor comprehensive national policies that ensure that human rights are multi-sectoral, participatory and inclusive for human trafficking survivors and civil society altogether;
- Ensure that survivors of human trafficking have access to fundamental medical services without discrimination and where the patient's' confidentiality, privacy and ability to provide informed consent is fully upheld;
- Increase access to better living conditions and support in the achievement of social inclusion for high-risk populations to prevent human trafficking;
- Invest in research about the health risks and consequences of human trafficking, including but not limited to effects on mental health.
IFMSA calls NMOs to:

- Lead novel national and local campaigns to raise awareness on the epidemic of human trafficking, its causes, symptoms and solutions;
- Collaborate with external partners to raise awareness on human trafficking epidemiology and build advocacy skills needed to exert the needed change in society;
- Pioneer projects that focus on detection training for early signs of human trafficking and the process that follows diagnosis (reporting procedure and follow up);
- Advocate with legislative bodies to improve prevention programs in addition to demanding accountability and a fair trial as per the rule of law for perpetrators.

IFMSA calls Medical Schools & Medical Students to:

- Advocate for better treatment conditions and recognition of the impact of human trafficking on patients’ health;
- Seek proper instruction on how to identify and provide adequate healthcare and mental health assistance to victims of human trafficking;
- Advocate for medical curricula reform to encompass provision and access to healthcare for vulnerable populations, including but not limited to potential victims and survivors of human trafficking;
- Participate in research that aims to explore the health risks and consequences of human trafficking, including but not limited to effects on mental health.

IFMSA calls Members of Civil Society to:

- Promote the empowerment of survivors of human trafficking enabling them to affirm their rights and speak out on issues relating to their health and rights;
- Provide legal support and ensure adequate access to healthcare, psychological and social support for survivors of human trafficking;
- Advocate for access to healthcare for all survivors, conduct research and collect disaggregated data on the topic;
- Use good epidemiological data to see the location and source of the Human trafficking related issues and rights violations, and to be able to track, monitor and evaluate its response to efforts;
- Provide free or low cost medical services for survivors, which may be funded through NGOs or provided in collaboration with existing health services; particular importance is shed on prevention and detection of human trafficking through adequate training;
- Organize and/or participate in campaigns to raise awareness about human trafficking, gather public support for advocacy actions, & develop community-led awareness;
- Address underlying factors which perpetuate human trafficking and cause health issues, including but not limited to poverty and limited access to education.
Position Paper

Background information:

According to the Administration for Children and Families of the U.S. Department of Health and Human Services, human trafficking is a global public health concern that affects individuals, families and entire communities across generations [1]. It traps people in horrendous situations worldwide and renders billion of dollars to human traffickers [2].

Health systems are found to have an important role to play in identifying and treating victims of human trafficking [27]. From the immediate physical and emotional health care concerns, to the long-term mental health and substance use consequences, trafficking survivors often need a complex array of healthcare services. Health problems can include sexually transmitted infections, physical injuries, burns, anxiety, post-traumatic stress disorder, suicidal ideation, substance use, HIV/AIDS, depression, sexual violence, malnutrition, dermatological disorders, gastrointestinal disorders, dental injuries & diseases and tuberculosis [3]. Among these, mental health services are particularly important, since virtually all survivors have experienced some form of trauma [27]. Health care providers are also in a unique position to identify victims and provide them with physical and psychological care while in captivity and even after release, thus policymakers should look into how the healthcare systems can not only serve victims, but also help in solving the trafficking problem as a whole [27].

Discussion:

Human Trafficking & the Right to Health

The United Nations Office on Drugs & Crime (UNODC) explains Trafficking in Persons (TIP) as “the recruitment, transportation, transfer, harbouring or receipt of persons by means of threat, use of force or other forms of coercion, abduction, fraud and deception, abuse of power or a position of vulnerability, giving or receiving of payments/benefits to achieve consent of a person to have control over another person for the purpose of exploitation” [4].

The Right to Health is one of the most vital and fundamental components of human rights and of a dignified life; it is listed both under the 1948 Universal Declaration of Human Rights (art. 25) and in the 1966 International Covenant on Economic, Social and Cultural Rights. The enjoyment of the highest attainable standard of physical and mental health, as a right, was first articulated in 1946 in the Constitution of the World Health Organization (WHO), which defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [5].

Health has been the most primary of all needs and so it is imperative for human trafficking victims to seek and access timely medical care. Estimates show that in approximately 80 percent of human trafficking victims, health care providers were the first professionals they had contact with [6]. In another study, close to 50 percent of trafficked individuals saw a health care professional during their exploitation period [3]. Therefore, healthcare settings can serve as important sites of trafficking victim identification - and later on reporting and rescuing along with perpetrator prosecution. Trafficked individuals may report with a variety of presenting complaints, though certain behaviours and accompanying trafficker conduct may alert healthcare professionals to a potential human trafficking case.

However, barriers such as coercion and control by traffickers, language barriers, social and cultural alienation and pervasive fear and shame, can all impede victim identification in clinical settings [7]. Recognition and mitigation of these barriers, coupled with greater awareness of human trafficking among physicians and other health care professionals, should enable providers to more effectively assess risk among vulnerable patients and improve victim identification [7].
Epidemiology

Human trafficking and other forms of extreme exploitation such as forced prostitution, forced labor, forced begging, forced criminality, domestic servitude, forced marriage, forced organ removal, among others, are reported to affect an estimated 40.3 million people globally. This figure recounts a worrying story of human trafficking occurring in multiple locations [8]. Though traffickers may target anyone who can be exploited in their own countries or even abroad, a tragic 79% per cent of all detected trafficking victims are found to be women and children, making it a “gendered” crime. Also, from the UNODC global report on trafficking, migrants from countries with a high level of organized crimes traffickers, are often more vulnerable than others.

Human trafficking flows broadly along migratory patterns. From 2012-2014, more than 500 different trafficking rackets — sexual exploitation and forced labor being the most prevalent — were detected involving victims of 137 different nationalities in Western and Southern European countries. In response, many countries criminalized most forms of trafficking as set out in the UN Trafficking in Persons (TIP) Protocol. The number of countries following this has increased from 33 in 2003 to 158 in 2016. This exponential increase reflects increased awareness and has helped in assisting victims to prosecute their traffickers, with criminal justice practitioners now being more aware of the diversity among offenders, victims, forms of exploitation and flows of trafficking in persons [9].

Stages of trafficking

Modern Human Trafficking comprises of 3 main stages occurring directly after forcing the victim into the trafficking chain. They are:
(I) Recruitment
Recruitment takes place through abuse of trust, intent, misuse of information, family ties, etc. Common forms of recruitment include job offers found in newspapers, or through online social networks. Recruitment may also occur through a simulated love affair, where a “partner” may deceive their “other half” [10].
(II) Transition
This is the phase of transportation of victims to the place of exploitation. It could occur within, or outside the country of origin of the victim. During this phase, fake documents are arranged for the victim, but in some cases, real documents can be used as well [10].
(III) Initiation & Exploitation (Enslavement)
Initiation is when a person’s needs and insecurities are capitalized on. Major consequences of initiation include demoralization, intimidating victims, forcing them into drug addiction, blackmailing and threatening them emotionally, physically harming, raping, torturing and terrorizing them to an extent that they cease to capitulate. Traffickers attempt to achieve control over the victims by confiscating their personal documents or by using force and threats towards their family. Initiation leads to endless exploitation in multiple forms [10].

Sex Trafficking

Sex trafficking is a form of slavery, a crime revolving around forcing individuals, including minors, to involve in commercial sex acts by means of force, fraud, or coercion. Sex trafficking takes place across diverse sets of venues and fraudulent businesses associated with fake massages, escort services, residential brothels, strip clubs, hostess clubs, hotels and motels. Sex traffickers frequently target the victims, then use violence, threats, lies, false promises, debt bondage, or other forms of control and manipulation to keep victims involved in the sex industry for their own profit [11].

Labor Trafficking
According to the International Labor Organisation Forced Labor Convention, forced or compulsory labor is all work or service which is extracted from any person under the threat of a penalty and for which the person has not offered him/herself voluntarily [12]. It is the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery [13]. Labor trafficking also includes involuntary child labor by forcing victims to work in homes as domestic servants, coercing victims to work against their will in industries, holding factory workers hostage in inhumane conditions; tricking individuals into working to pay off a debt with little to no pay in return, with most or all of their wage used to pay off their loan despite the effort invariably exceeding the original sum of money borrowed.

Child Trafficking

Child trafficking is a form of human trafficking, characterised by the removal of children from their protective environment, and the further exploitation of their vulnerability. The International Labor Organisation (ILO), estimates that more than 1.2 million children are affected at any given time by either domestic, across country borders or across continents trafficking [14]. Not only does child trafficking violate the rights of children, but it can also have considerable negative effects on their health, development, wellbeing and their growth. There are many forms of child trafficking, the major types explored below include child labor, commercial child sex exploitation and child soldiers [15].

Child Sex Tourism

Child sex tourism (CST) is the sexual exploitation of children by a person or persons who travel from their home district, home geographical region, or home country in order to have sexual contact with children. Child sex tourists can be domestic travellers or international tourists; who often exchange cash, clothes or food in return for sexual contact, or alternatively, instigate a prolonged grooming process in order to befriend the child prior to exploitation. Prevention efforts have been led by government authorities, the tourism industry and child rights organisations, however, it is difficult to gauge their demand. This is primarily because of the difficulty in obtaining accurate data for CST; especially assessing numbers of child victims of sex tourists [16].

Child Labor

Child labor refers to when children work in conditions that violate national & international laws, resulting in detriment and endangerment of the child [17]. Further consequences of child labor include deprivation of the child’s fundamental human right to education, health care and recreation; in addition to irreversible physical, psychological and health impacts on the child. However, not all child labor is considered detrimental; basic household chores done under supervision, summer jobs or traditionally & culturally accepted activities are labeled as child work [18]. The ILO has developed the Convention on the Worst Forms of Child Labor which highlights which forms of child labor should be categorically abolished. Hazardous work falls under this convention, due to its risks on health, safety and the morals of children [19].

Child Soldiers

Child soldiers are children who have been recruited unlawfully as combatants to take part directly in hostilities, or alternatively, be exploited through supportive roles for the armed forces; such as for cooks, porters or spies [20]. Not only is the use of child soldiers a violation of human rights, but also a war crime under the Rome Statute of the International Criminal Court - which makes it a prosecutable crime to enlist children under the age of 15 or use them to participate actively in hostilities. Perpetrators of such crimes include government forces, paramilitary organisations and rebel groups [21]. The UN has made efforts to put an end to child recruitment through negotiating action plant with armed parties and other perpetrators. Additionally, ILO-IPEC developed a strategic framework for children formerly
associated with armed groups, in order to help them reintegrate into society, enter into meaningful roles and facilitate acceptance by families and communities [22].

**Impact on Health**

Indeed, there is a greater awareness now about the causes and types of human trafficking, however the effect that it has on health is not yet understood by all. In part, this is due to the barriers in attaining robust and reliable data due to the aforementioned reasons; regarding the illegal root cause, as well as the variations in definitions [23].

A systematic review published in 2012 which focused on 16 cases of violence and health problems in victims of human trafficking, particularly in women and children, brought to attention that the victims had very limited and non-inclusive access to health care providers. Investigations previously carried out have been focused exclusively on HIV/AIDS and in a minor degree on mental health. We remain with a massive lack of knowledge about the health risks and consequences of trafficked persons for purposes other than sex work [27].

Often, the consequences of human trafficking are cumulative. Recruitment is closely correlated with a background of maltreatment and deprivation; in addition, there is a high risk of violence during transit & transport, detention & exploitation. At each stage there exists further possibilities for psychological, physical and sexual abuse; forced use of alcohol and drugs, social restrictions & emotional manipulation, economical exploitation due to unavoidable debts and legal uncertainty [25, 27]. Finally, there are many difficulties related to reintegration into society and overcoming stigmatisation.

Moreover, signs of poor mental health are predominant and remain persistent in survivors of human trafficking. Specifically, this includes depression, post-traumatic stress disorder, anxiety disorders, suicidal thoughts and somatic disorders (e.g. disabling pain or physical dysfunction) [27].

Ultimately, these health issues are all perpetuated by the lack of access to services in foreign countries, language barriers, isolation, stigmatisation and the exploitative nature of the situation.

**The Way Forward**

Going forward, it is important to address the root causes to human trafficking, including ‘push’ factors and ‘pull’ factors. Push factors include poverty, lack of social security, gender inequity, conflict and unemployment, whilst pull factors include promises of a better standard of living and equal & accessible chances for employment.

It is important to note that exploitation often results from an amalgamation of the these factors; and the causes are far more complex than this simplified categorisation. The declaration of the 2030 Sustainable Development Goals has unified the international community in confronting these issues through efforts to reduce the aforementioned inequities. Moreover, the UN Convention against Transnational Organised Crime (2000) takes both a law enforcement and a human rights approach towards trafficking demanding that states provide protection and services to victims [23][24].

Nevertheless, presently, there has been minimal engagement by the global health community in regards to opening a dialogue or creating a formal response to trafficking. Similarly, those working to address “modern slavery” have given little attention to the health impact of trafficking. It is vital for national and international policies to address human trafficking as a global health determinant, pioneer initiatives to tackle human trafficking & establish links between human trafficking and health by working more collaboratively with the health sector [23, 25].
It is crucial to have a greater understanding of the health burden posed by exploitative, low-wage and hazardous labor. However, in addition to this, there needs to be a comprehensive analysis into the available services and disparities in accessibility to victims of human trafficking. Also, locally, more can be done to improve recognising victims of human trafficking [26, 27].

In an era in which the value of humans appears to be systematically degraded and political rhetoric further marginalizes already disregarded victims and disadvantaged people, now is a propitious moment to launch, in earnest, global health actions to tackle endemic exploitation.

References: