HUMAN TRAFFICKING
Why Catholic Health Care Commits to the Fight

By MC SULLIVAN, RN, MTS, JD, and SR. CATHERINE O’CONNOR, CSB, PhD

Those of us who conduct educational seminars and speak at national programs about human trafficking frequently are asked, “Why should we care?” “Why would Catholic health care become involved?” and, in the context of immigration, “What is the relationship between immigration and trafficking?”

These are the right questions, and now is the right time to lay out the answers, in the hope that others in the health care ministry will recognize the need and opt to develop their own strategies to combat human trafficking.

ENORMITY OF THE PROBLEM
In his letter welcoming readers to the U.S. State Department’s Trafficking in Persons Report 2013, Luis CdeBaca, ambassador-at-large to monitor and combat trafficking in persons, writes, “Because reporting is uneven, we can’t say for certain how many victims of trafficking are identified each year. This Report estimates that, based on the information governments have provided, only around 40,000 victims have been identified in the last year. In contrast, social scientists estimate that as many as 27 million men, women, and children are trafficking victims at any given time.”

Those numbers alone should be persuasive enough for us to realize that we must care. There are other numbers that underscore the enormity of the problem, such as these from the United Nations Office on Drugs and Crime’s Global Report on Trafficking in Persons 2012:

- Revenues generated annually by human trafficking are in excess of $32 billion, on the verge of surpassing the drug trade as the most lucrative organized crime in the world
- At least 136 nationalities were trafficked, with victims found in at least 118 countries
- 75 percent of trafficking victims are female of all ages
- 27 percent of trafficking victims are children
- Trafficking for sexual exploitation represents 58 percent of victims
- Trafficking for forced labor exploitation represents 26 percent of victims

ROLE OF RELIGIOUS CONGREGATIONS
Certainly, the history of so many of the founding congregations of Catholic health ministry in the U.S. has set a precedent for the work against trafficking. It is not a coincidence that so much of the exemplary work done to date around the globe has been done by congregations of religious women.

In the U.S., Catholic health care has a wonderful and courageous legacy, beginning with the 1727 journey of the Ursuline sisters from France to New Orleans to care for those afflicted by chol-
era. A hallmark of the religious congregations has been one of courage, a “rage of the heart,” a willingness to traverse new horizons, to respond to and serve human need and to uphold the value and dignity of each human person.

The Second Vatican Council invited Catholics to “read the signs of the times.” Women religious have continued to read the signs of the times, one of which is the tragedy of human trafficking. Many religious congregations around the world have undertaken initiatives to become informed, to educate and to respond to the tragedy of human trafficking.

The Leadership Conference of Women Religious (LCWR) is the association of the leaders of congregations of Catholic women religious in the United States. The conference has more than 1,500 members, who represent more than 80 percent of the 57,000 women religious in this country. At their Assembly in 2012, the LCWR passed a resolution to collaborate to abolish human trafficking, a form of modern-day slavery.

Another organization leading the fight to eradicate trafficking is UNANIMA International, a non-governmental organization advocating on behalf of women and children, immigrants and refugees and the environment. Its headquarters is at the United Nations in New York. Membership consists of 18 congregations of Catholic sisters whose 17,500 members work in 79 countries, including the United States. Members bring their experiences as educators, health care providers and development workers to the enterprise of combating human trafficking.

CALL IT WHAT IT IS: SLAVERY

By RON SOODALTER

Most Americans do not know that victims of trafficking are right here, suffering in the dark. Trafficking is practiced in many forms and in places you’d least expect. The simple truth is, humans keep slaves; we always have.

This is capitalism at its worst. Before the Civil War, slaves cost a lot. In the 1850s, a slave sold for around $1,200. In today’s currency, that comes to somewhere between $40,000 and $50,000. This level of investment predisposed the owners to take care of their human property, at least to the extent that their longevity and their productivity were ensured.

Today’s slave can be bought for as little as $100. This price tag makes the modern slave not only affordable, but also disposable. Further, trafficking comes with a “bundle” of other crimes, including kidnapping, document fraud, assault, torture, rape and sometimes homicide.

According to a U.S. State Department study, some 17,000 foreign nationals are trafficked into the United States from at least 35 countries and enslaved each year. Some victims are smuggled into the U.S. across the Mexican or Canadian borders; others arrive at our major airports daily, carrying either real or forged papers. Victims from Africa, Asia, India, Latin America and the former Soviet Union come on the promise of a better life, with an opportunity to work and prosper in America. Many arrive in the hope of earning enough money to support or send for their families. In order to pay for the journey, they use their life savings, or go into massive debt to people who will take advantage of them. Instead of opportunity, they find bondage.

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People are not poorly paid employees, working at jobs they might not like. They are workers who are unable to leave and forced to live under the constant threat of violence.

Although today’s term may be human trafficking, by both historical and legal definition, these people are slaves. What is particularly infuriating is the fact that the crime of trafficking almost always goes unpunished. When the U.S. government and the media address the subject of human trafficking, they tend to focus on sexual exploitation, whose victims are subjected to serial rape, physical injury, psychological damage, and constant exposure to sexually transmitted diseases.

Most of the less sensational forms of slave labor are right under our noses. Domestics and nannies account for a significant number of America’s slaves. Agriculture is another major area of human trafficking. There are unknown numbers of victims of forced labor growing and picking our fruit and vegetables. They come here looking for steady work and a decent wage. Instead, they are enslaved by crime syndicates, families or individuals in such states as Colorado, New York, North and South

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In continuity with the legacy of the founding members and religious congregations, the Catholic Health Association (CHA) continues to be inspired by the Gospel stories of healing. CHA’s “Vision 2020” statement commits to meet the current and emerging needs of vulnerable persons and to improve the health of individuals and communities. Surely there is no one more vulnerable than a person who has been trafficked, and the healing of communities calls for education, advocacy and legislation about this blight against society, this crime against humanity, that exists in our communities, towns and cities.

Systems in the Catholic health ministry are uniquely suited to take on this work. The fight against human trafficking exemplifies many of the characteristics of Catholic health ministry, including promoting and defending human dignity; care for the poor, the vulnerable and the marginalized; and acting on behalf of justice.

The health care environment is uniquely suited to confront the issue because trafficking victims may be seen and identified in the health care setting. As they seek help for injuries and infections that often result from being trafficked, diagnostic and therapeutic encounters with health care professionals provide what may be the only times when trafficking victims are separated from their exploiters in the privacy of examining and treatment rooms. It is essential that these professionals be educated about what to look for and what to do when they see patients showing possible indications of slavery and trafficking. In non-treatment settings, those who are being exploited in prostitution is automatically classified as a victim of human trafficking. There are no exemptions to this law. However, unless he or she has received the proper training, a police officer can look at an underage prostitute and see just a prostitute. The possibility that she’s in a coercive situation never occurs to the officer. She is arrested, and out of fear, says nothing. And so she’s victimized three times: first by the trafficker; then by the johns who serially rape her; and finally by the system that should be structured to rescue and support her, but instead, merely ensures that the cycle continues.

There is major federal legislation in place; it’s called the Trafficking Victims Protection Act — the TVPA — and it was passed in 2000. Every two or three years, it has undergone a congressional reauthorization. Significant improvements have been made to the law, but much still remains to be done.

Meanwhile, all 50 states have passed their own anti-human trafficking laws, but most of them focus mainly, if not entirely, on the issue of prostitution and sex slavery. In addition, the state laws usually concentrate on catching and punishing the traffickers, and ignore the vital issues of long-term support and counseling for the survivors.

It’s essential that Americans are made aware that this blight is flourishing in our country today. Without an educated public, there is no hope of eliminating slavery due to trafficking.

Only through our awareness, our concern and our commitment can trafficking be stopped. This problem is not buried in the dust of the past and is clearly within our power to address and to resolve. I find it both challenging and exhilarating to think that we can be the generation to finally end this affliction.

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or have recently escaped from capture regularly seek the entry-level manual labor positions that abound in the dietary, housekeeping and environmental services departments of our health care organizations.

**HUMAN TRAFFICKING AND IMMIGRATION**

The State Department report specifically addresses the role immigration issues play in the problem:

“[Traffickers] prey on excluded populations — many trafficking victims come from backgrounds that make them reluctant to seek help from authorities or are otherwise particularly vulnerable — marginalized ethnic minorities, undocumented immigrants, the indigenous, the poor, persons with disabilities — whose experiences often make them reluctant to seek help from authorities.”

The Polaris Project, one of the non-governmental organizations best known and most effective in raising public awareness about human trafficking, says very straightforwardly in the FAQs page on its website:

“Undocumented immigrants in the U.S. are highly vulnerable due to a combination of factors, including: lack of legal status and protections, language barriers, limited employment options, poverty and immigration-related debts, and social isolation. They are often victimized by traffickers from a similar ethnic or national background, on whom they may be dependent for employment or a means of support.”

From a talk given in May 2013, shortly after his elevation to the papacy, through a December 2013 address to newly appointed ambassadors to the Vatican, Pope Francis repeatedly has addressed this issue. Whether in interviews or speeches, during a Vatican-sponsored conference in November 2013 or on his visit to the Italian island of Lampedusa where many immigrants and trafficking victims have lost their lives in drowning incidents, the pope’s message remains the same. He observes that virtually every country in the world has been touched by this horrific crime, an especially heinous form of slavery, which often targets the most vulnerable members of society: women, children, the disabled, the poor and people from broken homes or other difficult situations.

On Dec. 12, 2013, he said, we “must not allow these women, men and children to be treated as objects, to be deceived, raped, often sold and resold for various purposes, and in the end either killed or left devastated in mind and body, only to be finally thrown away or abandoned. It is shameful.

“Human trafficking is a crime against humanity. We must unite our efforts to free the victims and stop this increasingly aggressive crime. ... What is called for, then, is a shared sense of responsibility and firmer political will to gain victory on this front. Responsibility is required towards those who have fallen victim to trafficking in order to protect their rights, to guarantee their safety and that of their families, and to prevent the corrupt and criminals from escaping justice and having the last word over the lives of others.”

Those of us in Catholic health care, knowing what we now know, and who have unique opportunities for encounter and engagement with trafficking victims, must ask the question: If not us, who?

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**NOTES**

4. State Department report.
We the people of Catholic health care can:

• Raise awareness about human trafficking
• Care for those who are victims
• Advocate public policies that bring solutions

Learn more about human trafficking and available resources for Catholic health care at www.chausa.org/humantrafficking