

# Human Trafficking and the Path to Whole Healing

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**H**uman trafficking strikes at the core of Catholic identity because of the ministry's deep commitment to promoting and defending human dignity, especially among those most vulnerable. When studies indicated that upwards of 80% of human trafficking victims have seen a health care provider while they were being trafficked, Catholic health care responded.<sup>1</sup> Our solutions include raising awareness of the issue in the communities we serve and in training health care providers and staff to understand the signs and identify potential victims of human trafficking.

St. Teresa of Calcutta, popularly known as Mother Teresa, understood the deeper and more difficult dimensions of poverty beyond the material and physical. She looked into the eyes of “a person who is shut out, who feels unwanted, unloved, terrified, the person who has been thrown out of society — that spiritual poverty is much harder to overcome.”<sup>2</sup>

That is why identifying and “rescuing” a victim is only the beginning of a long and arduous journey. Complex trauma, criminal records, alcohol and drug addiction can prevent rescued victims from finding stable housing and employment. Even physical and mental healing may not be enough for victims to fully reintegrate (or, for some, integrate for the first time) into society with long-term stability. The need is for a comprehensive and holistic restoration of human dignity.

Collaborating with a myriad of community partners, Bon Secours St. Francis Health System in Greenville, South Carolina, has developed a three-fold process of ministry and care for the victims of human trafficking: the process of rescue, the work of recovery and the ultimate goal of return to society and the world. (Our health system is part of Bon Secours Mercy Health.)

## RESCUE

The process of rescue begins with education and training. To increase awareness of this human

tragedy, St. Francis hosted the first human trafficking symposium in the northwestern region of South Carolina. The symposium was primarily geared toward school counselors, clergy and community leaders. Media coverage of the event spread to five states and led to a collaboration with our local NBC affiliate. This event has grown over five years into a major symposium covered live in both the United States and Europe.

The second component of rescue is training staff on the signs and symptoms displayed by trafficking victims. In collaboration with the South Carolina Hospital Association and a local production studio, we created a professional training video to be distributed to all acute care facilities in the state. The goal of this video was to empower staff to see through the combative or hostile nature of patients to recognize when they are victims of human trafficking.

The video was filmed in our emergency department with actors and a professionally written script that was edited by survivors of sex trafficking. “Having the survivors’ input in the script was critical and brought a powerfully authentic reality to the video,” said Jessica Weingartner, director of mission at St. Francis.

We trained our frontline staff in emergency departments and physician practices and placed posters in English and Spanish in all bathrooms, as often this was the only place a victim was alone.

Embedded in the poster was a QR code that, when scanned, would add the National Human Trafficking Hotline number to the phone's contacts under a false name so traffickers, who often search a victim's phone, would not get suspicious.

Lizzy (not her real name) is a survivor. She was only 30 years old when she was rescued from a life of being bought and sold and traded for drugs and cash. When she was deemed young and beautiful by society, drugs and trauma bonds had been the chains which held her to a man who said he loved her but sold her 20 times a night for sex.

The hardest part for Lizzy, and other survivors, is not the labels that people apply to them. Rather, it is the way that mainstream society chooses to degrade and devalue them by simply walking past them on the street.

Unfortunately, Lizzy only remained in the program for a few weeks before returning to life on the streets. Abstinence-based addiction recovery programs work for some, but for others like Lizzy, it is not enough. The opioid withdrawal and need to feed her addiction were too much for her to handle. Safety and shelter were a first step, but not enough. Rescue needs to be integrated with a full, comprehensive recovery program.

## RECOVERY

Best practice treatment dictates not only removing the victim from the exploitative situation but also providing comprehensive wraparound services for physical and psychological rehabilitation.

Jasmine Road, which opened its doors in May 2018, is the only residential program for female survivors of sex trafficking, prostitution and addiction in South Carolina. It was originally funded by St. Francis and two faith-based community ministries in Greenville. Its program evolved from the Thistle Farms housing-first model, developed more than 20 years ago in Nashville, Tennessee. St. Francis took the basic model, and responding to a need, introduced a comprehensive medical health care program. This evolved to host a behavioral program that is unique to Jasmine Road.

For the first time, sex trafficking survivors in the state are afforded safe housing, time and space

to heal, the promise of meaningful employment and a lifelong community of support. The leaders at Jasmine Road often say their goal is to "love women back to life." Women who enter the Jasmine Road program come from jails, our emergency department or directly from the street by law enforcement. They now see us as a valued partner.

W. Carson Felkel II, MD, the system medical director for behavioral health at St. Francis, is a

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child, adolescent and adult psychiatrist who has spoken at the symposium. He joined the opioid taskforce and began working with local agencies to develop programs to support the recovery initiative.

Felkel explains that traffickers keep their victims captive by making sure they depend on them for every basic need. A victim who wants to leave has nowhere to go, so often stays in a horrific situation. The trafficker is also the source of the drugs that the victim depends on to numb the pain and control the withdrawal. In this way, the addiction also becomes an essential physical need.

"If a victim grew up with abusive parents or experienced childhood sexual assault, she may attach in a chaotic way to her trafficker through trauma bonds. She essentially becomes addicted to bad relationships," Felkel says.

Human beings were created to be in relation with others. We are biologically predetermined to form emotional attachments that support us and help us cope. The residents' psychological needs are not only met with therapy and psychiatric medicine, but this recovery model provides a sense of love and belonging that the victims might never have experienced. However, it soon became evident that there was a component of providing complete care that we were overlooking.

Greater than the coercion, physical intimidation or abuse is the devastating terror of opioid withdrawal. Many experts in the field of human trafficking are discouraged by images of women behind bars, but “the actual bars are fentanyl, heroin and prescription opioids,” says Beth Messick, executive director of Jasmine Road. One survivor described the horrors of withdrawing by stating that she could feel pain in every single hair follicle in her body. In response to this need, the St. Francis mission department sought a program that could alleviate this obstacle.

Detox and recovery from opioid addiction are key components to stabilizing survivors enough so that women can stay in the program and not return to the streets. This medical intervention into the physical withdrawal trauma is essential to the healing process. Residents who left the safety of the home for treatment ran the risk of encountering predators. Such people lurked at outpatient treatment centers to entice our residents back to the streets by offering opioids. To combat this problem, we applied for and were awarded a \$75,000 grant from the Bon Secours Mercy Health Foundation. This funded the first-of-its-kind integration of a Medication for Opioid Use Disorder (MOUD) Suboxone program into the Jasmine Road restoration process. Now the residents benefited from a detox program in the safety of their home.

Suboxone binds to and stabilizes the opioid receptors that have been hijacked by trauma and drugs. This provides safety both biologically and psychologically. The process begins to work in about two weeks, but it could take up to a year for the internal dopamine system to get back to normal.

Having this program integrated within the residential program provides the safest option for treatment. Without MOUD, detoxing and withdrawing from opioids is just another traumatic experience. Meta-analysis has shown that patients were 1.82 times more likely to stay in treatment and reduced the number of positive drug tests by 14.2%. With MOUD combined with a safe and stable environment, victims have a greater

chance at recovery.<sup>3</sup>

When Lizzy was rescued from the street into the safety of the Jasmine Road residence, this program was not in place. Even with all the other holistic intervention and support services, the physical addiction was just too powerful.

## RETURN

The ultimate goal of any recovery program is to return people healed and whole, stronger and more secure, with both the inner and outer resources needed to feel a sense of belonging again — or perhaps for the first time — into society and the world.

This process of return includes three essential points of entry: a fuller sense of self in mind, body and spirit; a fuller sense of community through a return to children, friends and family, almost always lost in a life of being trafficked; and a fuller sense of worth and meaning with a skill and ability to function in society and the world.

Moving beyond rescue and recovery requires a new set of structures and processes to ensure a return to a healthy life that is both independent and interdependent. Reaching this goal required further community outreach and collaboration

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with our partners for fundraising and building these structures and processes.

We wanted not just to grow, but to offer more in a second Jasmine Road facility. The hospital owned property with an old mill house that was perfect for a second restoration home. We decided that this was an excellent opportunity to involve the many surrounding faith-based communities in our area.

Though other faith communities had shared

our passion and admired our work, they had not formally collaborated or combined resources with a Catholic health system. To do so, we utilized the expertise of our local foundation and devised a “matching grant” program. In 2019, we designated \$100,000 in foundation grant money in a two-for-one matching fund challenge, securing an additional \$200,000 from community partners. Thus, we had \$300,000 to restore the second home. Unfortunately, renovation was delayed for a year due to COVID. Scheduled for completion in December, the second home triples our capacity to aid trafficking victims.

The original home continues to welcome women who come from jails, our emergency department or directly from the street. Many if not all will have serious substance abuse issues. The newly renovated second property will welcome residents who have completed the first year of the program, who no longer require MOUD for opioid addiction recovery and are transitioning into a little more independence.

This second property contains two separate buildings. The main house can hold up to 12 women. The property’s second building hosts two independent, two-bedroom studio apartments. These apartments will be for graduates of the two-year program so they can remain connected to the supportive environment while living independently. This will create a space where women can be reunited with children and family they might have lost while being trafficked.

In a garage space located beneath the two studio apartments, residents can begin to acquire skills that will help them for success. They make candles, jewelry and tie-dye fabrics as part of their social enterprise, learning both hard and soft job skills. Once acquired, they have an opportunity for the next step.

Jasmine Road opened a new venture called Jasmine Kitchen in December of 2019. This is a fully functional kitchen led by community chefs who instruct the residents in the art of preparing and serving food in a professional restaurant in the community. Such mentorship provides the experience required so they can eventually reen-

ter the workplace, and several have. The shame of trafficking has been replaced by a sense of pride in recognizing their own personal strength and dignity.

Finally, to avoid regression, the process of return requires ongoing physical, behavioral health and services as well as the need to stay connected to the supportive community of women who share the horrors of human trafficking. They remind each other that although the journey is long and painful, the freedom on the other side is not only possible, but within reach.

Messick related the story of running into Lizzy as she was standing outside the gas station two blocks from St. Francis, hopelessly trying to apply mascara. She was reduced to a shivering 90 pounds and was trying to steady her hand in vain.

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“Once our eyes met, she immediately turned her face away, crying ‘Don’t look at me, don’t look at me. I want to come back home, please let me come home.’” Coming back to a home that is better equipped medically, psychologically and spiritually will give the Lizzys of this world that human dignity not found on the streets nor in temporary shelters that only stall the inevitable, as people are so often pulled back to the complex cycles. They need more than “rescue.”

#### **CONCLUSION**

As women and men leading the Catholic health care ministry, we need to recognize that the horror of human trafficking is present in the people walking outside our doors and showing up inside our facilities. This is perhaps one of the deepest

assaults on human dignity. This assault epitomizes a society which Pope Francis describes as promoting “an economy of exclusion and inequality,” that when taken to this extreme treats human beings as “consumer goods to be used and discarded.”<sup>4</sup>

Rescue, recovery and return can perhaps best be summarized through the rich biblical concept we know as redemption, which is situated in the realities of human limitation and human sin. Slavery, bondage and exile describe not only the Israelites but the women brought into human trafficking.

Redemption is setting people free from physical enslavements, psychological discrepancies and spiritual blindness.<sup>5</sup> It sets trafficked women free to live not just life but life in abundance.

In the Judeo-Christian tradition, redemption is God’s deliverance from slavery, God’s freedom from bondage and God’s restoration of the people, Israel, through the covenant on Sinai, and later with Christ, through the new covenant on Calvary.

Our participation in that redemption, then, is the rescue, recovery and return of these women to that original dignity conferred upon them by God before the onslaught of the powers of limitation and sin. Meeting this extraordinary challenge actualizes our belief that “every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.”<sup>6</sup>

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#### NOTES

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