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Sent: Thursday, February 14, 2019 4:46 PM
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Cc: Chin, Eliza L. (HHS) <elizachin_md@yahoo.com>; Julia Geynisman <juliageynisman@gmail.com>; Elizabeth Berdan <liz@berdan.us>
Subject: Trafficking Victim Assistance Program Data Collection, OMB No.: 0970-0467

14 February 2019

Administration for Children and Families
Office of Planning Research and Evaluation
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Washington DC 20201
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RE: Trafficking Victim Assistance Program Data Collection, OMB No.: 0970-0467

Dear ACF Reports Clearance Officer:

The American Medical Women's Association Physicians Against the Trafficking of Humans (AMWA-PATH) respectfully submits these comments to express our strong opposition to the solicitation of detailed medical information of patients who are victims and survivors of human trafficking who access services provided by Trafficking Victims Assistance Program (TVAP) grantees. AMWA/PATH commends the HHS Office on Trafficking in Persons (OTIP) for seeking to improve TVAP.

AMWA-PATH urges the U.S. Office of Trafficking in Persons (OTIP) to withdraw the proposed requirement of soliciting detailed medical information for victims of human trafficking who access TVAP-supported services. AMWA-PATH urges the Office of Management and Budget (OMB) to reject the proposed "Client Characteristics and Enrollment Form" and the "TVAP Spending Form" in their current iterations.

The physician-patient partnership provides a critical "safe space" for victims of human trafficking, both at the time of initial identification and in their ongoing care.

It is this promise of confidentiality that is often the deciding factor for patients to seek assistance to leave a life of exploitation, often at great risk to themselves and their families.¹ Likewise, the promise of confidentiality allows survivors to continue to seek medical care and gradually restore control and agency over their bodies. Further, the physical and psychological harms done to victims of human trafficking are legion and often of a sensitive nature.²

To require detailed accounting of a patient's medical needs, sexual orientation, relationship to the trafficker, and form(s) of exploitation for the purpose of supporting governmental data collection is in opposition to the purpose of the patient-physician relationship, which is characterized by trust, privacy, compassion, and professionalism. Moreover, in order to obtain this type of documentation, organizations that report to OTIP will need to request client medical release forms and obtain and store records from medical institutions. This intrusion into the medical details of their clients compromises the legitimacy of these organizations as trauma-informed and client-centered.

Compromising the patient-physician relationship will have the likely effect of deteriorating the critical "safe space" for victims to disclose their abuses and, therefore, runs counter to the publicized federal initiative to prevent and end human trafficking. The other likely effect of this requirement is that patients needing medical services will cease to request them: studies show that victims of human trafficking already present late to care for chronic conditions,³⁻⁵ thereby increasing the acuity of their medical needs and the cost of treatment when they finally do seek medical attention. In contrast, the known availability of confidential medical resources can serve as a motivating factor for sexually exploited youth to stay healthy.⁶

ABOUT AMWA-PATH

The American Medical Women's Association (AMWA) is a professional medical organization that functions at the local, national, and international level to advance women in medicine and improve women's health. In 2014, AMWA founded the Physicians Against the Trafficking of Humans (PATH) to help medical professionals better care for all victims of human trafficking through

- enhancing awareness of the scope of the problem
- identifying at-risk patients by utilizing victim-centered interviewing techniques
- providing and promoting trauma-informed care
- equipping health professionals to intervene safely on behalf of patients
- connecting patients, providers, clinics, and hospitals to resources.

The reasons why individuals become vulnerable to this kind of exploitation are complex and multifaceted. The process of recognizing and intervening on their behalf is only a first step toward reclaiming them from a pernicious and deadly system. But for these victims to have a chance, the process has to begin somewhere, and medical professionals are uniquely positioned to act. Increasing awareness, improving training, and connecting hospitals and clinics to resources are not the only things needed, but these actions can, and will, instigate positive change and begin the process of changing victims' lives.

AMWA-PATH URGES OTIP AND OMB TO WITHDRAW THE PROPOSED MEDICAL REPORTING REQUIREMENT

To reiterate, human trafficking victims rely on medical and social services to find the support they need to escape violent and abusive situations. When patients have confidence in (1) the sanctity of their relationships with their medical teams and (2) the privacy of shared information and needed services, these services may be used to *identify* victims of human trafficking and provide assistance to local law enforcement, the Federal Bureau of Investigation, and Homeland Security in identifying and punishing perpetrators of human trafficking, as well. Compromising this privacy will only serve to undermine the patient-physician relationship, as well as the efforts of the Trump Administration and federal government to put an end to human trafficking.

Respectfully,

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[American Medical Women's Association](#). [Physicians Against the Trafficking of Humans](#)
[TEDx How to Spot Human Trafficking](#)