

Preface

Ratified on December 6, 1865, the 13th Amendment to the United States Constitution made slavery and involuntary servitude illegal in the United States (US) and areas of its jurisdiction. While this amendment formally ended 246 years of legalized slavery in the United States, its practice has continued in nuanced and clandestine ways until today. Throughout the centuries, slavery has taken many forms and names in the United States, including “debt bondage,” “peonage,” “involuntary servitude,” and, most currently, “human trafficking.” The issue became a topic of global public concern in the 1990s, and in the early 2000s it became apparent that the United States was not only a destination country but also a country in which trafficking was occurring without the transnational movement of persons. In this book, chapter authors specifically discuss human trafficking in the United States and use the US federal definition of “severe forms” of trafficking:

- (A) Sex trafficking: the recruitment, harboring, transportation, provision, obtaining, soliciting or patronizing of a person for the purpose of a commercial sex act (any sex act on account of which anything of value is given to or received by any person) using force, fraud, or coercion, OR involving a child less than 18 years of age;
Or
- (B) Labor trafficking: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery [1, 2].

Given the US history of using exploited labor and forced sex to subjugate races and build and sustain the national economy, it is not difficult to understand why human trafficking is hard to eradicate here: It is woven into this great nation’s foundational fabric. Supply chain transparency is shrouded in complexity, and consumers are driven to acquire more product for less cost. Communities of color and LGBT or queer communities are particularly at risk for victimization; boys and men are likely to be under-recognized as being victimized. Undocumented immigrants, who know of little recourse, are vulnerable to traffickers and exploitative business

practices. Homeless youth who are US citizens and lawful permanent residents (LPR) are well documented as a large percentage of those trafficked in the United States. Human trafficking affects all communities in the United States, directly or indirectly, because the US economy touches us all, and we all participate in it. The US consumer, wittingly or not, perpetuates this egregious human rights violation via ignorance of worker conditions, commodification of sex, an insatiable desire for material acquisition, and the need for the basic, material necessities of life.

Human trafficking, in its variety of forms, negatively impacts the overall health of US inhabitants: Those trafficked suffer from myriad of short- and long-term physical and mental health outcomes. The poor health of the victimized impacts their ability to contribute to their families' well-being and participate in their communities. Communicable diseases are perpetuated in the unsanitary living and working conditions of those trafficked and by unsafe sex practices in the course of sex trafficking or the sexual assault of those trafficked. Furthermore, the inequities that trafficking exploits and magnifies tear at the fabric of our interconnected communities. Affecting multiple systems and the health of large groups, human trafficking is a public health issue. While the medical care system is primarily focused on the health of individuals, public health is concerned with the health and welfare of a people.

Until now, the anti-trafficking movement in the United States has largely been framed by law enforcement and the criminal justice system. Focused on retribution and punishment, there has not been a fully concerted effort to prevent human trafficking at its root causes or understand "victims" or "perpetrators" as whole persons. Given that human trafficking affects the health of large populations, directly and indirectly, and permeates US society and given that public health is especially concerned for the most vulnerable, it is only rational to conceive of human trafficking as a public health matter. Viewing other issues of public health from a purely criminal justice lens as such has not served us well. Examples abound and include the "war on drugs" and the D.A.R.E (Drug Abuse Resistance Education), and the "war on crime" and its "three-strikes" policy. Not conceptualizing these issues outside of criminal justice, anti-drug and anti-crime efforts were doomed, from the beginning, to inadequate successes.

In contrast, recognizing issues as being of public health concern facilitates a proactive, rather than reactive, attitude about rectifying a problem. Public health attacks a problem on multiple fronts, in an effort to prevent, intervene upon, and mitigate a problem's fallout. For example, public health methods were useful in drastically reducing malaria in the United States. Initially endemic to the United States, the infection was eradicated (as a naturally occurring infection) from the country by the 1950s. In addition to creating a surveillance program (secondary prevention) and treating infected patients (tertiary prevention), a Centers for Disease Control (now, Centers for Disease Control and Prevention) endeavor against malaria focused on primary prevention of the infection. Via large-scale and cooperative efforts between local, state, and federal agencies, homes and large areas of land were sprayed with insecticide, wetlands were drained, mosquito breeding sites were eliminated, and education campaigns were waged. An expensive undertaking, by

1951 the United States was declared malaria-free; now, nearly all cases of malaria identified in the United States are among international travelers. Public health efforts have similarly been made in the efforts against tuberculosis, HIV, and other infectious diseases. Like human trafficking, these infections disproportionately affect the nation's most vulnerable: those of color, the poor, the socially marginalized, the incarcerated, and the undereducated.

As a field, public health recognizes the value of all human life, not only the wealthy, the well-educated, or the well-connected. Public health understands health or access to contributors to a healthy life as a human right; to that end, the field frames its understanding of problems as complex and complicated. A public health problem finds systems interconnected and reliant upon each other: The public's health is not possible without high-quality education, access to safe drinking water and nutrient-rich food, a reliable sewage system, strong familial units, intersystem collaborations, and so on. People are not just patients. In fact, they are largely *not* patients. People rely on various systems and communities to be healthy, maintain health, and recover from illness or injury.

A socio-ecological model of understanding allows advocates to more fully comprehend a public health problem and the various modes of undertaking that can be useful in combating such a problem. The socio-ecological model respects the downstream effects of upstream determinants and the indirect but powerful connections of interpersonal relationships, community influences, and policies and societal regulations and norms; it requires a holistic approach of combining research, prevention, intervention, monitoring and evaluation, and rehabilitation to positively affect change. HEAL (Health, Education, Advocacy, and Linkage) Trafficking is a not-for-profit organization that unites and mobilizes interdisciplinary professionals in the effort to shift the anti-trafficking movement from one that is centered on the criminal justice system to a more inclusive paradigm, rooted in public health approaches. HEAL members penned the American Public Health Association's 2015 policy on domestic anti-trafficking efforts with this goal in mind. In early 2016, the federal government followed the APHA's lead, formally recognizing the need to take a broader view in its anti-trafficking efforts.

This book is another step toward properly approaching anti-trafficking with public health principles: It is a brief, but comprehensive, introduction to many of the United States' anti-trafficking movement's participants. This academic text broadens the conversation, as public health requires, to include trafficking survivors, communities of particular vulnerability, clinicians, and non-academician advocates. The authors of this book's chapters know trafficking well, but their voices have not always been heard and respected in academic or formal settings. Still, their experience and knowledge are crucial to the anti-trafficking movement. Without these voices, the "war on trafficking" will flounder. This book will be foundational for those new to the issue of human trafficking and informative to niche experts.

Here, we must pause as book editors to explain a few items about this book. Firstly, in an effort to respect the autonomy and strength of those who are trafficked, the term "victim" is only used when trafficking is discussed from a law enforcement or legal perspective. All "victims" are survivors, even while living through

exploitation and abuse. In a public health conversation, we must move away from specifically criminal justice language that mainly views the issue in terms of “perpetrator” and “victim.” Human trafficking is not binary; it is complex and nuanced, and the use of the term “victim” oversimplifies how trafficking is experienced, does not recognize the agency and capacity of those trafficked, and ignores the conditions that foster “perpetrators.”

Further, as the demographics of those trafficked and at risk of being trafficked are still poorly known, this text uses gender-inclusive language, forgoing traditional use of pronouns. That is to say, instead of using “he/she” or “him/her,” chapter authors use “they” and “their” instead. In this way, we wish to highlight that people with a transgender or gender nonconforming life experience are often left out of these conversations, despite the fact that many experts name this diverse group as particularly vulnerable to being trafficked.

Beyond language, discussions about human trafficking in the United States frequently center on sex trafficking (and that of women and girls, to be specific) and largely ignore labor and other forms of trafficking. As this book aims to broaden the anti-trafficking paradigm, any time “human trafficking” is mentioned, all forms of trafficking are meant to be inferred. Sex trafficking is one form of human trafficking; it is the most oft discussed and studied. But it is not the most common type of trafficking, and anti-trafficking conceptualizations and efforts must be broadened in this country. Moreover, one form of trafficking does not preclude another. People are labor and sex trafficked, in parallel and in series.

And lastly, of course, the views and opinions expressed by chapter authors are their own and do not necessarily reflect those of the editors, the book’s publisher, or the chapter authors’ organizations or employers. That being said, we, the book editors, are honored to have such a broad range of perspectives, experiences, and knowledge reflected in this text. We are grateful for the participation of all the authors, who took on this work because it is important to them and to this country; their varying opinions reflect their passion about anti-trafficking work. We wholeheartedly believe that, with a public health approach and long, hard, intelligent, collaborative, caring work, a world without trafficking is someday possible.

Let us have love and more love; a love that melts all opposition, a love that conquers all foes, a love that sweeps away all barriers, a love that aboundeth in charity, a large-heartedness, tolerance, forgiveness and noble striving, a love that triumphs over all obstacles.—Abdu’l Bahá

New York, NY, USA
Boston, MA, USA

Makini Chisolm-Straker
Hanni Stoklosa

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