

House Committee on Oversight and Government Reform

HHS and the Catholic Church: Examining the Politicization of Grants

December 14, 2011

Written Testimony of Florrie Burke, M.Ed., MA, LMFT

Comprehensive Services for Survivors of Human Trafficking

Distinguished Members of Congress and Staff:

Thank you for the invitation to provide testimony regarding the reproductive health needs of survivors of human trafficking. I have been working with these survivors since 1997 when as Executive Director of a Mental Health agency, I was asked to design and provide social services to a large group of men, women and children from Mexico who had been enslaved in a peddling scheme for up to 10 years. This case occurred prior to the passage of the TVPA in 2000, but it was one of the early cases that were reflected in the development of the language of the Trafficking victims Protection Act (TVPA) that seeks to prevent, protect and prosecute. I have worked since that time providing direct services, creating programs, supervising staff and now as an independent consultant to both governmental and non-governmental entities. I also serve as an expert witness and am asked to testify on the psychological impact of human trafficking and the climate of fear that surrounds the victims of this horrendous crime. Additionally, I provide training on victim-centered care both nationally and internationally. During the various aspects of my work, I have had the privilege of interviewing hundreds of survivors of human trafficking. It is this direct experience that informs the remarks I will make today and in my written testimony. My intent is to convey the accounts provided to me by survivors in their own words and not based on theory, supposition or ideology. I have not experienced trafficking myself, but these survivors have and their stories have made a lasting impression on me.

I think it is imperative that the distinguished members of this committee understand the import and urgency reflected in the physical and mental health needs of survivors. I am not a medical expert, but as a licensed mental health clinician with advanced degrees in clinical psychology, I am considered an expert in the mental health needs of victims and the efficacy of victim-centered care. Victim centered care has the core principle of keeping the victim at the center of a case by providing all information from each provider to the victim and ensuring the victim makes decisions based upon this

information. The victim's needs are always paramount. It is not the provider who determines what a victim needs, but the informed victim him/herself

Trauma is an over-arching theme among survivors, both male and female. Trauma results from the experience of trafficking, the unpredictability of punishment, assault, deceit and shame. Each person is affected uniquely, but commonalities are fear, anxiety, depression and multiple physical symptoms.

Those of us in this room cannot know the feelings of those forced into degrading and physically and mentally dangerous situations like those soon to be described. We cannot imagine the stress of knowing something is wrong, but being powerless to get help, to get information, to get treatment and care. Is it not enough that shame and stigma follow the survivor of trafficking, but also physical and psychological damage do as well? These crimes are taking place here in our country to our citizens and to others who have come here in pursuit of a better life. Our laws are designed to protect and punish. The TVPA has done much to aid in the care and protection of victims and the prosecution of traffickers. The law states that victims are entitled to social services. This must include the full range of services in order to mitigate the harm of what has occurred. We cannot turn our backs on the indignities and assaults perpetrated on these individuals. We cannot deny them access to a full range of reproductive health care. In the spirit of victim-centered care, we must provide information about all available services. Survivors will make their own choices about what services to access, what choices to make. They will engage in these decisions after being informed. They will regain the ability to make choices based on need, not on the force or decisions of others. We must protect these survivors of human trafficking under the law, not punish them further by withholding options that might aid in their recovery and health. These options include the full range of reproductive health care, including family planning, contraception and abortion.

It is extremely difficult to find adequate health care for survivors of trafficking at the time of their rescue or escape and prior to their certification as victims of the crime.

Time is of the essence, however, and low cost or free care must be sought. Case managers find and research backs it up, that victims of trafficking have very little knowledge of their basic rights, including reproductive health rights. Additionally, they often lack information about family planning, about the reproductive process and about sexual health. For these reasons case managers seek referrals that will provide comprehensive education and counseling about all aspects of reproductive health. This may include family planning, contraception, prevention of disease and termination of a pregnancy. Health care providers deliver this information to survivors. Survivors make the choice for themselves about necessary interventions. Case managers may discuss these issues if the survivor initiates the conversation, but they do not directly advise or provide any treatment.

I have worked with survivors who have been enslaved for days, months or years. It is rare that traffickers will allow their victims to receive any health care during the period of trafficking. There are cases where victims are “discarded” if they become so ill that they cannot perform the exploitive work any longer. There are other cases where victims are forced to continue working despite painful injuries, untreated infections and undiagnosed disease. It is rare that service providers will encounter victims during their captivity. A more common occurrence is that after victims are rescued or escape the trafficking situation, they come into contact with service providers. Case management programs are tasked with assessment and referral as well as providing practical support. It is their job to help determine what a trafficked person needs in all areas-housing, clothing, food, financial assistance, practical information regarding transportation, safety protocols etc. If the screening assessment of case management programs reveals the need for healthcare services, referrals are made. A victim-centered approach means that all necessary information and options are provided. This is a key component in the restoration of the dignity and personal agency of survivors. It is imperative that we remember that all rights have been taken away when one is trafficked. Freedom of movement, withholding of identity documents, choice about work, well-being etc. have been denied for most victims of human trafficking. Service providers work diligently to

restore these basic human rights and help to return the power to make decisions back to the survivor. This includes the important ability for the survivor to make choices about reproductive rights including education, contraception and abortion.

It is well known that trafficking for commercial sex involves repeated rape and high-risk activity. What is less well known is that many survivors of domestic servitude and a variety of other labor trafficking situations have also been subjected to rape and sexual assault as a means of control and/or punishment. The age range of trafficked persons is staggering-from very young children to elderly persons. All are vulnerable to serious health consequences. To illustrate I would like to cite a few examples from my experience:

Two teenage girls were forced to work in a brothel. I was introduced to them the day after their escape. They showed me the one flimsy item of lingerie in their possession and explained that they had been made to take turns wearing it. They had escaped through the back door of a clinic the trafficker had taken them to when one became seriously ill and couldn't work. I questioned the girls about the illness, the visit to the clinic and any follow up care necessary. They described a painful infection. They told me they had been subjected to multiple sexual acts without condoms and were fearful of disease. The young woman with the infection told me she was not given medication. This seemed odd to me and upon further questioning, she produced a crumpled up prescription-she hadn't understood that this was an order for medication. English was not the primary language of this young girl and that probably accounted for the misunderstanding that occurred in the clinic about the importance of getting a prescription filled. There are many important aspects of healthcare that are dependent on clear understanding and without which, serious consequences may result. Case managers can provide assistance in explaining the complex issues of navigating a healthcare system.

Another group of teenage girls was brought into the country and forced to work as "bar girls." This included commercial sex acts and rape for many of them. One became

pregnant and was given “liquid and pills” by her traffickers to force a miscarriage. These means were not effective until late in the pregnancy when after repeated forced ingestion of this “medication,” she endured a very painful and dangerous forced abortion at the hands of her traffickers. The other women were then coerced into observing her and instructed that the same thing could happen to them. The young woman was then subjected to psychological torture by being forced to keep the result of the late term miscarriage in close physical proximity for several days. When the young women from this case were finally rescued, this individual was hospitalized for both physical and psychiatric care. She was suicidal, made several attempts and remained in residential care for several years to deal with the trauma of her treatment at the hands of her trafficker, the effects of all the medication, the forced abortion and the lack of any information provided to her about her body and what was happening to her and to the fetus. She had no control over anything that happened to her.

Another survivor who was older-in her thirties-had been forced to work as a domestic servant for up to six years. She was repeatedly raped by her employer, her employer’s son and some friends of the employers. At no time were condoms used. When she was finally free, she told these experiences to the case manager and was referred to a clinic for a complete gynecological work-up. The clinic staff determined that because of long standing untreated STDs, she had sustained permanent damage and a loss of fertility. The case manager had to provide support and seek counseling for this woman to help her deal with this devastating diagnosis. To this day, she experiences intermittent discomfort and pain, but as a result of her work with the case manager and the healthcare system, she knows how and where to access assistance.

Education about condom use and emergency contraception is a vital part of the early service provision following an escape or rescue. In the first case example provided above, the prescription that had not yet been filled was for an antibiotic to cure the infection. Without treatment, this teenaged girl was at risk of permanent physical damage.

The first HHS grants for services to victims were awarded in 2001 and were awarded directly to case management programs. These grants provided for the referrals to necessary services for survivors without restriction on referrals for reproductive health services, including contraception and abortion. This allowed the young woman in the prior example to receive the education, counseling, gynecological exam, follow up and necessary medication.

When USCCB received the contract in 2006, the restrictions around reproductive health care would not allow the same agencies that received initial funding to continue to provide the same inclusive referrals for care. The HHS funding was often the only funding a program had. Case managers work long hours at low pay to provide accompaniment, support and referrals to needed services for their clients. It is not always possible for them to spend additional, uncompensated time locating reproductive health care referrals that can be delivered free of charge. Time is of the essence in many of these cases and that time was compromised when USCCB denied the ability of case management programs to refer for these services.

As the former co-founder and director of a program for survivors of human trafficking, this issue confuses and saddens me. It appears that we have lost sight of the real goal-protective, comprehensive services for survivors of a horrible crime. I admire the work of USCCB and thought they did an excellent job of mobilizing response throughout the country in order to ensure service provision. However, the restriction on referrals for reproductive health care was critical. This restriction stands in the way of the health and healing of countless victims and denies the option of choice-something that had previously been denied by the traffickers and enforcers. The inability of subcontractors under the USCCB contract with HHS to be able to refer for all types of reproductive health services goes against the notion of providing the assistance needed for the clients we strive to help and protect.

In recognition of the reproductive and sexual health effects of all human trafficking survivors, the Institute on Migration - UN GIFT- London School of Hygiene and Tropical

Medicine handbook, issued in 2009, titled “Caring for Trafficked Persons: Guidance for Health Providers,” states:

“Many people are trafficked for purposes of sexual exploitation; trafficked persons in other types of exploitation may also be sexually abused as a form of coercion and control. As a consequence, trafficked persons, regardless of gender or age, are at risk of developing complications relating to sexual and reproductive health. Addressing sexual and reproductive health issues is therefore an important component of caring for someone who has been trafficked. It is essential that every trafficked person receive timely, competent and comprehensive sexual and reproductive health services even if they were not trafficked explicitly for sexual exploitation.”

The TVPA is up for reauthorization again. This important law has been a model throughout the world and the provisions of the reauthorization serve to strengthen and provide further protections and prosecutorial assistance. We must not allow this issue before us today to distract from the reauthorization process. The framework of the TVPA provides a clear message to the United States and the world that services, investigations and prosecutions are vital to a comprehensive fight against human trafficking.

A few months ago I was invited to be the keynote speaker at a healthcare conference. This conference was comprised of nurse practitioners specializing in women’s health. As I spoke to them about human trafficking and how they might recognize its victims and assist the survivors, the audience of 500 showed recognition of the reproductive health services that might need to be provided. This kind of response is typical of the range of service providers to whom survivors may be referred. They become partners in our efforts to provide care to survivors and try to stem the tide of human trafficking. Case

managers need to be able to refer to reputable, informed providers of reproductive health services like this so that clients can get the quality, informed services they deserve and that might save their lives and the lives of others.

It is unthinkable that we would be prohibited from referring clients for care upon a diagnosis of cancer, heart disease or diabetes etc. And yet, it has been the practice of the last five years to prohibit referrals for reproductive health care that also helps to halt disease and prevent long-term health issues or even death.

In closing, I urge the esteemed members of Congress to recognize the effects of modern day slavery on its victims, to recognize the impact of the removal of rights and freedoms, to think about the effect of brutality and rape and to do everything in your considerable power to ensure that we work to restore rights, dignity and health to those who have suffered.

FLORENCE REED BURKE

CURRICULUM VITAE (abbreviated)

EDUCATION

- Post Masters, 1985-88, Ph.D. program, Clinical Psychology, Professional School of Psychology, San Francisco, CA.
- M. A., June 1980, Clinical Psychology, John F. Kennedy University, Orinda CA.
- M. Ed., June 1966, Special Education, Boston University, Boston, Massachusetts.
- B.A., June 1965, Deaf Education, University of Arizona, Tucson, AZ.

CREDENTIALS

- International Trauma Studies Program Advanced Certificate Training, NYU 1999-2000
- Certificate in Nonprofit Management, New York University. 1994.
- Marriage, Family and Child Therapist License, State of California, #MF18767 (since 1983)

PROFESSIONAL EMPLOYMENT (partial list).

- Psychologist Consultancy, UNODC. Human Trafficking Global Training Initiative. April 2011-June 2012
- Consultant, Human Trafficking 2007-present. Provide consultation and training to both governmental and non-governmental organizations nationally and internationally.
- Freedom Network USA, Co-Chair 2008-2011. Provide leadership to national network of legal and social service providers
- Freedom Network Training Institute. Coordinator. 2009-2011. Provide leadership and coordinate training activities for national Human Trafficking training faculty.
- Senior Director of International Programs at Safe Horizon. 2004- 2007 Oversee the Anti-Trafficking and *Solace* Program for Survivors of Torture and Refugee Trauma. Liaison with Federal government officials at Department of Justice, Department of Health and Human Services, Department of Homeland Security et al. Provide vision and development of program expansion and best practices. Develop international partners, increase public awareness of Safe Horizon's International Programs and supervise Program Direction and Administration. Provide national training.
- Senior Director of Special Projects, Safe Horizon. 2002-2004. Oversee the Anti-Trafficking Program and Community Trauma Response Programs. Manage both the ORR and OVC funded programs and liaison among national and local anti-trafficking efforts. Provide national training and technical assistance activities. Supervise the development and implementation of the Community Trauma Response Program.
- Curriculum Developer and Trainer, Safe Horizon. 2001-2002. Develop materials and provide training to clinicians, social services providers for community trauma response to 9/11. Provide direct services to companies, individuals and groups affected by the attack on the World Trade Center.
- Trainer, Safe Horizon/*Solace* Program for Survivors of Torture and Refugee Trauma, 2001-2002. Provide training to service providers, physicians and community groups on subjects of torture and trauma. Develop curriculum in these areas.
- Consultant/Trainer/Service Coordinator, Safe Horizon Anti-Trafficking Initiative. 2001-2002. Provide trainings to staff, community organizations, law enforcement about trafficking of persons, psychological impact and service needs. Coordinate direct services to trafficked persons. Liaison to local and national agencies and the Federal government.
- Executive Director, Lexington Center for Mental Health Services, 1995-1999. Responsible for administrative supervision of all Mental Health Programs; (Outpatient Clinic; School Mental Health Team; Residence; Child Abuse Prevention; Parents Teaching Parents; Children's Intensive Case Management Program; Parent-Infant Therapeutic Nursery; Early

Intervention; NYC Deaf Mexican Transition Program). Represent Lexington Center for

Mental Health Services with the New York State Office of Mental Health and New York City Department of Mental Health. Assist in preparation of annual budget and annual Report. Work closely with Board of Trustees and the Mental Health Advisory Council. Provide direct service to clients of the Outpatient Clinic. Responsible for interviewing and hiring of all staff in department. Teach and coordinate the Family Therapy program. Serve as Program Coordinator for the Children's Intensive Case Management Program. Provide clinical supervision to the Lexington staff interpreters. Work with Director of Development to pursue funding opportunities. Write grants for new programs or program enhancements.

PUBLICATIONS: (partial list)

- Burke, Florrie. "Notes from the Field." Rethinking Human Trafficking. Woodrow Wilson International Center for Scholars, Middle East Program and US Studies. Summer 2010
- Burke, F., Zarembka, J., "Human Trafficking Cases: How and Why to Use an Expert Witness. American Bar Association. Washington DC. 2008
- Burke, F., Dreher, J., Dubash, T., Villareal, G., "Collaborating With the Media for Social and Legal Service Providers Working With Survivors of Human Trafficking. 2008
- Burke, F., Villareal, G. Tips for Trainers, A Manual for Providing Training On the Subject of Human Trafficking and Modern Day Slavery, 2004
- Burke, F., Guidelines for Effective Mentoring, 2004
- Villareal, G., Burke, F. Safety Planning Standards for Trafficked and Enslaved Persons, A Guide for Service Providers and Attorneys. 2003
- Burke, F. "Counseling Victims of Human Trafficking" in Smooth Flight, A Guide to Preventing Youth Trafficking. Editors, Alison Boak, Amy Boldosser, and Ofronama Blu. UNIFEM, 2003
- Burke, F., Kahn, S., Hollander, J., Barker, J., Arnow, N. "Safe Horizon Community Trauma Response Training." 2002
- Burke, F., "Deaf, Mexican and Illegal: A Slavery Ring in NYC," Proceedings of the Fourth International Congress of the American Universidad de las Americas, Puebla, Cholua, Mexico. October 1999
- Burke, F., Gutman, V., Dobosh, P., (1999). "Treatment of Deaf Survivors of Sexual Abuse: Process of Healing." in Leigh, Irene ed. Psychotherapy with Deaf Clients from Diverse Groups, Gallaudet Press

LECTURES/PRESENTATIONS (partial list)

- UNODC Comprehensive HT Training, Kiev, Ukraine. December 2011
- UNODC Comprehensive HT Training, Bamako, Mali. November-December 2011
- "Human Trafficking: A Hidden Crime, the Response of the Health Care Provider." Nurse Practitioners in Women's Health," Keynote address, Annual Conference. Austin, Texas October 2011
- UNODC Comprehensive HT Training, Suva, Fiji. July 2011
- "TIP: The Challenge of an Effective Response," "The Comprehensive Approach to TIP in the United States," "Building A Case Through Teamwork: The Victim Centered Approach," IOM, Office of the Foreign Affairs Ministry, NGOs, US Embassy representatives. Athens and Thessaloniki, Greece. May 2011
- "A Victim Centered Approach to Human Trafficking." Training for Portuguese Experts. Vienna Austria. April. 2011
- "Good Victim-Bad Victim: The Response in Human Trafficking Cases," "Challenges in Identifying Victims of Human Trafficking," "Sexual Assault as a Means of Control in Human Trafficking Cases," "Human Trafficking 101." Conference on Crimes Against Women. Dallas TX. March 2011
- "Challenges in Identification and Interviewing Victims of Human Trafficking." Freedom

- Network 9th Annual Conference. Washington DC. March 2011
- “Recognizing Human Trafficking,” Department of Education, State Directors of Migrant Education, Washington DC. February 2011
- “Strategies for Working with Human Trafficking Cases.” Witness Testimony. EEOC Commission Hearing. Washington DC. January 2011
- “Human Trafficking,” Panel commemorating National Human Trafficking Awareness Day, New York Anti-Trafficking Network. New York City. January 2011.
- “Modern Day Slavery in New York.” Keynote. Anti-Slavery Convention in the Adirondacks. Lake Placid, NY. December 2010.

HONORS (partial list)

- National Crime Victim Service Award for Outstanding Service on Behalf of Victims of Crime, Attorney General of the United States. Washington DC, April 2007.
- The Annual Paul and Sheila Wellstone Award for outstanding contribution to combating human trafficking in the United States presented by the Freedom Network USA, Miami, FL May 2007
- Commendation Award for assistance to victims of human trafficking and support to the Wage and Hour Division, U.S. Department of Labor. New York, NY. May 2007
- Recognition Award for Advocacy on Behalf of Victims of Human Trafficking, Civil Rights Division, U.S. Department of Justice. Washington DC. April 2007.
- Recognition Award, United States Attorney’s Office, Eastern District of New York, September, 2006.

SPECIAL PROJECTS

- Vision 21 Forum: Transforming Victim Services Initiative. Charleston, South Carolina. September 2011
- Invited Seminar Participant, “Beyond Ideology: Interdisciplinary Research on Trafficking, Forced Labor and Migration.” Radcliffe Institute. Harvard University. Cambridge MA. February 2011
- Curriculum Review, Office to Combat Trafficking in Persons, Vancouver, Canada
- Evaluator, Ayuda Counter-Trafficking Program, Washington DC, 2010-2012
- Evaluator, Mosaic Family Services, Human Trafficking Program. Dallas TX 2010-2011
- Co-Author, Task Force Guide, OJP-OVC 2009-2010
- Curriculum Review, Regional Community Policing Institute Advanced Human Trafficking Investigations Course. March 2010

EXPERT WITNESS/CONSULTANT

- Babbu Thanu Chellen et al, Plaintiffs v. John Pickle Co., Inc and John Pickle, Jr., Defendants. Equal Employment Opportunity Commission, Plaintiff v. John Pickle Company, Inc., Defendant (U.S. District Court for the Northern District of Oklahoma)
- U.S. v. Medrano (U.S. Attorneys’ Office, New Jersey)
- Elieser Yael Velasquez Catalan, et al., Plaintiffs, v. Vermillion Ranch Limited Partnership, et al., Defendants. (U.S. District Court for the District of Colorado). Colorado Legal Services.
- Hasmat Ara, Plaintiff v. Sakina Khan and Kamran Khan, Defendants, U.S. District Court, Eastern District of New York. Urban Justice Center and Clifford Chance US LLP.
- U.S. v. Marcus. Eastern District of New York. 2007
- United States of America, v. Gladys Vasquez-Valenzuela, Mirna Jeanneth Vasquez Valenzuela, aka Miriam, Maria De Los Angeles Vincente, aka Angela, Albertina Vasquez Valenzuela, aka Cristina, Maribel Rodriguez Vasquez, Gabriel Mendez, Luis Vicente Vasquez, aka Armando, Flor Morales Sanchez, and Pablo Bonifacio, Defendants. Los Angeles CA

- **Juliet D'Souza, Plaintiff v Zeena and Neil Lobo, Defendants. U.S. District Court for the Eastern District of New York. 2010**
- **Juana Montana Perez et al, Plaintiffs v. Durett Cheese Sales et al Defendants, U.S. District Court for the Middle District of Tennessee, Nashville Division 2010**
- **Marichu Suarez Baoanan, Plaintiff v. Lauro Liboon Baja, Jr., Norma Castro Baja, Maria Elizabeth Baja Facundo, and Labaire International Travel, Inc., Defendants, United States District Court for the Southern District of New York 2010**
- **Magnificao, et al v. Villanueva, et al. United States District Court, Southern District of Florida 2011**
- **United States of America v. Jorge Velasquez, Israel Cortes-Morales, Ernesto Cortes-Castro, and Alberto Cortes-Castro, Defendants, Southern District of Florida 2011**
- **Samirah and Enung v. Varsha Mahender Sabhnani and Mahender Murlidhar Sabhnani, defendants, US District Court, Eastern District of New York. 2011**

Committee on Oversight and Government Reform
Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

Name:

Flavence Burke

1. Please list any federal grants or contracts (including subgrants or subcontracts) you have received since October 1, 2009. Include the source and amount of each grant or contract.

2. Please list any entity you are testifying on behalf of and briefly describe your relationship with these entities.

I am testifying on behalf of myself, but am an active member of the Freedom Network USA – a national member organization coalition.

3. Please list any federal grants or contracts (including subgrants or subcontracts) received since October 1, 2008, by the entity(ies) you listed above. Include the source and amount of each grant or contract.

Member organizations of the Freedom Network may have subgrants, subcontracts or grants, but the Network has no control or oversight responsibility for funding issues of member organizations.

I certify that the above information is true and correct.

Signature:

Flavence Burke

Date:

12/12/4