



STATEMENT BY

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U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

U.S. HOUSE OF REPRESENTATIVES

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Mr. Chairman and members of the Committee, thank you for the opportunity to testify about international trafficking victims and the role that the Department of Health and Human Services performs in providing assistance to these victims under the Trafficking Victims Protection Act (TVPA).

Under the TVPA, the Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS), performs a key role in the fight against human trafficking. We are responsible for certifying foreign persons as trafficking victims in the United States and assisting them in accessing the benefits and services needed to rebuild their lives. In addition, we have been charged with increasing the public's awareness of trafficking and the services available to trafficking victims. One of the ways that we meet these responsibilities is through the National Human Trafficking Victim Assistance Program, which provides case management to victims of trafficking to assist them in remaining free and retaking control of their lives. In undertaking our responsibilities and administering this program, we strive to do what is best for human trafficking victims. HHS has recently awarded grants to three well-regarded organizations to provide these case management services. Our decisions in this grant award were made based on our determination of which organizations could best meet the needs of human trafficking victims.

Before discussing the grant program in more detail, I would like to share some background on what we know about victims from abroad who are trafficked into the United States.

Background

Foreign national trafficking victims are drawn from countries throughout the world, often through the use of force, coercion or fraud. Many victims are raped or beaten into terrified submission. Victims face numerous health risks including physical injuries such as broken bones, concussions, burns, vaginal and anal tearings, traumatic brain injury, sexually transmitted diseases, sterility, miscarriages, menstrual problems, and other diseases such as tuberculosis and hepatitis. Traffickers mislead skilled or educated adults facing chronic unemployment with the false lure of higher paying jobs or a better life; traffickers buy or coerce children from families facing poverty and economic desperation; and traffickers abduct victims. Victims often find themselves physically and socially isolated in an unfamiliar culture in which they may not speak or understand the language. Victims often do not have valid immigration status and traffickers threaten them with arrest by immigration authorities. Traffickers may threaten to physically harm the victim or a loved one left behind in the country of origin. Because of these circumstances, trafficking victims are often afraid to reach out to law enforcement officers, health providers or others who would be in a position to help them.

Human trafficking takes place throughout the United States. The National Human Trafficking Resource Center, a national, 24 hours, 7 days a week, toll-free hotline funded by HHS, received 11,381 calls in FY 2010, a 57 percent increase from FY 2009. Of the total calls in FY 2010, 499 resulted in a direct report to law enforcement. Approximately 57 percent of those calls involved either sex trafficking or a combination of sex and labor trafficking.

Since 2001, we have certified over 3,187 victims of trafficking in the United States. In FY 2011, nearly forty percent of adult victims came from Asia, namely the Philippines, India, and Thailand. Approximately 70 percent of minors trafficked into the United States who received eligibility letters from HHS were from Latin America, mostly Mexico, Guatemala, and Honduras. Forty-one percent of minors receiving eligibility letters from HHS were victims of either sex trafficking or a combination of sex and labor trafficking.

HHS began funding anti-trafficking programs in FY 2001. Over the last ten years, HHS' anti-trafficking programs have evolved in terms of their scope and the funding mechanisms used to accomplish program objectives. Prior to FY 2006, HHS awarded multiple smaller-scale grants to fund street outreach, services to foreign victims of human trafficking, public awareness projects, and a national hotline. Beginning in FY 2006, HHS revamped funding to victim services and began using a per capita contract model. That contract ended in October of this year. Beginning in FY 2012, HHS focused its victim services program on comprehensive case management services through grant funding to three organizations under a new competitive grant process. From FY 2001 to FY 2011, HHS awarded approximately \$57 million toward helping victims of trafficking rebuild their lives.

I would like to now describe our efforts to link these trafficking victims with comprehensive case management and referral services so that they can access the benefits and services they need to re-take control of their lives and move forward toward a better future.

National Human Trafficking Victim Assistance Grant

HHS currently fulfills its mandates under the TVPA through the National Human Trafficking Victim Assistance grant and a number of other grants that focus on identifying trafficking victims, increasing public awareness, helping victims with employability services, and connecting them to local service providers through a national hotline.

Before discussing the grant, I would like to take a moment to share the experience of one particular young girl who was the victim of sex trafficking.

A 14-year-old Mexican girl was approached by a trafficker in Mexico. He kidnapped her and then raped and abused her at his home. Then he brought her to the United States and forced her into prostitution. She gave birth to a baby during that time. Law enforcement agents who had been investigating the case rescued her at age 17. She wasn't willing to share her story with the law enforcement agent, who obtained her baby from the trafficker. She and her child were placed with a foster family and are in the process of being adopted. Tapestri, a victims' service provider, provided counseling, transportation, clothing, and connected her with a pro-bono attorney. After receiving services, she was willing to cooperate with the law enforcement agents.

In 2010, approximately 167 foreign national trafficking victims shared one version or another of this young girl's story.

The primary aim of the National Human Trafficking Victim Assistance Program (anti-trafficking case management program), is to fund short-term comprehensive case management and referral services for foreign victims of severe forms of human trafficking. Comprehensive case management includes community referrals for housing, health screening and medical care, mental health screening and therapy, employability services, legal services, and other forms of counseling when needed or requested. It also may include emergency assistance in the form of food, public transportation passes, translation services, or clothing.

HHS is committed to ensuring that trafficking victims receive the high quality, comprehensive case management services that they need and to helping trafficking victims become as healthy and supported as possible as they re-take control over their own lives.

FY 2012 Grant Program

In light of the particular health risks posed to victims of human trafficking, HHS specified in the funding announcement that it would give a strong preference to applicants that are willing to offer all of the services and referrals delineated in the program objectives, including offering “all victims referral to medical providers who can provide or refer for provision of treatment for sexually transmitted infections, family planning services and the full range of legally permissible gynecological and obstetric care, including but not limited to exams, tests, and pre-natal services and non-directive health-related counseling.”

This preference reflects two realities. First, trafficking victims, many of whom are sex trafficking victims or have been sexually assaulted, can have a heightened interest in and need

for such referrals. As noted in a 2009 literature review by HHS' Office of the Assistant Secretary for Planning and Evaluation, victims of trafficking "are at risk for the same types of injuries as victims of domestic violence and rape." The same literature review noted that trafficking victims "frequently contract sexually transmitted infections or become pregnant (Hughes, 2003)."

Second, because of the limited number of trafficking victims dispersed throughout the nation, HHS funds only one grantee per geographic area. Accordingly, we believed it necessary that the one federally funded social service organization in charge of implementing and overseeing case management in any area is willing to provide the full scope of services that trafficking victims can learn about through the program. In FY 2011, HHS received applications from several organizations that had both the strong capacity to provide comprehensive case management services and a willingness to ensure that all of the specified referrals and services would be provided. In light of the critical importance of ensuring that trafficking victims can receive all the information that they might need to take control of their own lives, and the availability of several applicants that had both the strong capacity to provide comprehensive case management services and a willingness to ensure that all of the specified information, referrals, and services would be provided, HHS made awards to grantees that are able to provide the full set of health-related information and referrals. These three organizations will enable trafficking victims to re-take control of their lives by making informed health care decisions, in consultation with doctors, based on their own circumstances, values and faith.

HHS funds only one grantee per geographic area as the one federally funded social service organization in charge of implementing and overseeing case management in any area. That grantee enters into agreements with local organizations which provide comprehensive case management and referral services. Organizations that do not provide information and referrals for family planning services or the full range of legally permissible obstetric and gynecological care can still receive federal funds under the anti-trafficking case management program and actively participate in providing case management services to the victims. HHS did not establish a preference for grantees that would require each individual subgrantees to provide referrals for family planning and the full range of legally permissible gynecological and obstetric care. To the contrary, one anti-trafficking case management program grantee proposed in its application an approach that would accommodate subgrantees' teachings and beliefs by dividing up responsibility for different case management services so that trafficking victims could learn about family planning services and the full range of legally permissible gynecological and obstetric care, and social service organizations that did not plan to discuss those matters could provide information and referrals to meet victims' other needs. The three entities that were awarded grants have now entered into sub-grant arrangements with many of the same organizations that previously provided services through sub-contractor relationships with the U.S. Conference of Catholic Bishops, which had received the 2006-2011 TVPA contract from HHS. These subgrantees include faith-based organizations and, more specifically, entities affiliated with the Catholic Church.

Conclusion

Since the passage of the TVPA, HHS has addressed trafficking at many levels. We have partnered with other federal agencies in order to set up processes for certification to enable identified victims to apply for benefits and services. We have provided funding to service-providing agencies to address foreign national trafficking victims' needs and assist them with accessing mainstream public benefits. We provided outreach grants for service providers and community members to increase awareness of human trafficking and help identify victims. We also provided education and outreach across the country to raise awareness with educational institutions, law enforcement agencies, and many types of service providers. We are committed to building on our experience and continuing to improve our efforts to identify, rescue, and restore more victims of human trafficking.

I am confident that the three grantees will help to ensure that trafficking victims receive the high quality, comprehensive case management services that they need and want. I am committed to keeping trafficking victims as healthy and supported as possible as they re-take control over their own lives.

I appreciate the opportunity provided by this Committee to highlight the hardships suffered by victims of human trafficking and the Department's efforts to assist these victims.

I would be pleased to answer any questions you may have.



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George Sheldon is the Acting Assistant Secretary for the Administration for Children and Families under the U.S. Department of Health and Human Services. Prior to joining ACF, George Sheldon served as the Secretary of the Florida Department of Children and Families (DCF).

During his time in Florida, George oversaw the state's child welfare programs, fostering a 36 percent reduction in children in out-of-home care, and integrating mental health, substance abuse and domestic violence services throughout the Department. During George's tenure, Florida achieved the nation's highest rate of adoptions among foster children for two years, and moved the state from one of the worst food stamp error rates in the country to number 1 in the country for three consecutive years.

In early 2010, George worked closely with federal partners at HHS and ACF in the aftermath of Haiti's catastrophic earthquake. Together, Florida and ACF met the needs of more than 27,000 American citizens, 700 medical evacuees, and 600 Haitian children moving through the adoption process with American families.

Before his service at DCF, George was Associate Dean for Student and Alumni Services at St. Thomas University School of Law. In addition to more than 12 years as a practicing attorney, George also served as Deputy Attorney General for central Florida, managing five regional offices and more than 400 employees. In 1975, George was elected to the Florida House of Representatives, where he built an eight-year record focusing on the environment and children.

Born in Wildwood, New Jersey, George received both his B.A. and J.D. from Florida State University.