

***Assessment Report:***  
**Health services for Victims of Trafficking**  
**at the**  
**Family Health Center's Refugee Medical Clinic in**  
**collaboration with**  
**Newcomers Health Program,**  
***Raising Awareness, Building Alliances and***  
***Assessing Barriers to Care***

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**A Collaborative Project of:**

San Francisco Department of Public Health's Newcomers Health Program and  
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***Assessment Report:***  
**Health services for victims of trafficking**  
**at the Refugee Medical Clinic in collaboration with Newcomers Health Program:**  
***Raising Awareness, Building Alliances and Assessing Barriers to Care***

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## **Introduction**

### *Purpose of the Assessment*

The partnership of the Refugee Medical Clinic and Newcomers Health Program provides comprehensive health services to refugees, asylees and eligible victims of trafficking in San Francisco. Victims of trafficking have proven to be a challenging population to identify due in part to lack of coordination and communication about this population among the Refugee Medical Clinic, Newcomers Health Program and other agencies serving this group. This assessment was undertaken in part to focus efforts on reaching this high need, vulnerable population by engaging the agencies currently working with them. Through this collaborative assessment and outreach initiative we aimed to: increase awareness of available health services for victims of trafficking, identify the barriers victims of trafficking face when accessing health services, and build collaborative relationships with community service agencies that work with this population. The specific objective of these activities is to provide victims of trafficking with appropriate medical and social services.

### *Limitations*

Please take note that the findings of this assessment are limited by the available resources used to conduct the planning process and by the methods utilized to carry out the study. Consequently, the findings are reflective only of the individuals and data sources used. However, the information presented is useful beyond the scope of this assessment, both for its general findings and as a starting point for more comprehensive assessments. Despite the limitations noted above, the variety of stakeholders and the scope of data gathering methods allowed for the compilation of important information of newcomers' health in the San Francisco area that may surpass the limitations of this assessment.

### *Background on Victims of Trafficking: Definitions and Demographics*

The United Nations defines human trafficking as, “the illegal trade of human beings, through abduction, the use or threat of force, deception, fraud or ‘sale’ for the purposes of sexual exploitation or forced labor.”<sup>1</sup> Upwards of 800,000 women and children are nationally or trans-nationally trafficked each year. The US State Department estimates there are 14,500 to 17,500

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<sup>1</sup> UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, 2000.

human trafficking victims brought into the United States each year; some groups place the number much higher.<sup>2</sup> It is estimated that over eighty percent are trafficked for sex work.<sup>3</sup> Like other states sharing a border with another country or a large body of water, California is a major entry point for human trafficking, with 43% of California trafficking incidences occurring in the Bay Area.<sup>4</sup> Less than 1% of foreign nationals trafficked into the United States are officially identified and provided assistance.<sup>5</sup> Thus, this report was commissioned to help increase partnerships and outreach to this community in need.

In the city of San Francisco, many victims of trafficking originate from Asia and work in Asian massage parlors that double as brothels.<sup>6</sup> Women trafficked from Latin America are more readily forced into domestic servitude in private homes. Men and women from diverse countries of origin are forced into service and agricultural industries.<sup>7</sup> These victims of trafficking in San Francisco are eligible for public assistance benefits and social services once they receive certification of their status of a pending T-Visa. These rights are provided for under the Trafficking Victims Protection Reauthorization Act of 2005 (TVPRA of 2005, H.R. 972). The Newcomers Health Program and Refugee Medical Clinic are funded by the California Refugee Health Section to provide comprehensive health services to this population. Currently, the patients cared for by the Refugee Medical Clinic include less than ten victims of trafficking in the past three years. This report was initiated due to a strong belief that this number does not accurately represent the estimated scope of the problem in San Francisco.

*Refugee Medical Clinic and Newcomers Health Program: Seeking to provide better services to more victims of trafficking*

Newcomers Health Program, a collaborative program of the San Francisco Department of Public Health, is a clinic and community-based refugee and immigrant health program that has promoted the health of refugees and immigrants in San Francisco since the late 1970's. Family

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<sup>2</sup> "Human Trafficking in California: Final Report", California Alliance to Combat Trafficking and Slavery Task Force, October 2007, [www.safestate.org](http://www.safestate.org).

<sup>3</sup> Ibid.

<sup>4</sup> South Bay Coalition to End Human Trafficking, [www.sbcteht.com](http://www.sbcteht.com)

<sup>5</sup> Standing Against Global Exploitation (SAGE), Human Trafficking Fact Sheet, [www.safesf.org](http://www.safesf.org)

<sup>6</sup> Standing Against Global Exploitation (SAGE), Human Trafficking Fact Sheet, [www.safesf.org](http://www.safesf.org)

<sup>7</sup> Barrows, Jeffrey. "Introduction to Human Trafficking: The Slavery of the 21st Century." *Christian Medical and Dental Associations*. 15 August 2006.

Health Center's Refugee Medical Clinic, a primary care clinic at San Francisco General Hospital, specializes in providing culturally appropriate health care services to refugees, asylees, victims of trafficking and other immigrant communities. For close to 30 years Newcomers Health Program and the Refugee Medical Clinic have worked closely together to provide culturally and linguistically appropriate comprehensive health assessments and ongoing primary health care to virtually all new arrival refugees and asylees in San Francisco.

Health care for most new arrivals in San Francisco is provided at San Francisco General Hospital's Refugee Medical Clinic located within the larger Family Health Center. The Refugee Medical Clinic and Newcomers Health Program collaborate to provide newly arriving refugees, asylees and victims of trafficking with a comprehensive health assessment that includes not only a physical health exam, but also includes an extensive medical history, mental health evaluation, health education, dental screening, and referrals and follow-up for identified health conditions. Special care is taken to create partnerships between medical providers and interpreters/health educators to serve as brokers between the cultural practices and health beliefs of these communities, as well as to bridge linguistic gaps. In 2007, asylees from China made up about 40% of new arrivals receiving health assessment while another 15% were refugees from the former Soviet Union, and the remainder represented vulnerable populations from virtually every part of the world.

The Trafficking of Victims Protection Act of 2000 ensures adult victims of severe forms of trafficking, who have been certified by the federal Office of Refugee Resettlement (ORR), are eligible for benefits and services to the same extent as refugees.<sup>8</sup> Trafficking victims under the age of 18 are eligible for the same services, but do not require certification. Thus, the Refugee Medical Clinic can provide comprehensive health services to this community of victims of trafficking applying for T-Visas, in possession of T-Visas, or under the age of 18. Victims of trafficking have proven to be a challenging population to identify due in part to limited communication amongst agencies serving this group. This collaboration aims to double the efforts to reach this high need, vulnerable population by engaging the agencies currently working with them.

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<sup>8</sup> State of California-Health and Human Services Agency, Department of Social Services, County Letter No. 01-58.

### *Background and Purpose of the Assessment Project and Report*

The UCSF University Community Partnership Grant provided a grant to plan and implement a community assessment to: collect demographic data on the victims of trafficking population in San Francisco, discern effective and appropriate community linkages, strengthen relationships with these agencies and clarify issues affecting the victims of trafficking and how the Refugee Medical Clinic, Newcomers Health Program and other agencies can address them. The findings of this endeavor are included in this report. Between May and September 2008, Ms. Whichard, a UCSF medical student, implemented an assessment with organizations working with suspected victims of trafficking and educated community partners on the services and benefits available for victims of trafficking. This assessment report aims to describe the barriers to accessing health services as well as report a more accurate estimate of eligible victims of trafficking lacking health services in San Francisco. This report also provides recommendations for ongoing partnerships in the community and next steps to provide agencies as well as victims of trafficking with information on health services and other benefits and services to which this population is entitled.

Through this partnered outreach initiative we aim to increase awareness of available health services for victims of trafficking, to identify the barriers victims of trafficking face when accessing health services, and to build collaborative relationships with community service agencies that work with this population with the specific objective of providing this group appropriate medical and social services.

### **Methodology**

The majority of the effort for this report was conducted between May and September 2008. Information gathering was conducted in two segments. First, project leaders identified organizations to be included in the interview process and illuminated key research questions for the report. A list of fifteen organizations was established and a three-page questionnaire was drafted to guide the interview process (see Appendix C for a copy of the research questionnaire). Once interviewing began, each organization offered recommendations for other partners in the

community that the research team should contact. In this way, the initial contact list was expanded (see Appendix A for a list of organizations identified and their contact information).

The following nine organizations and representatives were interviewed to contribute information in this report:

<b>Agency</b>	<b>Contact</b>	<b>Title</b>
Survivors International	Katie Hymans	Senior Case Manager
San Francisco Police Department, Investigations Bureau, Vice Crimes Division	Mary Petrie	Lieutenant
International Institute of the Bay Area	Ildar Hafizov	Accredited Representative Immigration & Citizenship Program
Asian Women’s Shelter	Hediana Utarti	Community Projects Coordinator
Standing Against Global Exploitation (SAGE)	Donna Sinar	Trafficking Project Coordinator
Donaldina Cameron House	Yulanda Kwong, MSW	Social Service Department Director
San Francisco Human Services Agency	Victoria Weatherbee	Job Retention Specialist, Workforce Development Division
CARECEN	Laura Sanchez, esq	Staff Attorney, Legal Immigration Program
Federal Bureau of Investigation	Lorraine Kratzer	Victim Specialist

Interviews were conducted in one-hour in person sessions with audio recording for transcription. In addition to gathering information, the interviewers utilized the time to educate each organization on the health services available and eligibility criteria at the Refugee Medical Clinic. Major topics covered in each session included the following themes:

- Prior knowledge of and experience with the Refugee Medical Clinic and Newcomers Health Program
- Background information on the organization being interviewed
- Demographics of the victims of trafficking served by the organization
- Specific health related concerns for victims of trafficking
- Ways forward: future partnerships and suggestions for the Refugee Medical Clinic to improve collaboration

Following each interview, the pertinent information was transcribed and compiled for the purposes of this report synthesis. There are many limitations of the data collection method utilized for this report. Examples of limitations include the absence of a number of community organizations that could have provided pertinent information but were not interviewed, either because of scheduling difficulties or because their current client pool did not include victims of trafficking. Demographic data, while qualitatively informative, is notably vague and based on the specific experiences and best guesses of each organization and interviewee. Many of the organizations worked with undocumented people who were not participating in the T-Visa process, but whose experience qualified them as a victim of trafficking. Without certification they have no eligibility for services for certified victims of trafficking. The uncertified status of many victims of trafficking renders the demographic an estimate.

### **Findings: Organization Specific Interviews**

#### **Survivors International**

##### *Prior Knowledge and Experiences with the Refugee Medical Clinic and Newcomers Health Program*

Survivors International has a very extensive relationship with the clinic.

##### *Community Organization Information*

Survivors International has been in service for 20 years and provides psychological, medical and social services to survivors of torture and gender persecution who have fled their country of origin to the San Francisco Bay Area. They serve approximately 100-200 clients per year with 3 intake interviews each week. Most clients hear about their services through attorneys and small community organizations providing social services.

##### *Demographics of Victims of Trafficking at Survivors International*

Overall, more than 50% of the clients are Spanish speaking. The other 50% come from over 100 countries and speak a variety of languages. Client ages range from teenagers to persons in their sixties.

### *Health Related Issues for Victims of Trafficking*

The vast majority of clients served by Survivors International do not have a primary health care provider. The major health issues include: major depressive disorder, PTSD, anxiety, headaches, nightmares, traumatic brain injury, female health issues following female genital mutilation (FGM) and sleeplessness. Over 25% are victims of sexual assault and almost 100% are victims of physical assault. Common barriers to care include rumors and lack of understanding about what might happen when health services are accessed, lack of insurance, and linguistic and cultural differences and cost of transportation. Once a strong referral is established with Survivors International, clients are interested and motivated to seek more services.

### *Ways Forward*

Survivors International often partners with Lawyer's Committee for Civil Rights and East Bay Sanctuary. Survivors International recommended strengthening language services for in-person meetings with PTSD clients.

## **International Institute of the Bay Area (IIBA)**

### *Prior Knowledge and Experiences with the Refugee Medical Clinic*

International Institute has a long history with the clinic and for a number of years has contracted with the Newcomers Health Program to assist in providing culturally appropriate health services and programs to refugees and other new arrival communities.

### *Community Organization Background*

The organization provides citizenship classes and support for those seeking to obtain a green card or citizenship in the United States.

### *Demographics of Victims of Trafficking at International Institute of the Bay Area*

Most clients served by IIBA are of Latin American origin. A smaller proportion is from former Yugoslavia and the former Soviet Union. Very few victims of trafficking are identified through their work. IIBA reported an increase in Iraqi citizens seeking protection from religious persecution.

### *Health Related Issues for Victims of Trafficking*

IIBA believed that most of their clients would benefit from mental health services due to issues with traumatic stress.

### **Asian Women's Shelter**

#### *Prior Knowledge and Experiences with the Refugee Medical Clinic*

Staff of Asian Women's Shelter was familiar with the Refugee Medical Clinic and currently referred clients to Newcomers Health Program on a regular, as-needed basis.

#### *Community Organization Background*

Asian Women's Shelter offers 24-hour crisis hotline services, a 15-bed shelter with 3-month programs and follow-up case management services to victims of domestic violence. Their target population is women and children. Most clients came to them via referrals from San Francisco General Hospital, neighbors of victims and the police department. Very few clients came to the shelter via self-referrals.

#### *Demographics of Victims of Trafficking at Asian Women's Shelter*

In 2007, Asian Women's Shelter suspected approximately 100 of the 800 clients seen by the Asian Anti-Trafficking Collaborative—consisting of Asian Women's Shelter, Cameron House, Asian Pacific Islander Legal Outreach and Narika—are victims of trafficking. They estimated 80% of the victims were working in domestic or hotel professions, the majority of the remainder were engaged in sex work with a small percentage in restaurant work. They cited a fear of deportation or personal violence, instilled by the perpetrating trafficker as major reasons why victims of trafficking may choose not to pursue a T-Visa. Lack of knowledge of available resources or limited English language ability were also cited. Ninety-five percent of Asian Women's Shelter's clients are monolingual or limited English speaking with a predominant representation of Lao, Thai, Mongolian and Burmese language. The implicated perpetrators of trafficking, according to Asian Women's Shelter, were bogus employment agencies. The nature of these arrangements was often ambiguous, making it difficult for victims to see themselves as victims of trafficking. For example, traffickers will pay victims a miniscule salary (usually less

than \$3 per hour) and allow them to keep their passports, but will threaten them with violence if they attempt to seek other work or report the agency.

### *Health Related Issues for Victims of Trafficking*

Asian Women's Shelter currently refers clients to community clinics in and around San Francisco that have appropriate language services for their clients. They are often able to send their own language specialist to support the client's needs. High priority health concerns include: general OB/GYN exams, sexually transmitted disease testing and mental health services for sexual violence and post-traumatic stress disorder issues as well as dental health services. Currently, psychiatric needs are referred to the Richmond Area Multi-Services.

### *Ways Forward*

Asian Women's Shelter staff recommended providing flyers on Refugee Medical Clinic services in more of the Asian languages that would benefit their clients' needs. They also requested health worker training in transgender issues clients may face and information detailing the mental health services available through Refugee Medical Clinic or the clinic's referral list. They recommended follow-up with transitional housing facilities and services such as: Mary Elizabeth Inn, Gamun, Clara House, Women's Inc. and Brennen House. They also recommended participating in the Asian Anti-Trafficking Collaborative meeting.

## **SAGE**

### *Prior Knowledge and Experiences with the Refugee Medical Clinic and Newcomers Health Program*

SAGE is familiar with the Refugee Medical Clinic and has referred two victims of trafficking in the last year.

### *Community Organization Background*

Since 1992, SAGE has offered many services for those exiting prostitution, victims of domestic violence, substance users, and victims of human trafficking. Molly Ring heads the campaign focused on victims of trafficking. The most recent 'Reclaim your Rights' campaign focuses on providing services for victims of trafficking such as: case management, 24-hour

hotline support, shelter, food, clothing, medical attention, stabilization, legal referrals, education and counseling/therapy. Clients are alerted to SAGE services through hospitals, law enforcement, 211 hotline and street banners. Community outreach efforts are conducted by distributing materials to businesses neighboring massage parlors as well as other agencies likely to employ victims of trafficking.

#### *Demographics of Victims of Trafficking at SAGE*

In 2007, SAGE worked with 11 victims of trafficking. Half of these victims were from massage parlors and the other half were predominantly working in labor, such as construction. Most did not choose to seek a T-Visa for fear of deportation, distrust of law enforcement and a generalized fear of traffickers. SAGE clients are predominantly from Asian and Latin American countries, with a recent notable influx from Korea. One victim in 2007 originated from Eastern Europe. Predominant languages spoken by clients are Spanish and Korean.

#### *Health Related Issues for Victims of Trafficking*

Most SAGE clients receive initial health services from Tom Waddell Health Center, the city public health clinic or the Refugee Medical Clinic. Dental care and mental health services are high priority. Psychiatric needs are often referred to Survivors International.

#### *Ways Forward*

SAGE, in collaboration with the San Francisco Department of Public Health, would like to offer sensitivity training to Refugee Medical Clinic and Newcomers Health Program staff regarding victims of trafficking. They recommend the interviewers speak with: Narika, La Casa de las Madres, La Raza, Women's Inc, the US Attorney's Office and Tom Waddell Health Center.

### **Cameron House**

#### *Prior Knowledge and Experiences with the Refugee Medical Clinic and Newcomers Health Program*

Social Service Director of Cameron House, Yulanda Kwong, had heard of the Refugee Medical Clinic and currently refers clients to the clinic on a regular basis.

### *Community Organization Background*

Cameron House was established in 1874, giving it a history of 134 years. It was originally a Presbyterian Mission Home for Girls. During the time of the Yellow Slave Trade, girls from Asia were smuggled and trafficked into the United States. They were initially promised a better life in the U.S., such as more job opportunities or, perhaps, marrying someone in the US, but after their arrival to the US, these became false promises. They were forced into domestic servitude or prostitution. A heroine by the name of Donaldina Cameron literally went to brothels, alleyways, and gambling dens to rescue the girls and bring them back to the mission house as a safe haven.

Today the organization provides social services and youth services to many San Francisco clients in need. Cameron House is a partner of the Asian Anti-trafficking Collaborative which also includes: API legal outreach, Asian Women's Shelter, and Narika. In total, the collaborative has seen an estimated 250 victims of trafficking in the last five years.

### *Demographics of Victims of Trafficking at Cameron House*

The average age of victims of trafficking seen in Cameron House is late-20s, early 30s. The majority of trafficking clients originate from Korea and come to Cameron House through legal referrals from API Legal Outreach and from other collaborative partners and law enforcement.

### *Health Related Issues for Victims of Trafficking*

Most clients use the Refugee Medical Clinic or North East Medical Services (NEMS). Interpreters would be helpful to have, but at the time of interview, most clients bring a case manager or advocate for interpretation. PTSD, social anxiety, suicidal ideations were all cited as health issues for this community. Currently, Cameron House refers to Richmond Area Multi-services and North Beach Mental Health for mental health needs.

## **Department of Health and Human Services (DHHS)**

### *Prior Knowledge and Experiences with the Refugee Medical Clinic*

Victoria Weatherbee, lead contact for all refugee and asylee clients at DHHS, has extensive experience referring clients to the Refugee Medical Clinic.

### *Demographics of Victims of Trafficking at the Department of Health and Human Services*

The DHHS saw about 135 refugees and asylees in 2007. Over half were of Central American origin and spoke Spanish. The other 50% were divided between Russia, Korea, and a few from African nations.

### *Health Related Issues for Victims of Trafficking*

Dental and mental health services were critical health issues for DHHS clients as was the notion of establishing a “medical home”, where patients could seek long-term primary health care services for themselves and their dependents.

### *Ways Forward*

Victoria suggested updating the referral form to allow for specific patient information to be communicated to the providers. By doing this, communication between the Refugee Medical Clinic and the social service providers could be strengthened and major health needs could be prepared for in advance by the health workers. She also encouraged continued follow-up when clients could not be found at the listed address.

## **Central American Resource Center - CARECEN**

### *Prior Knowledge and Experiences with the Refugee Medical Clinic and Newcomers Health Program*

CARECEN staff was familiar with the Refugee Medical Clinic but had not referred any clients for services in recent history.

### *Community Organization Background*

CARECEN began after many people fled civil war in Central America in the 1980s. CARECEN offers social, health and family services to youth and adults in the Mission district. The majority of their clients are Spanish speaking and originate from Central and South America. Programs include: legal services (6-7,000 cases/year), tattoo removal services to help reduce gang violence, dental services, domestic violence counseling and general youth education and social service programs. Most clients came to CARECEN via word of mouth due to their 20-year presence in the Mission district.

### *Demographics of Victims of Trafficking at CARECEN*

Most of the undocumented people served by CARECEN were applying for U-Visas due to violent crimes at the hands of a US citizen. In 2008, 14 U-Visas had been applied for and a number of potential T-visa applicants were identified. The majority of eligible T-Visa clients were minors implicated in drug trade practices. These young people (average age 14-17) remained hesitant to participate in the application process for fear of retribution for their families in their country of origin. The majority of clients are male from Central America, with a recent predominance of people from Honduras.

### *Health Related Issues for Victims of Trafficking*

Health services for CARECEN clients are currently handled by the weekly Clinica Martin Barro, a UCSF-SF State partnered free clinic held on Saturdays. There are limitations of this once a week clinic whos referral needs include: sexually transmitted disease and HIV testing and substance abuse counseling. Clients suffering from post traumatic stress disorder and other mental health concerns are referred to Instituto Familiar de la Raza.

### *Ways Forward*

CARECEN was specifically interested in Refugee Medical Clinic services available for people holding U-visas (victims of violent crime at the hands of a US citizen) and services for unaccompanied minors. It was suggested that the interviewers contact: Arriba Juntos, Mujeres Unidas y Activas and Homeless Prenatal Services.

## **FBI, Victim Services**

### *Prior Knowledge and Experiences with the Refugee Medical Clinic and Newcomers Health Program*

Lieutenant Laurie Kratzer had no prior knowledge of the Refugee Medical Clinic.

### *Community Organization Background*

The FBI victim services specialists handle all trafficking cases in the Bay Area. This includes attending all raids on suspected trafficking businesses (ie: massage parlors, restaurants, house keeping services) and coordinating with other government agencies that can research possible

trafficking cases. As a victim services specialist, Lt. Kratzer is on hand to connect potential trafficking victims with social services agencies and with legal organizations to support their case.

#### *Demographics of Victims of Trafficking in San Francisco County*

In 2007, the largest documented cases of trafficking victims included over 200 Korean women identified through a massage parlor network in the Tenderloin district. According to Lt. Kratzer, the specific cases and demographics change with each year.. In 2006, the largest influx of cases identified by the FBI was from Guatemala.

#### *Health Related Issues for Victims of Trafficking*

Infectious disease screening, sexually transmitted diseases and mental services were all identified as health issues. Lt. Kratzer was keen to identify health providers to attend the raids for on-site health care needs and initial screenings for infectious diseases such as tuberculosis.

#### *Ways Forward*

Lt. Kratzer agreed to distribute the Refugee Medical Clinic flyers on Victims of Trafficking to all potential victims seen by her unit. She suggested including Korean language as one of the languages available in translated materials. She also suggested that Refugee Medical Clinic staff attend the October 2008 North Bay Area Trafficking Task Force meeting.

### **Findings: General Themes**

#### *Language Needs*

Most organizations cited a need to expand the number of Asian languages available for in-person interpretation services at the Refugee Medical Clinic. In particular, Korean language, given recent influxes of Korean victims of trafficking identified by the FBI. Language services seem especially important in the cases of victims of trafficking where psychological trauma is a major source of concern for clients and language concordance is paramount. This language expansion should include written materials to be posted in facilities likely to be exposed to Victims of Trafficking (i.e.: shelters, social service agencies and law enforcement facilities).

### *Common Fears/Barriers to Care*

Most organizations cited a generalized fear of retribution from traffickers and a lack of knowledge of the system and available resources as reasons why suspected victims of trafficking do not seek T-Visas. This feared retribution is most acute when the traffickers are familiar with the family member's of the victim of trafficking in their country of origin or when traffickers house/employ multiple victims and threaten their livelihood or safety. Many victims of trafficking are also led by their traffickers to believe they will be deported if they issue a report.

Other barriers to seeking health care at San Francisco General Hospital include: costs of transportation, a lack of knowledge on how to access health services, costs for medical services and fear that they will be reported to the authorities.

### *Common Health Concerns*

The most common health concerns stated by organizations interviewed were: mental health services to address trauma, isolation and post-traumatic stress disorder, dental services and sexually transmitted disease testing. General reproductive health needs and infectious disease screening were also highlighted as services frequently sought.

### *Identifying Victims of Trafficking in the Community*

Most organizations agreed that the effective strategy for identifying victims of trafficking early in their T-Visa process was to partner with legal organizations. Thus, it was suggested numerous times that the Refugee Medical Clinic's Victims of Trafficking flyers be distributed to legal aid organizations such as Asian Pacific Islander Legal Outreach. Another key entry point for identifying victims of trafficking is through the police and FBI victim services units. Lt. Laurie Kratzer agreed to distribute the informational flyer to all suspected victims of trafficking and to counsel them on the services available through the Refugee Medical Clinic. Another outreach avenue is through individual social workers in the community. Asian Women's Shelter, CARECEN, Cameron House and Department of Health and Human Services all agreed to distribute the flyer accordingly.

## **Recommendations**

The primary recommendations for the Refugee Medical Clinic and Newcomers Health Program from this report include strengthening the information sharing with organizations in the community. This should include: expanding the languages of the Victims of Trafficking information flyer, providing a mental health flyer for organization's to understand the options through the Refugee Medical Clinic and a flyer for legal providers so they can serve as a first line of referral when people receive their T-Visa approval so as to maximize the number of months services are available. The referral forms and Victims of Trafficking information flyers will be distributed to all possible victims encountered by Lieutenant Mary Petrie and Lieutenant Laurie Kratzer in all languages available. SAGE and the Department of Public Health are partnering to provide a training module for providers working with Victims of Trafficking. Further sensitivity training in PTSD and transgender issues was consistently recommended by organizations that were interviewed.

The revised referral form for the Refugee Medical Clinic now includes a comments section so specific issues and needs of particular clients can be identified prior to their first appointment. In addition, it was recommended that Refugee Medical Clinic staff attend the North Bay Human Trafficking Task Force meetings managed by Lieutenant Mary Petrie. Other organizations to contact for further follow-up include: domestic violence shelters providing temporary housing in San Francisco, rape crisis shelters, the mayor's office task force on Victim's of Trafficking and other agencies providing free legal services to those seeking U and T visas. The FBI can provide a list of shelters and agencies that receive federal funding for the victims of trafficking community. Possible regional and national connections include: the National Human Trafficking Conference in Atlanta September 8-10, 2008, hosted by the Department of Justice and the San Jose South Bay Coalition against human trafficking. Appendix D includes a list of identified organizations for further follow-up about information and collaborations.

## Appendix A: Participating Community Organizations

<b>Organization</b>	<b>Contact</b>	<b>Title</b>	<b>Telephone</b>	<b>E-mail</b>
Asian Women's Shelter	Hediana Utarti	Community Projects Coordinator	(415) 751-7110	hediana@sfaws.org
Cameron House	Yulanda Kwong	Director of Social Services	(415) 781-0401	yulanda@cameronhouse.org
CARECEN	Laura Sanchez	Staff Attorney	(415) 642-4402	laura@CARECENSf.org
FBI	Lorraine Kratzer	Victim Specialist	(415) 553-7424	lorraine.kratzer@ic.fbi.gov
International Institute of Bay Area	Ildar Hafizov	Accredited Representative	(415) 538-8100	ihafizov@iibayarea.org
SAGE	Molly Ring	Trafficking Project Manager	(415) 358-2737	mollier@sagesf.org
SF Department of Human Services	Victoria Weatherbee	Job Retention Specialist, Workforce Development Division Lieutenant, Investigations Bureau, Vice Crimes Division	(415) 401-4874	victoria.weatherbee@sfgov.org
SF Police Department	Mary Petrie	Crimes Division	(415) 970-3070	mary.petrie@sfgov.org
Survivors International	Katie Hymans	Senior Case Manager	(415) 546-2080	katie@survivorsintl.org

## Appendix B: Victims of Trafficking Flyer from Refugee Medical Clinic

### HEALTH SERVICES & BENEFITS

#### for Victims of Trafficking (VOTs) at Refugee Medical Clinic

#### Levels of care available for VOTs:

- **Basic:** Suspected VOTs may come to the Refugee Medical Clinic for health care for medical issues and receive services under Healthy San Francisco
- **T-Visa in Process:** VOTs in process are eligible for all Refugee Medical Clinic services, except comprehensive health assessments
- **T-Visa Holders:** VOTs certified by the ORR may access all Refugee Medical Clinic services listed above
- **All VOTs:** receive culturally competent services with medical interpretation

#### VOTs certified by the Office of Refugee Resettlement or in certification process may be eligible for Medi-Cal health benefits

#### Comprehensive health services for T-Visa VOTs include:

- General health services for medical conditions
- Preventive health care, including dental screenings, Pap smears, mammograms, blood tests and immunizations
- Referrals for health conditions, including therapy and support groups
- Mental health services, referrals and support
- Establishment of a medical home at Refugee Medical Clinic through Healthy San Francisco after 8 month Medi-Cal eligibility period ends
- Civil surgeon services for adjustment of immigration status
- Comprehensive health assessments and physical examinations

#### Please note:

- Use of Medi-Cal will not affect chances of getting a Green Card
- Services are provided at San Francisco General Hospital's Refugee Medical Clinic
- Please bring the following to your initial appointment: any medical and immunization records and proof of residency in San Francisco (a bill in your name, driver's license or US identification card), and a certification letter if available.

**To make an appointment or for more information contact:  
SF Dept. of Public Health, Newcomers Health Program  
(415) 206-8608 ~ newcomershealth@yahoo.com**

## **Appendix C: Survey Interview Questionnaire**

### **What do you Know of RHC and NHP?**

Have you heard of Newcomers Health Program/Refugee Medical Clinic?

If yes: How did you hear about it?

Do you currently refer clients to Newcomers Health Program/Refugee Medical Clinic?

Who have you worked with at Newcomers Health Program/Refugee Medical Clinic?

### **Community Organization Background**

What kind of services do you offer?

What is your target population?

What is your estimate of the # of VOT in SF county? Or how many/yr? Why coming in?

How do most clients find about your services? Or How are they referred to you?

How long have you been serving the VOT/asylee population?

What health services remain unaddressed?

### **VOT/Asylee Demographics**

What % of your clients are suspected VOT? Also #/month or year?

What type of trafficking? (sex, factory work, housekeeping, restaurant, agriculture, other)

What % of these clients are seeking a visa?

What % are willing to prosecute/cooperate with law enforcement?

What are common reasons for refusal to cooperate with above?

What % of your clients are seeking asylum?

What % are certified asylees?

What are their reasons for seeking asylum?

Who do you partner with for these legal services?

What is the living situation for most of your clients in above categories?

What neighborhood do most of your VOT/Asylee clients come from?

What is the country of origin for your VOT/Asylee clients?

What languages are spoken by your VOT/Asylee clients?

What is the age range of your VOT/Asylee clients?

What are some of the specific needs your clients might require at NHP/RHC?

What is the gender ratio of your VOT/Asylee clients?

Who are the perpetrators of trafficking?

**Health Related Issues (specifically regarding VOT and asylee clients)**

What % are currently receiving health services?

Where are they receiving health services/who do you partner with?

How are these services paid for?

Is their appropriate translation available?

What is the primary reason for health services sought?

What are the major barriers to seeking health care?

What % of your clients were victims of sexual assault?

What % of your clients were victims of violent crime?

What % of your clients suffer from PTSD, depression or other mental health issues?

Are they receiving any form of psychiatric care? If so, where?

If they are not receiving care, why? (unavailable, uninterested...)

What % of your clients were provided with STD testing?

**Ways Forward**

What problems have you or your clients experienced with NHP or RHC?

What strengths does NHP/RHC offer in your opinion?

How could NHP/RHC improve their services to better serve your clients' needs?

How can we share what we have to offer with your clients?

What kinds of informational materials would be most useful? In what languages?

Who else should we talk to?

## **Appendix D: Organizations for further follow-up**

Arriba Juntos (contacted in July 2008, stated no current victims of trafficking)

Asian Pacific Islander Legal Outreach (contact established, unable to schedule meeting)

Brennen House

Clara House

Department on the Status of Women

East Bay Sanctuary

Homeless Perinatal Services

La Casa de las Madres

Lawyer's Committee for Civil Rights (contact established, unable to schedule meeting)

Mary Elizabeth Inn

Mujeres Unidas y Activas

Narika

San Francisco Mayor's Office Coalition on Trafficking

Tom Waddell Clinic (contacted in June and July 2008, no interest in interview)

US Attorney's Office

Women's Inc