HHS AND THE CATHOLIC CHURCH: EXAMINING THE POLITICIZATION OF GRANTS (MINORITY DAY OF HEARING)

HEARING

BEFORE THE

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

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HHS AND THE CATHOLIC CHURCH: EXAMINING THE POLITICIZATION OF GRANTS (MINORITY DAY OF HEARING)

WEDNESDAY, DECEMBER 14, 2011

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC.

The committee met, pursuant to notice, at 2:08 p.m. in room 2154, Rayburn House Office Building, Hon. Darrell E. Issa (chairman of the committee) presiding.

Present: Representatives Issa, Platts, Labrador, Meehan, Gowdy, Cummings, Towns, Norton, Connolly, and Quigley.

Staff present: Alexia Ardolina and Drew Colliatie, staff assistants; Michael R. Bebeau, assistant clerk; Robert Borden, general counsel; Molly Boyl, parliamentarian; John Cuaderes, deputy staff director; Linda Good, chief clerk; Christopher Hixon, deputy chief counsel, oversight; Sery E. Kim, counsel; Mark D. Marin, director of oversight; Christine Martin, counsel; Ashley Etienne, minority director of communications; Jennifer Hoffman, minority press secretary; Carla Hultberg; minority chief clerk; and Cecelia Thomas and Ellen Zeng, minority counsels.

Chairman ISSA. Good afternoon. A quorum being present, the committee will come to order.

Today's hearing, a minority day, is on HHS and the Catholic Church: Examining the Politicization of Grants, a minority day hearing.

The Oversight Committee's mission statement is we exist to secure two fundamental principles: First, Americans have a right to know that the money Washington takes from them is well spent; and second, Americans deserve an efficient, effective government that works for them. Our duty on the Oversight and Government Reform Committee is to protect these rights. Our solemn responsibility is to hold government accountable to taxpayers, because taxpayers have a right to know what they get from their government.

We will work tirelessly in partnership with citizen watchdogs to deliver the facts to the American people and bring genuine reform to the Federal bureaucracy. This is our mission statement.

Pursuant to the request by the minority, today is a minority hearing. For that reason, I will ask the ranking member to begin by making his opening statement. The gentleman from Maryland is recognized.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. I want to thank you very much for agreeing to hold today's minority day of

hearings so quickly after our full committee hearing on December 1st.

I would also like to extend my thanks to your staff for their cooperation in scheduling this hearing, and working with us to accommodate today's witnesses.

I am very grateful for all of these efforts. The reason I feel so strongly about today's hearing is because I want to make sure our committee gives a voice to the victims of human trafficking, forced prostitution, and sexual slavery.

In our last hearing, we invited only witnesses from the Department of Health and Human Services, who discussed the formal procedures for grant applications. We were missing witnesses who could testify in more detail about who these victims are, what they go through, and why reproductive health services are so critical for their recovery.

Unfortunately, at the last hearing, several Members of the Republican side accused HHS of having an anti-Catholic bias. They argued that HHS should have awarded a grant to the U.S. Conference of Catholic Bishops, even though the bishops refused to allow any grant funds to be used for family planning services, such as abortion and contraceptives.

At the last hearing, George Sheldon, the principal HHS witness, testified that he made his decision based on what was, "in the best interests of these victims." He explained that referrals for reproductive health services were critical for these victims. He stated, "I have talked to victims, as well as experts in this field, who have indicated that referral for the full range of gynecological services is an appropriate requirement for these individuals who have been victimized and forced into prostitution."

He also said this: "Ultimately, it is that victim that we are trying to empower. It is the victim that will decide what services they will avail themselves to or what services they will deny."

If our goal is to analyze this grant program in a responsible manner, we cannot ignore the voices of these human trafficking victims, many of whom are very young women who have been exploited and raped by their persecutors.

For these reasons, I am very thankful that Ms. Florrie Burke and Ms. Andrea Powell are here today to share their experiences in helping these victims escape their exploitive conditions and put their lives back together. They will explain why these victims need a full range of referral services that includes reproductive health services, and they will explain why limits placed on those referrals fail to meet the needs of trafficking victims they serve on a daily basis.

I would also like to enter into the record, with unanimous consent, a statement that was submitted by a coalition of nearly two dozen organizations in support of comprehensive reproductive health information services for female victims of human trafficking. These organizations all fully support HHS's decision.

Chairman ISSA. Without objection, so ordered.

[The information referred to follows:]

Statement in Support of Comprehensive Reproductive Health Information and Services for Victims of Trafficking

Written Testimony Prepared for Hearing Titled,
"HHS and the Catholic Church: Examining the Politicization of Grants (Minority Day of Hearing)"
US House of Representatives
Committee on Oversight and Government Reform
December 14, 2011

We, the undersigned organizations, are committed to promoting the health and well-being of all women. We have a profound interest in ensuring that all women -- particularly those who are most vulnerable -- have access to comprehensive reproductive health care information, referrals, and services that meet their unique needs. To that end, **we support the U.S. Department of Health and Human Services (HHS) decision to give preference to organizations that would provide information on, and referrals to, "family planning services and the full range of legally permissible gynecological and obstetric care" when administering the Trafficking Victim Services Grant Awards. We believe that the criteria used by HHS to select a grantee to provide case management services to trafficking victims to ensure that all of the specified referrals and services would be provided, was appropriately evaluated and considered.**

Federal law defines severe forms of trafficking in persons as "sex trafficking in which commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or 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] Tragically, victims of these crimes face some of the most horrifying violence perpetrated in the world today. For example, according to the Polaris Project, "The process of "breaking-down" a girl from healthy adolescent sexual boundaries to commercial sex with strangers is often referred to as 'grooming' or 'seasoning.' It is a systematic process that has been documented and replicated by pimps nationwide" and can include beatings, rape and gang rape, emotional abuse, and other torture techniques.[2]

Because of the nature of their victimization, survivors of trafficking are often isolated from the community. Their traffickers knowingly isolate them and keep them in unfamiliar surroundings—it would be accurate to say trafficking victims often feel terrified, ashamed, and that no one in the outside world would believe the circumstances in which they live. Their traffickers use a wide range of intimidation and fear tactics so they don't escape or reach out to local law enforcement. Should victims find a way out, they are often in dire need of comprehensive case management services, especially a full set of health related information and referrals. As noted in a 2009 literature review by HHS' Office of the Assistant 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 noted that trafficking victims "frequently contract sexually transmitted infections or become pregnant.[3]

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[1] United States. Victims of Trafficking and Violence Protection Act of 2000. 106th Congress. 28 October 2000. http://www.state.gov/documents/organization/10492.pdf

[2] Polaris Project. Domestic Sex Trafficking: The Criminal Operations of the American Pimp. https://na4.salesforce.com/sfc/play/index.jsp?oid=00D300000006E4S&d=6FuMhnn2HQpD2dARadzU1Ow7p6I%3D&viewId=05H60000000K8Dr&v=068600000008UtA

[3] United States. Department of Health and Human Services, Office of the Assistant for Planning and Evaluation. August 2009. http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/#Commonalities

The injuries sustained by women who are victims of sex trafficking, domestic violence and rape require coordinated and comprehensive health care so that they can rebuild their physical, emotional and mental well-being. They may require immediate access to a full range of health care services including the treatment of sexually transmitted diseases (STD's) or information about terminating a pregnancy. Depending on the severity of the abuse, one may face a myriad of other health related injuries such as broken bones, vaginal and anal tearings, sterility, miscarriages or menstrual problems. It is of the utmost importance that individuals and organizations providing services to these individuals do not further victimize their clients by making it difficult to access wanted and necessary reproductive health services. It is also essential that organizations selected to provide these services understand the communities they are working closely to assess the level and severity of physical, mental and emotional trauma that women who are trafficked endure, in order to devise a tailored, appropriate response to meet their unique needs.

The protection of women's access to the full range of reproductive health services is a moral imperative. Our organizations have long supported comprehensive, confidential, accessible family planning and reproductive health services because we know that these services are an essential element of health care — even more so for victims of sexual assault, trauma, and abuse.

We also understand the desire of religious organizations to preserve their identity – and many of us are fierce advocates for religious freedom. Yet, we also believe that organizations funded by the federal government to do the important work of serving victims of trafficking must first and foremost, protect individuals and their rights. The HHS decision to give preference to organizations that would provide information on, and referrals to, "family planning services and the full range of legally permissible gynecological and obstetric care" is the right decision because it puts the needs of victims above all, and respects our nation's guarantee of equal rights and religious freedom.

As you consider the HHS decision and the reauthorization of the Trafficking Victims Protection Act (TVPA), we urge you to ensure that survivors of trafficking have access to comprehensive reproductive health information, referrals, and services that meet their unique needs

Trafficking is modern-day slavery and traffickers succeed by stripping away the freedom of their victims. Those who seek to assist survivors of this horrifying crime must ensure that freedom is restored, including the freedom to access comprehensive reproductive health information and services.

We appreciate the Committee's consideration of our testimony.

1. American Association of University Women (AAUW)
2. American Medical Student Association (AMSA)
3. Asian & Pacific Islander Institute on Domestic Violence
4. Catholics for Choice
5. Center for Women Policy Studies
6. Feminist Majority
7. Jewish Community Relations Council of Greater Washington (JCRC)
8. Jewish Council for Public Affairs
9. National Asian Pacific American Women's Forum (NAPAWF)
10. National Center for Lesbian Rights
11. National Center for Victims of Crime
12. National Council of Jewish Women

13. National Health Law Program
14. National Latina Institute for Reproductive Health
15. National Network to End Domestic Violence
16. National Organization for Women (NOW)
17. National Women's Law Center
18. Rabbis for Human Rights North America
19. Religious Coalition for Reproductive Choice
20. Sexuality Information and Education Council of the United States (SIECUS)
21. Women Donors Network
22. YWCA USA

Mr. CUMMINGS. Finally, Mr. Chairman, at the broadest level, I believe Congress should do as much as possible to enhance efforts to combat human trafficking and sexual exploitation.

Indeed, at our last hearing, you stated that this is an area where, "there is never enough attention by Congress."

And I really do thank you, because I know you are very concerned about this issue. And I know of your work in the past with regard to it. And I hope we can work together in a bipartisan manner.

And I believe I speak for the entire committee when I commend our witnesses for the work that each of them performs.

With that, I yield back.

[The prepared statement of Hon. Elijah E. Cummings follows:]

Opening Statement
Rep. Elijah E. Cummings, Ranking Member

Minority Day of Hearings on
"HHS and the Catholic Church: Examining the Politicization of Grants"

December 14, 2011

Mr. Chairman, thank you very much for agreeing to hold today's minority day of hearings so quickly after our full Committee hearing on December 1. I would also like to extend my thanks to your staff for their cooperation in scheduling this hearing and working with us to accommodate today's witnesses. I am very grateful for all of these efforts.

The reason I feel so strongly about today's hearing is because I want to make sure our Committee gives a voice to the victims of human trafficking, forced prostitution, and sexual slavery.

At our last hearing, we invited only witnesses from the Department of Health and Human Services (HHS) who discussed the formal procedures for grant applications. We were missing witnesses who could testify in more detail about who these victims are, what they go through, and why reproductive health services are so critical for their recovery.

Unfortunately, at the last hearing, several members on the Republican side accused HHS of having an anti-Catholic bias. They argued that HHS should have awarded a grant to the U.S. Conference of Catholic Bishops even though the Bishops refused to allow any grant funds to be used for family planning services such as abortion and contraceptives.

At the last hearing, George Sheldon, the principal HHS witness, testified that he made his decision based on what "was in the best interest of these victims." He explained that referrals for reproductive health services are critical for these victims. He stated:

> I have talked to ... victims, as well as experts in this field, who have indicated that referral for the full range of gynecological services is an appropriate requirement for these individuals who have been victimized, forced into prostitution.

He also said this:

> Ultimately, it is that victim that we are trying to empower, it is the victim that will decide what services they will avail themselves of or what services they will deny.

If our goal is to analyze this grant program in a responsible manner, we cannot ignore the voices of these human trafficking victims, many of whom are very young women who have been exploited and raped by their persecutors.

For these reasons, I am very thankful that Ms. Florrie Burke and Ms. Andrea Powell are here today to share their experiences in helping these victims escape their exploitive conditions and put their lives back together. They will explain why these victims need a full-range of referral services that includes reproductive health services, and they will explain why limits placed on those referrals fail to meet the needs of trafficking victims they serve on a daily basis.

I would also like to enter into the record, with unanimous consent, a statement that was submitted by a coalition of nearly two dozen organizations in support of comprehensive reproductive health information and services for female victims of human trafficking. These organizations all fully support HHS's decision in this case.

Mr. Chairman, at the broadest level, I believe Congress should do as much as possible to enhance efforts to combat human trafficking and sexual exploitation. Indeed, at our last hearing, you stated that this is an area where "there is never enough attention by Congress." I hope we can work together in a bipartisan manner, and I believe I speak for the entire Committee when I commend our witnesses for the work that each of them performs.

Chairman ISSA. I thank the gentleman. I will now recognize myself for an abbreviated opening statement.

I join with the ranking member in believing that in fact victims deserve the best services providers can offer. On December 1st, our hearing focused on the action by HHS political appointees in what we believed to be an abuse of the grant process.

It may well be, as your unanimous consent indicates, and many of the statements made last week, that a full range of health care reproductive health care solutions may be needed. Notwithstanding that, the previous hearing showed clearly that in fact in the grant process HHS, knowing full well that under Catholic theology, they could not provide those services, that they ultimately decided to deny the grant on. That is why the committee's hearing did concentrate on Catholicism, a religious belief, which includes a prohibition on contraception or abortion, found themselves rated with an 89, with 5 years of successful—and we may hear differently today, but we didn't in previous weeks—successful execution of this contract.

Having said that, the law is clear, denying based on religious beliefs is prohibited under the law. Two weeks ago, the grant process abuse appeared to clearly deny based on that. There certainly were well demonstrated opportunities for HHS to find work arounds, allowing for those individuals to receive, when they were receiving ordinary health care treatment from licensed physicians, to receive referrals or some other accommodation. That was not explored. It did not come to mind. And ultimately, the process was left to ask Catholic Bishops to say how they would pay for abortions and pretend not to. Ultimately, they could not do that. It would be outside the teachings of their faith and prohibited.

Therefore, today's hearing, although it will concentrate on, and rightfully so, shedding light on these victims—and I approve the wide variety of questions that will undoubtedly be asked, and I have seen the witnesses' opening testimony, and I understand that it will concentrate on the victims. This series of hearings on grant abuse will continue asking not whether a particular policy or ideology is the case, but rather, under the current law, was a grant properly executed based on a system that is predictable and accountable to the taxpayers?

Having said that, although I don't believe that will be the case, and nothing will change that today, I join with the ranking member in recognizing that we have a panel of human rights advocates who are here today to inform us further on a problem which this committee, on a bipartisan basis, wants to explore.

With that, I yield back, and would now like to recognize, without taking a breath, our first panel.

Ms. Burke is a consultant for anti-human trafficking, human rights, and collaborations, and is chair emeritus of Freedom Network USA.

Ms. Andrea Powell is executive director and co-founder of FAIR Girls.

Ladies, pursuant to the committee rules, I would ask that you please now rise to take the oath. And please, raise your right hands.

[Witnesses sworn.]

Chairman ISSA. Let the record indicate both witnesses answered in the affirmative.

Please take your seats. I am going to tell you this is my first minority hearing. But fortunately, it is not my first time to the rodeo. Everything is the same in a minority hearing as it is in any other hearing.

So you will have a green light in front of you, a countdown. Please understand that both of your opening statements will be placed in the record completely. So abbreviate, go off of it. Quite frankly, extend or tell us things that were not in your statement and you will be adding to the information we have. When it gets to the end of 5 minutes, please try to wrap up as expeditiously as possible.

Ms. Burke.

STATEMENTS OF FLORRIE BURKE, CONSULTANT, ANTI-HUMAN TRAFFICKING/HUMAN RIGHTS/COLLABORATIONS, CHAIR EMERITUS, FREEDOM NETWORK USA, UNODC GLOBAL TRAINING INITIATIVE; AND ANDREA POWELL, EXECUTIVE DIRECTOR AND CO-FOUNDER, FAIR Girls

STATEMENT OF FLORRIE BURKE

Ms. BURKE. Chairman Issa, Representative Cummings, distinguished Members of Congress and staff, thank you for the invitation to provide testimony regarding the reproductive health needs of survivors of human trafficking.

Thank you also for your interest and ongoing commitment to the services for victims.

I have been working with these survivors since 1997. Since that time, I have worked providing direct services, creating programs, supervising staff, and now as an independent consultant to both governmental and nongovernmental 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. And 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, 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.

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 enslavement. A

more common occurrence is that after victims are rescued or escape, 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 assist the survivor in determining what a trafficked person needs in all areas. If the screening assessment of case management programs reveals the need for health care services, referrals are made.

A victim-centered approach means that all necessary information and options are provided to the survivor, who then makes decisions for him or herself.

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 teenagers were forced to work in a brothel, and I was introduced to them the day after their escape, when they went through the back door of a clinic the trafficker had taken them to when one became ill and couldn't work.

They told me they had been subjected to multiple sex 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 did produce a crumpled up prescription. Due to the language issues, she hadn't understood that this was an order for medication.

Another group of teenage girls were brought into this 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 the trafficker to force a miscarriage. These means were not effective until late in the pregnancy, when after repeated forced ingestion of this so-called medication, she endured a very painful and dangerous forced abortion at the hands of the traffickers.

The other women were 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 physical and psychiatric care. She was suicidal and remained in care for several years to deal with the trauma of the abuse of the traffickers, the painful forced abortion without medical care, and the resulting situation.

Another survivor who was older had been forced to work as a domestic servant for up to 6 years. She was repeatedly raped by her employer, her employer's son, and some friends of the employer's. 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 workup.

The clinic staff determined that because of longstanding untreated STDs, she had sustained permanent damage and probable loss of fertility. The case manager had to provide support and seek counseling for this woman to help her deal with this devastating diagnosis.

Those of us in this room cannot know the feeling of individuals forced into degrading and physically and mentally dangerous situa-

tions like those I have just described. We cannot imagine the stress of knowing something is wrong but being powerless to get help, to get information, to get treatment, to get care.

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.

Chairman ISSA. Ms. Burke, I see you have many more pages, and you are already 2 minutes over.

Ms. BURKE. Not too many.

Chairman ISSA. Can you wrap up? Like I say, you are heading toward twice the allotted time, if you don't mind.

Ms. BURKE. Okay.

Chairman ISSA. Thank you.

Ms. BURKE. Yes, sir.

We must provide information about, and people will make their own choices. We must protect them, not punish them further by withholding options that might aid in their recovery and health. I was going to speak about the HHS grants.

Chairman ISSA. I am sure we will get to that. I appreciate it. And your entire record is placed in the record.

Ms. BURKE. Thank you.

Chairman ISSA. Trust me, it will be cited many times in the days to come.

Ms. BURKE. Thank you.

[The prepared statement of Ms. Burke follows:]

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.

Chairman ISSA. Ms. Powell.

STATEMENT OF ANDREA POWELL

Ms. POWELL. Thank you. Chairman Issa, Representative Cummings, and Oversight and Government Reform Committee members, staff, and others who are here today, I appreciate and am honored to have the opportunity to speak to you about the complexities of the social service needs of human trafficking victims here in the United States.

I would particularly like to thank both Chairman Issa and Representative Cummings for their dedication to the needs of victims of human trafficking, including victims of forced labor and sexual servitude.

Since the passage of the Trafficking Victims Protection Act in 2000, the U.S. Congress has advanced policies to ensure that victims of this horrible crime of human trafficking are offered comprehensive services that are designed to protect their rights and restore their dignity.

I am the co-founding executive director of FAIR Girls, formerly known as FAIR Fund. We are a nonprofit agency based here in Washington, DC. We have offices and programs in Bosnia, Montenegro, Serbia, Russia, and Uganda. We serve adolescent girls between the ages of 11 and 21, to provide them both prevention education and long-term compassionate care, so that they can stay safe from or overcome situations of sex trafficking, forced labor, and other forms of exploitation.

The majority of our clients who have been trafficked for labor and all of our clients who have been sold for sex have been raped, resulting in serious medical and emotional trauma. It is for them that I am acting as their voice today before you.

In addition to our direct services, FAIR Girls offers prevention, education, and training to social service providers and law enforcement and others who should be able and are able to identify victims of trafficking.

I wanted to make four key points, and then I am going to elaborate on some of the case examples that I shared in my original written testimony. First, I would like to state that all victims of human trafficking need medical services, particularly women and girls forced into sex trafficking situations.

Second, victims of human trafficking are denied this medical treatment during their enslavement, thus making access to immediate medical care critical and urgent, and frankly, one of the very first things that we do as an agency.

Third, and I think this is very important to keep in mind, victims of forced labor trafficking also need medical attention for harm as a result of hazardous labor, long hours and, in some cases, sexual abuse and rape by their traffickers. Their traffickers do not look at the situation as I am only trafficking for a certain purpose. If they believe they own an individual, particularly a vulnerable child, they are going do whatever they want with them. And that often includes rape.

Finally, service providers for victims of trafficking are there to restore the dignity and freedom of our clients. We are not there to prescribe any type of judgment or to force our own opinions and be-

liefs on our clients. We are there to be, if you will, the door to open them to dignity and restoring their life as they would like to live it.

I wanted to speak just a bit to the complexities of the issue of human trafficking. Under the TVPA, the definition of the severe forms of human trafficking is categorized into two areas, labor trafficking and sex trafficking. I would like to point out while forced labor trafficking always needs to have the element of proving force, fraud, and coercion, any young person under the age of 18 induced to commit a commercial sex act, whether they are seemingly giving consent or not, is automatically considered a victim of sex trafficking.

Traffickers prey upon the vulnerability of victims. And in fact, when we do outreach education to kids in the schools here in the D.C. area, we have them learn two main words, vulnerability and exploitation. Traffickers know who to take advantage of. Victims are predominantly already victims of exploitation, poverty, homelessness, and other forms of abuse.

I now want to share a few of our case examples that I believe are very important. Two years ago, we were reached out to by a local hospital that had one of our outreach brochures. They identified a teenage girl who they believed to be pregnant, who they also believed to be a victim of trafficking. We found out that her trafficker was able to sell her to up to 20 men a night by utilizing online Web site advertising companies, like Backpage and Craigslist. Therefore, she was being forced to be raped and exploited day in and day out, to the point that she wasn't allowed to eat or sleep.

This young woman, when she came to us, did in fact appear to be pregnant. We were able to get her a full medical assessment that day. And we found that instead of being pregnant, her trafficker had stuck a kitchen sponge inside her body to keep her from bleeding during menstruation. It had grown to the size of a football. And the toxins inside her body nearly killed her. Had we not had the capacity and the resources that we pulled together from our own agency's general fund to protect this young woman, it is very likely that she would have died in the next few days.

In another case, to illustrate the connection between labor trafficking and the importance of reproductive health care, we had a young woman come to us a couple of years ago who was the victim of forced labor trafficking. We noticed that when she was speaking to us in the initial assessment that she was holding her arms in a very protective way. Eventually, she showed us all of the bruises and the scrapes and the battering that had gone on on her arms and her back. What had happened was her trafficker had beaten her several times because she had fallen asleep on the job. The wounds had become infected because the clothing had become embedded inside of her wounds. She also had been raped multiple times by the owner of the establishment, as well as many of the friends. This young woman suffered several sexually transmitted diseases and many more emotional and mental health scars that we cannot even begin to understand as we are not ourselves in that situation.

I would like to finally summarize with one key point. In the United States, many of us are well aware that when there is a vic-

tim of rape, not just sex trafficking but any type of victim of rape, the first thing that we think is they need to get to the doctor. They need an assessment. What are the injuries? Do they have sexually transmitted diseases? Law enforcement takes them there. Social service providers take them there. It has become the norm.

It is very important to understand that when a victim of trafficking is forced to have sex, this is also rape. It should also be the norm that any young person, old person, anyone who is a victim of trafficking should have the access that they need to make sure that they get an entire medical workup so that they can get on with recovering, as well as make sure that they address any long-term consequences.

I appreciate the opportunity today to speak before you. And there are many more stories that I would like to share, as I believe passionately in the rights of the young people that we serve at my agency. And I am very open to questions.

[The prepared statement of Ms. Powell follows:]

Oversight and Government Reform Hearing
Andrea C. Powell
Co-Founder & Executive Director, FAIR Girls

Chairman Issa, Representative Cummings, and Oversight and Government Reform Committee Members,

Thank you for inviting me to testify before you today. It is an honor to have this opportunity to speak to you about the complexities of the social service needs of human trafficking victims here in the United States. I would particularly like to thank both Chairman Issa and Representative Cummings for their dedication to the needs of victims of human trafficking, including victims of forced labor and sexual servitude.

Since the passage of the Trafficking Victims Protection Act in 2000, the United States Congress has advanced policies to ensure that victims of the horrible crime of human trafficking are offered comprehensive services that are aimed at restoring their dignity and freedom. It is under this light that I hope to share with you my perspective as a social service provider to both foreign and domestic born victims of human trafficking in the United States.

I am the co-founding Executive Director of FAIR Girls, formerly known as FAIR Fund, a nonprofit agency based in Washington D.C. with offices and programs in Bosnia, Montenegro, Serbia, Russia, and Uganda. We provide comprehensive and compassionate emergency and long-term care for victims of both forced labor and sex trafficking. We offer each of our clients individualized care that includes counseling, advocacy, and referrals for housing, legal, and medical services. We also offer our clients art therapy, educational support, job training, and employment placement referrals. We primarily serve adolescent girls and young women between the ages of 11 to 21 years old. The majority of our clients who have been trafficked for labor and all of our clients who been sold for sex have been raped, resulting in serious medical and emotional trauma. In addition to our direct services, FAIR Girls offers prevention education and outreach to young people as well as community training for law enforcement, educators, social service providers, and the local community. Furthermore, we currently co-chair the victim services and training committees of the D.C. Anti Trafficking Task Force. FAIR Girls' programs are based on the needs and experiences of our young clients and our services are survivor-informed and we currently employ survivor staff.

In my testimony, would like to make the following key points:

1. All victims of human trafficking need medical services, particularly women and girls forced into sex trafficking situations;
2. Victims of human trafficking are denied medical treatment during their enslavement, thus making access to immediate medical attention critical and urgent;
3. Victims of forced labor trafficking also need medical attention for harm as a result of hazardous labor, long hours, and in some cases sexual abuse and rape by their traffickers;
4. Service providers for victims of trafficking are there to restore the dignity and freedom of their clients.

In 2000, the federal government passed the Trafficking Victims Protection Act or TVPA, which defined human trafficking. The TVPA also created new remedies for victims and recognized that victims can be both foreign nationals and U.S. citizens. The U.S. Department of State estimates that between 17,000 and 14,000 individuals are trafficked into the United States every year and many thousands more are trafficked within our borders.

Under the TVPA, the definition of "severe forms of human trafficking" is categorized into two areas: labor trafficking and sex trafficking. Labor trafficking is a crime that includes the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion bondage, or slavery. Sex trafficking is a crime in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such acts has not attained 18 years of age.

In understanding human trafficking, there are two very important words to keep in mind: exploitation and vulnerability. Anyone can become a victim of human trafficking. Victims can be women, men, children, foreign nationals, U.S. citizens. Victims can be exploited as individuals, with family members, or in small or large groups. A victim can be anyone that a trafficker assesses has vulnerabilities that they can exploit for their own profit.

Traffickers prey upon an individual's vulnerabilities to lure them into a trafficking situation. There are specific groups of individuals who may be more at risk of being trafficked and enslaved. These groups include undocumented migrants, victims of domestic violence and sexual assault, oppressed and discriminated groups, runaway or orphaned youth, displaced persons, and people who are desperate for a better job and life opportunities.

Sex trafficking can take place on streets, in hotels, in apartments, in massage parlors, brothels, and many other locations. From the experiences of FAIR Girls clients, victims are forced to have sex with between 5 and 20 men a night and are forced to hand over all of the money paid by the individuals who buy them for sex. During their enslavement, they are not permitted to make choices about with whom they have sex, how often they have sex, whether or not to use contraceptives, and where they will have sex. They only eat when their trafficker lets them eat, they cannot seek medical care, and they cannot leave. Every aspect of their life is controlled.

Labor trafficking can take place anywhere where there is a demand for labor. In past cases, victims of forced labor trafficking have been found in households as domestic slaves, working on farms, in private businesses, restaurants, and garment factories. They can be forced to work 20 hours a day for little or no pay. They are under their trafficker's constant control. Victims of forced labor trafficking, just as victims of sex trafficking, are often lured into a situation through false promises for a better life, debt bondage, threats and actual violence against them and their families. Control is often exerted through language barriers, fear of law enforcement, and physical or sexual abuse. Labor trafficking victims are frequently sexually abused and beaten by their captors.

There are many myths surrounding trafficking victims, especially victims of sex trafficking. These myths include that regardless of their age all prostitutes are criminals; that the victims are paid for their services; and that they are free to leave anytime. However, no one can consent to

be trafficked even if they initially agreed to enter into prostitution. And any person under the age of 18 is considered a victim of trafficking – regardless of any perceived consent – if they are induced to commit any commercial sex act.

Many women and girl victims of sex trafficking are forced to meet what is referred to as a "quota." If they do not bring their trafficker a certain amount of money per day (often $500 to $1000) they will suffer extreme consequences including beatings and brutal rape. A trafficker uses control and abuse to ensure their victims know any efforts to escape will be met with beatings, rape, and in some cases death. FAIR Girls clients have reported seeing other girls nearly beaten to death when they attempted to leave.

All victims of human trafficking need medical services, particularly women and girls forced into sex trafficking situations

Women and girls who are sex trafficked are often forced to have sex with – raped – by 10 to 20 men a night. Based on the experiences of our clients and information from law enforcement, we know that in Latino brothels in downtown D.C., women and girls have been force to have sex – raped – by up to 40 men a day. In addition to severe physical harm, including sexually transmitted diseases and vaginal bleeding, these women and girls are left with deep emotional scars. Labor trafficking victims also face sexual abuse, including rape, by their traffickers and often need emergency medical attention to address their medical and mental health needs.

In the United States, rape is a sex crime. The protocol when a victim calls the police and says that she has been raped is to immediately take her to the emergency room of a nearby hospital where trained medical professionals can conduct an exam and assessment of her physical and emotional trauma. We all understand that she has been severely violated and abused. We also know that in addition to the trauma, she may have been exposed to sexually transmitted diseases and unwanted pregnancy as a result of the rape. The message is loud and clear: a rape victim needs medical attention before any other services can be administered. A rape victim is often accompanied by a trained counselor or advocate who provides her emotional support, but these individuals cannot make credible medical assessments which is why counselors, lawyers, and social service providers rely upon their trusted medical professional colleagues who can best assess and administer health care to these truly traumatized and sexually abused victims.

A trafficked woman or girl is by definition enslaved. Her trafficker has taken her freedom and stripped her of any ability to make choices, including whether or not to use contraceptives or protection from sexually transmitted diseases, pregnancy, or other illnesses with the countless men with whom she has been forced to have sex. A trafficker seeks to maximize their profit by forcing their victims to work day and night and because they do not want their victims to have any opportunity to escape, they do not permit their victims to seek medical attention. We have seen many cases where traffickers have intentionally savagely beaten their victims to force a miscarriage.

A sex trafficked woman or girl is forced to have sex with hundreds of men. By definition, she is a rape victim who has been repeatedly raped hundred of times. She, just like a rape victim assaulted outside of a trafficking situation, needs immediate medical attention to determine the

nature and level of her physical and emotional harm. All service providers have an obligation to ensure every single trafficked woman or girl we assist receives the option to obtain medical attention. In most cases, this is the most important step toward regaining a victim's freedom and sense of dignity. All other services, including counseling, legal advocacy, housing placement and job training are secondary to ensuring that a victim's physical health has been attended to by medical professionals. Service providers like FAIR Girls are not medical professionals and cannot be expected to refuse a trafficked person access to a medical referral he or she wants and needs.

The case managers and social service providers at FAIR Girls have assisted more than 300 clients. None of the trafficked women and girls assisted by FAIR Girls have had access to regular medical care. Many of our clients have experienced numerous sexually transmitted diseases and serious gynecological illnesses, including cancer. Other victims suffer from long-term kidney damage due to untreated STDs. The health consequences that these victims face are long-term and often permanent.

In addition to both the reproductive and general health concerns of our clients, many suffer from posttraumatic stress disorder (PTSD) and depression as a direct result of their trafficking. In the case of one client, her trafficker repeatedly held her under water in the hotel bathtub as a means to keep her disorientated. In another case, the trafficker would photograph his victim having sex and threaten to send these photos to her parents. Such continued mental and emotional abuse leaves victims in a very weak and confused state. Medical screening for PTSD and depression is critical to their recovery. Those who suffer from long-term depression are less likely to be able to hold jobs, build new relationships, and begin to regain control over their lives.

Victims of human trafficking are denied medical treatment during their enslavement, thus making access to immediate medical attention critical and urgent

In one case, a teenage girl who was identified as a victim of trafficking was referred to FAIR Girls by law enforcement. The teen girl reported to us that she had been suffering for several weeks from a severe stomachache and thought she could be pregnant. Our team immediately assisted her in accessing medical care. Upon examination, the doctor discovered that large fragments of a kitchen sponge were lodged inside this young woman's stomach and were expanding. Her trafficker had forced her to put the kitchen sponge inside her body to ensure she could continue to be raped by the men who bought even during her menstruation. An immediate medical procedure took place to remove these foreign objects from her body. Had we not been able to assist our young client in receiving medical care, the doctor told us that she could have died. This young woman told us that she begged her trafficker repeatedly to allow her to go to the doctor but he had refused to take her and punished her for asking by not feeding her for almost two days.

In another case, a young victim of sex trafficking attempted to escape her trafficker by running away to a medical clinic. While there, she was afraid to speak about her situation and did not know how to convey her needs in English. She was found by her trafficker who forced her back to the apartment and told her that he would "make an example out of her" before her beat her in front of the other girls enslaved in the apartment.

Upon meeting with FAIR Girls staff, most of our clients request immediate access to medical care. Most have been denied any medical attention and have serious concerns about their health. FAIR Girls utilizes an array of free and low-cost medical clinics where our clients can be screened for any and all medical concerns, including reproductive health concerns. These appointments are often the first form of medical attention our clients have had access to since their captivity as trafficking victims.

Victims of forced labor trafficking also need medical attention for harm as a result of hazardous labor, long hours, and in some cases sexual abuse and rape by their traffickers

Victims of forced labor trafficking endure long and arduous hours of labor. In some cases, their work may also be dangerous and harmful to their health. Many victims of forced labor trafficking suffer from injuries that go untreated and become infected or lead to other serious medical situations. Victims of forced labor trafficking are often subject to rape and sexual abuse in addition to being forced to work. Their traffickers exert total control over every aspect of their lives and tell them that medical professionals will not provide services to them without proper legal documentation and may even call the police to have them deported. Just as victims of sex trafficking, they are often isolated from any form of social support and are subject to extreme depression and anxiety.

In the case of one young woman who was forced to work in a restaurant for two years, her trafficker beat her with a kitchen prong when she began to fall asleep while working. The beatings took place regularly and the young woman lost count of the number of times she was beaten and sexually assaulted by her employer. The beatings left long and bloody welts across her arms and back which caused her constant shame, contributed to her exhaustion, and resulted in extreme pain. She was never provided any medical attention, not even a Band-Aid. In order to hide these welts, she was forced to wear long sleeves and was seldom given new or clean clothing. After coming to FAIR Girls, local staff noticed that she held her arms and had severe discoloring of the skin. We offered to take her to a local medical clinic to have a comprehensive examination. Initially, she was terrified of going to a doctor because she believed she would be deported, but after several reassurances, she agreed to go.

Upon examination, the doctors discovered that the fabric from the clothing had become embedded into her arms and back along with other dirt and food. As a result, her arm was severely damaged and suffered from an infection that led to gangrene. Ultimately, her arm had to be amputated but she was able to live. She also suffered from two sexually transmitted diseases.

Service providers for victims of trafficking are there to restore the dignity and freedom of their clients

The survivors of human trafficking with whom FAIR Girls comes into contact are often unfamiliar with the local community as well as how to access services and understand their medical rights. As service providers, it is our responsibility not only to ensure our clients receive the medical attention and referrals they request but also to educate them on how to access medical services, including reproductive and sexual health needs, on their own in the future.

The goal of providing social services is to help each victim take steps to regaining control over their life. Case managers and social service providers aim to assist each client in gaining skills in advocating for themselves and regaining self-sufficiency. The medical clinics and community health facilities to which FAIR Girls refers our clients are diverse in their services and often have multi-lingual and culturally competent staff who can provide not only emergency services but high quality preventative care, screening, and additional counseling. Their care and sensitivity helps rebuild the lack of trust that many clients suffer as a result of the physical and emotional abuse they endured as victims of forced labor and sex trafficking.

Victims learn that contrary to the lies told to them by their traffickers, they will not be punished, arrested, or deported by medical staff and that they are not to blame for the abuse, torture, and rape that they may have endured. Many clients establish long-term and lasting relationships with the medical clinic staff that then can provide them with the ongoing care they need to rebuild their life. In the case of two trafficked sisters, one young woman continued to see the doctor at the local community health clinic long after she escaped trafficking and overcame the four STDs and depression she endured. Two years following her escape, this young woman utilized these medical services to gain access to reproductive health services and ultimately delivered her first child with the support of this clinic.

In 2009, a client came to FAIR Girls after escaping her trafficker who had forced her to have sex with what she estimated was 1,200 to 1,300 men during a one year period. She reported that the men who raped her were from all backgrounds, including businessmen, politicians, college students, and married men. Our client was terrified to go to a doctor because she feared that she was pregnant or had HIV/AIDS. She felt that her life was over and told us that she no longer wished to live. There were cut marks on her arms from previous suicide attempts. She would not look any of us in the eyes when talking about her exploitation and enslavement in hotels across the D.C. metro area. We told her over and over again that it was not her fault and after some days, she decided she had to know if she sick or pregnant by one of her rapists or trafficker. We selected a known medical facility that specializes in low income and immigrant patients and went with her to the doctor. We waited in the reception area while she was assessed, tested, and given initial consultation. She was devastated to learn that she had three sexually transmitted diseases.

In closing, I would like to make the following recommendations in regards to providing comprehensive medical services for victims of human trafficking:

Recommendations:

1. Services for victims of trafficking must be provided in compassionate and culturally sensitive ways to ensure that victims feel respected, safe, and understand the services being provided to them;
2. All victims of trafficking must be offered a full range of services, including reproductive and sexual health services, when and how they request them;
3. Medical services for all victims of human trafficking must be offered without hindrance to ensure the physical and emotional well being of every client.

Organizations that are funded by the federal government to serve victims of human trafficking must do so by protecting the rights of each victim and by focusing on a full and comprehensive recovery. The Health and Human Services (HHS) decision to ensure that referrals to family planning services is a part of the comprehensive list of services a grant-receiving agency must provide is the right decision. The only way to fully restore the dignity and freedom of a trafficked person is to offer them the support and services they have been denied by their trafficker. Human trafficking is about enslavement and it is the denial of basic human dignities, freedoms and human rights. No one should be enslaved in modern day America, but human trafficking exists all around us. Our work as social service providers is about giving our clients the knowledge and skills they need to regain their freedom.

I would like to thank you again for giving me the chance to speak with you today. I will be happy to answer any questions.

Chairman ISSA. Thank you.

Thank you both for your testimony.

Because of the nature of today, I am going to ask the ranking member to go first. I will hold my questions probably until the very end as part of a summary.

And with that, I recognize the ranking member for his questions.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

Ms. Powell and Ms. Burke, thank you for being with us today.

I have heard these victims' stories, and they are indeed heartwrenching. And they have been horribly exploited. And I commend you both for the work that you are doing.

Let me pose a fundamental question and let you respond. Your organizations both work with these victims directly. So you have this firsthand experience with their needs, as well as understanding of the treatment and services that work.

Ms. Burke, can you please tell us why, in your opinion, it is to important to ensure that these victims have access to referrals for reproductive health care services?

Ms. BURKE. I think from the case examples that the two of us have given, it is obvious the critical needs that trafficking victims present when service providers meet them. Whether they have been enslaved in sex trafficking or labor trafficking, it is a common occurrence that rape is used as a means of control and exploitation.

And when sexually transmitted disease or untreated infections are allowed to go on, permanent damage, health damage can go on, not only to cause harm to them but to others. And contraception is almost never provided by a trafficker. And yet these young women and older women are expected to endure rape 10, 20 times a day, without any kind of protection or medical care. And so we feel that it is so important that people be given information.

And what service providers do is provide a referral to people who are experts in providing education, information, and services, so that survivors can make informed choices for themselves.

They have had all ability to make a choice about anything taken away from them by the traffickers. And we need to restore this sense of personal freedom and choice about what is good for them and what they will pursue.

Mr. CUMMINGS. Ms. Powell, what about you, your organization?

Ms. POWELL. Absolutely. I believe that it is very important for all victims of human trafficking, regardless of what type of trafficking, to have immediate access to the reproductive health services and full range of medical services that they need.

In fact, just yesterday, I was sitting before a new client, and within the first 5 minutes she asked me if I could get her to a doctor as quickly as possible because she was terrified of the consequences of being forced to have sex with dozens of men a day.

This is not something that happens just on occasion. It is not a rare occurrence. Every single client that comes to us, whether referred by law enforcement in the middle of the night or being someone that was referred to us by child protective services, they all want and they all need this service.

And furthermore, I would like to point out that I am not a medical professional, and most of my colleagues who are social service providers are also not medical professionals. Therefore, it is not in

the best interests of our clients, nor is it ethical for us to presume what may or may not be going on with a client's mental or physical health. It is absolutely important that we utilize the medical community to give that comprehensive services to the victims.

Mr. CUMMINGS. At the previous hearing, some committee members suggested that organizations that receive taxpayer funds to help these victims should be allowed to prohibit these types of referrals.

Ms. Burke, you have a chance right now to talk directly to some of those members and make your case. Based on your experience, should these types of referrals be prohibited? Or if not, why not?

Ms. BURKE. I definitely feel that services need to be comprehensive. Our law allows for a victim-centered approach for protection, prevention, and prosecution. And we are not protecting victims if we are not referring them for a full range of services.

The early HHS grants, which first were awarded in 2001, were awarded directly to case management programs. And these grants provided for referrals for all necessary services, without restrictions. It was not until 2006, when the U.S. Conference of Catholic Bishops received the contract, that restrictions around reproductive health care would not allow these very same agencies that received initial funding to continue to provide the same inclusive referrals for care.

It is important to understand that HHS funding is often the only funding that a service program has. The health and well-being of clients was compromised when USCCB denied the ability of case management programs to refer for these services. The restriction stands in the way of health and healing of countless victims, and it denies the option of choice, something that had previously been denied by traffickers and enforcers.

Mr. CUMMINGS. Thank you very much.

I see my time has expired.

Chairman ISSA. I thank the gentleman.

The gentleman from Idaho, Mr. Labrador, for 5 minutes. See what happens when you come back early?

Mr. LABRADOR. I came about back a bit early. I yield my time to——

Chairman ISSA. Okay.

I will go to the gentleman from South Carolina, Mr. Gowdy.

Mr. GOWDY. Thank you, Mr. Chairman.

And I thank my friend and colleague from Idaho.

Ms. Burke, do you know what the composite score was for the Catholic Bishops' grant application?

Ms. BURKE. I really have no idea about the grant application process, the scoring process.

Mr. GOWDY. All right. They had the second highest composite score among all who applied for the grant. And I think the record will support that they had this grant or contract for a 5-year time period. I can't recall a single witness ever providing any evidence that any of the victims who were helped by the Catholic Bishops were dissatisfied with their 5-year tenure.

So I think what strikes some of us—and let me say at the outset, I am a former State and Federal prosecutor who has as little tolerance for crimes against any group, especially the voiceless and the

defenseless, as anyone. So I appreciate and applaud what you all do on behalf of the people who cannot stand up for themselves.

But I am concerned that an entity with a sterling 5-year track record of providing services also had the second highest composite score in a grant application and, nevertheless, was not awarded the grant. It just strikes me that they should have been disqualified, they should have been told up front because of your religious views on abortion, you are not going to be eligible to apply for this grant. But to go through the ruse of letting them apply, have the second highest score, a 5-year track record, and no complaints from victims, and then not award them the grant just strikes some of us as being excessively politicized.

What do you think?

Ms. BURKE. I really can't comment on the grant-making process. I just am not aware. But I would like to address your question about victims' satisfaction or dissatisfaction, if I may.

Mr. GOWDY. Okay.

Ms. BURKE. You said that you have not heard any evidence of victim dissatisfaction with the work done under the USCCB contract. Was that correct?

Mr. GOWDY. Well, I asked the last panel that was before us if they had bothered to interview any of the victims to gauge their level of satisfaction. And they had not even gone through the process of interviewing the very people that we are trying to help.

Ms. BURKE. I would like to address that, if I may.

Mr. GOWDY. Okay.

Ms. BURKE. I would like to try to. I think that if you asked victims about a contract with USCCB, very frankly, I don't know that they would understand the nuances of that contract. They are interested in the services that are being provided. They are seeking services from a case management agency. It would be the providers who would express the satisfaction or dissatisfaction with the contracting restriction.

Mr. GOWDY. Let me stop you there, because unfortunately, despite the very serious nature of this topic that we are discussing, we are limited to 5 minutes.

You would have no aversion to the Catholic Bishops being able to handle male human-trafficking victims, so this would not be an issue. I assume, because of their sterling track record, that if HHS had the foresight to divide it between male and female victims, there is nothing disqualifying about the Catholic Bishops with respect to male trafficking victims.

Ms. BURKE. I think that that would create a terribly awkward system of divisiveness in deciding who is a victim and who is not.

Mr. GOWDY. But you can see the awkwardness of telling a denomination that has a long history of trying to help the weak, the poor, the disenfranchised groups that nobody else has been historically willing to help, to tell them that because of your religious views on this issue, you need not apply. Because the next thing that goes through my mind is what if the Catholic Bishops wanted to apply for an after-school grant that had nothing do with human trafficking? If it was just an after-school program, but they might have female participants in it, would they also be disqualified because of their religious views with respect to abortion? I am trying

to get you I guess to answer what HHS would not answer last time, which is their religious views have disqualified them. They need not apply for any HHS grants until they change their religious views.

Ms. BURKE. I think that it is not about male and female, because I think that all victims of trafficking, sex trafficking, labor trafficking are vulnerable to serious health consequences, sexually transmitted disease, etc. So dividing into genders would not solve this problem. What we need to do is be inclusive that all health services are available to all victims.

Mr. GOWDY. So would the Catholic Bishops be disqualified for applying for any grants with any demographic that could be even tangentially related to reproductive services?

Chairman ISSA. The gentleman's time has expired.

You may answer, though.

Ms. BURKE. I am not sure that I can answer, because I am not in the position of making these grants. My overarching responsibility is to see that all—that referrals for all health services can be made for victims.

Mr. GOWDY. Thank you, Mr. Chairman.

Chairman ISSA. I thank the gentleman.

We now recognize, well, quite frankly, I think Mr. Quigley was the only one here at the start, Mr. Quigley, for 5 minutes.

Mr. QUIGLEY. Thank you, Mr. Chairman.

Ms. Burke, Ms. Powell, again, thanks for the work that you do and for those in your agencies for the work that they do.

There were news stories alluded to in the previous hearing which argued the following point, that providing contraception to trafficking victims is sustaining prostitution. The argument being victims being trafficked right now cannot provide informed consent to an abortion or a regime of contraception because they are under control of a trafficker. If you do provide these services, all you are doing is perpetuating modern day sex slavery.

So the question for both of you is, is this correct? Does providing contraceptives to survivors of trafficking sustain or support prostitution? And based on your experiences in human trafficking, are victims capable of giving informed consent to family planning services? Fire away.

Ms. POWELL. Okay. I will start. So as a social service provider, we have never been in the position where we were buying contraceptives for those who are currently being trafficked. I think one thing to kind of frame this discussion on is that when someone is a victim of human trafficking, they are in fact enslaved. None of the money is theirs. They have no agency. They eat when they are told to eat; they sleep when they are told to sleep. They wear what they are told to wear. They have absolutely no ability to make choices. And I am using the word victim very confidently right now, because in that state, in that situation in which they are enslaved, they are a victim.

However, when they are referred to us through law enforcement, when they escape, or when they are rescued, when they come to us, they then go on this path of becoming a survivor. And part of being a survivor is having the ability to say what they need and when they need it, and how they want to have that service pro-

vided to them. And it can be as simplistic as wanting a pair of socks to sleep in, and it can be as complex as legal services and medical services.

Our job as a social service provider, in particular in those first 24 hours, is to really try to listen, as clearly and without judgment as possible, to what this individual needs. And that individual can be a 65-year-old man who is a victim of labor trafficking, and it can be a 16-year-old girl who is a victim of sex trafficking. Our job is to listen and to help them get access to those services. And we do everything in our power, given the resources and the size of our agency, to do that.

Mr. QUIGLEY. Ms. Burke.

Ms. POWELL. I think you had a second part to your question that I maybe didn't answer.

Mr. QUIGLEY. At that point of being survivors, are they in your mind capable of informed consent on such decisions?

Ms. POWELL. Absolutely.

Mr. QUIGLEY. Thank you.

Ms. Burke.

Ms. BURKE. Yes, I would agree that with proper understanding of the language, if there is a second language issue, that information needs to be provided in the primary language of the survivor, first of all. And with proper education and information, certainly people can make informed consent. They have to have informed consent to go through the criminal justice process.

The key here is, as Ms. Powell said, that service providers are not providing contraception or other family planning services. We are making referrals for those things.

So your question about sustaining or supporting prostitution, I don't see the connection between the provision of contraception and that concept.

Mr. QUIGLEY. And with the limited time I have, how much—you talk about the health care that you provide. Can you touch a little bit about the psychological capability—psychological care you can provide at that point?

Ms. BURKE. Currently, I don't provide direct services any more. I am a consultant. So I am involved in training about the need for psychological experts to provide care for survivors. And this would, again, be based on the needs of the individual, whether it need to be some sort of cross-cultural counseling or a group mode of therapy. It depends on the individual.

Mr. QUIGLEY. Mr. Chairman, if Ms. Powell could take, with unanimous consent, about 60 seconds to answer the same question, given the amount of time?

Chairman ISSA. You may answer the same question, please.

Ms. POWELL. Okay. So to answer your question, when a client comes to us, we have to make a very comprehensive assessment. And granted, we have very limited time in that first 24 hours to think about a variety of situations going on. There might be language competency issues at play. And certainly, we work first and foremost to address that so that we make sure that everything that is going on is understood by this new survivor so that they are making the best decisions that they can make.

We then try to figure out what other basic needs that they need to have met simultaneously so that they are feeling comfortable enough to express what they need.

But we are not putting the words in their mouth. We are not pushing them toward doing something if they don't want to do it. We are doing everything in our power to hear what they need. And that might mean that they want to immediately get reproductive health services. It might just mean that they are hungry, and they need some food. And they might just be tired and need to sleep first.

And our counseling professional staff in all of our locations are skilled professionals who can make sure that they are helping that individual make the most important choices of their life in the way that they believe that they would like to make them.

Mr. QUIGLEY. Thank you.

Thank you, Mr. Chairman.

Chairman ISSA. Thank you.

We now go to the gentleman from South Carolina, Mr. Gowdy.

Mr. GOWDY. Thank you, Mr. Chairman.

It is my pleasure to yield my time to my friend and colleague from Idaho, Mr. Labrador.

Mr. LABRADOR. Thank you very much to the gentleman from South Carolina.

Ms. Powell, I just—I want to thank both of you, actually, for the work that you do. I was not a prosecutor, but I was actually a criminal defense attorney, and I have dealt with some of the issues that you are dealing with, and I know how hard it is.

I do have some questions, though. According to your testimony, Ms. Powell, your organization offers each of its clients individualized care, including counseling, advocacy, referrals for housing, legal and medical services. What percentage of your clients request counseling?

Ms. POWELL. Most of them request counseling. I don't have an exact percentage.

Mr. LABRADOR. Approximate. You say close to a hundred percent?

Ms. POWELL. I would say 85 to 90 percent.

Mr. LABRADOR. What about advocacy?

Ms. POWELL. It depends on whether or not they have been arrested as a result of their trafficking. That might be something that they need support for. Or if they need support around immigration issues. But I am going to say more like 40 percent.

We actually also serve domestic minor victims of sex trafficking. And sometimes advocacy for them looks pretty different than someone who is a foreign national victim.

Mr. LABRADOR. What about housing?

Ms. POWELL. Pretty much all of them need housing. And that is a big challenge.

Mr. LABRADOR. And legal?

Ms. POWELL. It really depends. I would say about half.

Mr. LABRADOR. And medical?

Ms. POWELL. Almost all of them. I would say 98 percent need some type of medical care referrals from us within the first 48 hours.

Mr. LABRADOR. Okay. You also state that their medical needs include the treatment of STDs.

Ms. POWELL. Right.

Mr. LABRADOR. Serious gynecological illnesses, including cancer, kidney damage due to untreated STDs. These treatments are all within what the U.S. Catholic Bishops do, and they would be willing to provide, but they don't wish to refer for abortions. How many of your clients actually ask for services dealing with abortion?

Ms. POWELL. When our clients ask for referrals for reproductive health care, it is usually within the first 24 hours of us meeting them. And it is often that they would like to discover. It is not that they know whether or not they are pregnant or that they know whether or not that they have a STD. So, by and large, they are asking for a referral so they can figure out what the damage is to their body and what they are going to have to do to recover moving forward.

Mr. LABRADOR. Do you pay for their medical services?

Ms. POWELL. Luckily, we have a community health clinic here in the D.C. area that offers the initial consultations pro bono, while we figure out other remedies for payment. On occasion, we have had to pay for medications, though.

Mr. LABRADOR. So if you look at all the services that you provide, are you willing to say that providing abortion services is the most important of all the services that you provide?

Ms. POWELL. It is very important that we are able to provide the full range of reproductive and medical services that our clients need.

Mr. LABRADOR. I understand. But we are talking about a lot of different services. And if one organization provides all the other services exceptionally well but does not provide one service and is willing to send people out to provide those services, don't you think they are doing a good service to the community?

Ms. POWELL. So my understanding is that for an organization to be able to provide comprehensive services for victims of trafficking would actually in fact mean just that; it would have to be the full range and be comprehensive. So if they are not providing referrals for this one particular service, then they aren't in fact comprehensive.

Mr. LABRADOR. That is this administration's interpretation. But the Catholic Bishops has been doing this for 5 years without providing the comprehensive services. And in fact, when they were rated, because you know there was a rating that—when they were rated, they actually came in with the second highest score when you looked at the overall responsibility that they had, not just at this one particular thing. So when they are the second best agency providing the services, all the other services that we are talking about, don't you think it is a disservice that we are not allowing—that we are not using an organization like that that is actually doing everything else pretty well?

Ms. POWELL. To be honest, I really only have one interest, and my interest is not the Catholic Bishops, and it is not the grant process; it is to make sure our clients have comprehensive services. As a very small agency that chose not to subcontract with any government contracts with HHS, we did this because we wanted the

freedom to make sure that we could provide comprehensive services for our clients.

I can tell you firsthand this is not easy cobbling together the resources and making sure that while you are internally panicking as to how you are going to pay for this, that you are smiling at your client, saying it is okay, honey, we are going to be fine, and thinking, how am I going to explain this to the board that I just paid for this? So it is a very tricky process. And I think that anyone who is providing comprehensive services has to do just that. We can't pick and choose and part and parcel. We have to do this holistically, just as we would other victims of sex crimes and other forms of exploitation.

Mr. LABRADOR. And my understanding is that they do it holistically as well, they just don't pay for the services. But they will refer to medical providers to do any kind of service that needs to be done.

But thank you very much for being here today.

Chairman ISSA. I thank the gentleman.

We now go to the gentleman from Brooklyn, New York.

I think Mr. Quigley and Mr. Cummings were the only ones here at the start.

I apologize. You were here. You were so quiet; I missed you.

Mr. TOWNS. I believe we have the yielding program here.

Chairman ISSA. No, no, forget about that yielding thing. I am not missing a chance to make amends. I now recognize, with great pleasure, the gentlelady in the District of Columbia, in which we are all thankful to be, for 5 minutes.

Ms. NORTON. At the moment.

Chairman ISSA. At the moment.

Ms. NORTON. Thank you, Mr. Chairman. I appreciate this hearing.

My colleague on the other side indicated that if you are second best at providing some of the services, that ought to be enough, even if they are not all of the services that are needed. I would say if you are first best in providing some of the services, but those are not all of the services that the clients need, that that is not good enough. If I go to a doctor and he says I am real good at doing X, but you need X and Y, he is not good for me.

Now, he also listed the services. He went down the services. Did you notice that contraception was not on that list? And I don't know why this discussion has gone off entirely on abortion. I recognize how critical that is. But it is important to get on the record that once the Bishops had the contract, that these clients, who had been involved in trafficking, for whom sex had become a way of life, were not even able to be referred for contraception.

Let us understand what we are talking about. Even if you are trafficking and you don't want an abortion, you don't believe in abortion, after the Bishops got the contract, you could not be referred even for contraception, even though you had been involved in sex exchanges all your life.

Do you understand that going off on abortion hides what we know every single person who has been involved in the life of trafficking will need, and that is some way to protect him or herself? Am I exaggerating the importance of contraception or the need to

provide contraception services, which were left entirely off of that list that my colleague provided? I would like to know something about contraceptive services and the importance of providing them or not providing them to this set of clients.

Ms. BURKE. I don't think that you're exaggerating at all, and I think that the referral for contraception and emergency contraception is of vital importance for survivors of human trafficking for all the reasons that we've listed. And when USCCB got the contract in 2006, programs were no longer allowed to refer for the full range of reproductive health.

Ms. NORTON. You know, some of my colleagues accused those—some of us on this side, who believe people should have the full range of services, including contraception and abortion, of anti-Catholic bias, even though I believe this was entirely refuted by the record, which showed the Catholic Church had received some $50 million in funding in the last 3 years, more than they had received under the prior administration.

And I do want to say for the record, the Framers really did have this thing right. It is as if you can get the public dollar, the taxpayer money and continue to practice your religion using taxpayer dollars as you please, regardless of the needs of the client. There's no entitlement to a contract in this country.

I want to ask about—I want to ask about, before the Bishops had the contract. Before the Bishops had the contract, Ms. Burke, were you able to provide the services, contraception and abortion?

Ms. BURKE. We were able to provide the referrals for the services.

Ms. NORTON. That's what I mean.

Ms. BURKE. Yes.

Ms. NORTON. So when the Bishops no longer had the contract, all that was happening is that you were going back to the status quo ante, how it had been before. When you were—when the Bishops no longer had the contract, you were able to provide the services. Once they got the contract, you were not?

Ms. BURKE. Correct.

Ms. NORTON. Now under the Bishops' restrictions, passing out public money, how did the subcontractor or organization——

Chairman ISSA. I would ask unanimous consent that the gentlelady have another 30 seconds.

Ms. NORTON. I appreciate that, Mr. Chairman.

Under the Bishops' restrictions, if you needed, you believe somebody needed contraception, I would say that would be everybody, but forgive me if I think that, that needed contraception or needed abortion, how would you assure that the client received these services?

Ms. BURKE. For some programs, there were other sources of funding that were not tied to the contract, subcontract with USCCB, and those programs could utilize that funding.

Ms. NORTON. Well, suppose you were a subcontractor of the Bishops?

Ms. BURKE. For programs who were subcontractors with the Bishops, and that was the only source of their funding?

Ms. NORTON. Yes.

Ms. BURKE. That meant that case managers, who work really long hours at very low pay, had to spend extra time.

Ms. NORTON. Uncompensated time?

Ms. BURKE. Uncompensated time, trying to find a service that would provide——

Ms. NORTON. Contraception, for example.

Ms. BURKE. Contraception, for example.

Ms. NORTON. Thank you very much, Mr. Chairman,

Chairman ISSA. I thank the gentlelady.

We now go to the gentleman from Pennsylvania.

Mr. PLATTS. Mr. Chairman, thank you.

I don't have any questions, but I appreciate both witnesses for being here and especially written testimony, because I'm running between meetings but glad to have your written testimony that I may be able to take with me and appreciate your work.

Chairman ISSA. Would the gentleman yield?

Mr. PLATTS. I would be glad to, Mr. Chairman.

Chairman ISSA. I thank you. Let me go through a few questions, because I have developed some questions while this has been going on.

Ms. Burke, Ms. Powell, these questions will be sort of for both of you.

Do both of you have places that you could refer an indigent to get contraception at no cost to them? It's pretty straightforward. Do you have a way outside of Federal funds to get contraception for people in general, for women in general? It's kind of an easy yes or no.

Ms. POWELL. We have——

Chairman ISSA. You have other resources you said you scrapped together with very little money. I assume you have that, is that right?

Ms. POWELL. Right. So we're predominantly using pro bono sources from the medical community.

Chairman ISSA. Do you also have, if no other source is available, the ability to get an abortion for somebody in need if no funds are available.

Ms. POWELL. If we can find a referral for the medical services a client needs, then we can make that referral. But if we don't have the——

Chairman ISSA. No, I understand. And I'll get to the referral in a second. I'm sort of building to that, and, you know, in our earlier hearing—I don't think either of you were necessarily in the audience—but there were three services, which you are acutely aware of them, sterilization contraception and abortion.

And abortion, under Federal law, we're only talking about rape, incest and the life of the mother. We're not talking about just because somebody's pregnant under the Federal law, is that correct? Okay. So we are talking about a narrow constraint, but it doesn't really matter. Those are the three procedures out of 200 medical procedures.

Did the Catholic Bishops prevent you from referring somebody to a doctor for gynecological examination, including STDs and the other full range of things that can happen to somebody who has been the victim of rape?

Ms. BURKE. Yes.

Chairman ISSA. They did?

Ms. BURKE. Yes.

Chairman ISSA. What, other than abortion, contraception and sterilization, what procedures did they prohibit you from referring to a doctor for, kidney disease, cancer, STDs, were any of those prohibited?

Ms. BURKE. No.

Chairman ISSA. Okay, so you said there, yes, what's the yes. What other than those three did they prohibit? In other words, the same gynecological exam is going to go on for all of these, so I just, I understand, you sent somebody for a health care referral. You were not prohibited sending them to somebody who could refer for an abortion because you didn't have to send to a Catholic doctor. You sent to people, I assume, who could come back and say the woman is pregnant or the woman needs contraception for some reason, right?

You just couldn't physically get it paid for by the Bishops; is that right? This is still the same doctor, isn't it? I'm asking this for a question, and I'll get to the question, rather than run you through questions you are uncomfortable answering.

We are not concerned about abortion here today. We're concerned about a contract. So let me go through the whole point.

Had HHS said that, in fact, there was another program outside of the Catholic Bishops and that under that site fund, if a physician, who you referred for a full range of examination, because, often you didn't send somebody in knowing they were pregnant. The poor woman with a sponge, you thought was pregnant, she wasn't pregnant, and ultimately, you still referred here.

So if you sent somebody in and there was a site that said if it comes back in these three categories by the doctor, that referral goes to this site fund of Federal dollars, Ms. Powell, something similar to when you had the State Department funding directly that you had.

If you had another site fund, you would have been able to refer them under that other site fund, is that correct, just as you could have been referred them under pro bono work, is that right?

Ms. POWELL. We probably would be able to cobble together different resources to do that.

Chairman ISSA. Okay, but I am saying now if the Federal Government had given you these resources and simply given it to you on another site fund, provided it under the contract to everybody, you would have had a site fund, you could have done it. You weren't prohibited from having multiple contracts.

And the reason I'm asking this is, we asked HHS did they try a work around? They said no, we went to the Catholic Bishops and told them to offer us one. This committee is in no small part concerned about differences on the—I'm sorry—on the abortion issue, but we're also concerned on the contracting.

So, in the future contract, if Catholic Bishops or any group for any reason has any concern, if there is an effective work around, and it appears as though there was an effective work around, or at least it could have been explored, as people dealing with people in need, you would have used the multiple site funds or the free

over here or that clinic over here that you testified to earlier to, wouldn't you, to provide all those services, because the Catholic Bishops were not providing the services, they were doing referral and administration, right?

Ms. POWELL. Sounds like a really complicated process, and I'm not as familiar with the different types of contracting that you're referring to.

Chairman ISSA. Well, you're very, and my—his time has expired, but you are very familiar with cobbling together money to get what you want.

Ms. POWELL. True.

Chairman ISSA. Okay, you'd have cobbled it together. Our problem here on the dais is we have a law that prohibits religious beliefs from making somebody ineligible, and yet we didn't have any attempt to work around. So that's why the question—I apologize for going over.

And I guess I'm now going to the former chairman of the full committee, who has been very patiently waiting, the gentleman from Brooklyn, Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Let me thank you and the ranking committee chair for having this hearing. I would like to read into the record a statement that was submitted by another survivor of human trafficking who is on the verge of success with her life. Her story is one of sadness, but also one of hope.

We can use hers and other examples as we continue to examine what services are made available for victims of human sex trafficking and who is capable of providing the services that are necessary to transition back to a normal life as possible.

And let me, this is from Asia Graves, who is 24 years old, college student, is going to school for political science with a legal studies concentration.

When I was 17 years old, she said, I was a victim of human trafficking. I was living with my mother, who was addicted to crack cocaine. For safety reasons, I moved in with my father, who was an alcoholic.

I did not know my life would turn upside down. My dad requested that I pay $900 a month in rent. I got a job working as many hours as I could to try and pay my rent. I even missed school. When I could not pay my rent, my father threw me out.

So, with no place to go, I moved in with a group of girls who were staying in a one-bedroom apartment. They introduced me to several of their male friends, who I didn't know were pimps. I was told I was going to—on a date, but instead I was taken to the track, a street corner in the middle of a snowstorm, and left there. They told me that I had to have sex with these men for money, or I would be homeless.

I didn't do it, and on my walk home, I met a guy who appeared to be my age. He told me that I was beautiful, and I could go home with him. He took care of me and gave me a place to live.

After a week, he told me that he was a pimp, and I was his property. He called an escort service, who took naked pictures of me and put them on their Web site. Men came to the hotel and had

sex with me. I was told that if I did not have sex with them, they would kill me.

Two weeks later, he took me to the track and made me work. He said that if I did not, he would kill my family. He sold me to several other pimps that had sex with me and forced me to have sex with other men.

After being beaten, hit in the head with an iron and sexually assaulted with a hair brush and figuring out that I was pregnant, I had enough. I tried to run but was held hostage at gun point.

When I finally escaped, I spoke to the first police officer that I could find. That led to my trafficker's retaliation against me. The next morning my trafficker sent four women with steel-toed Timberland boots to assault me. They knew that I was pregnant, so they focused their kicks on my face and stomach. They left me on the sidewalk like a piece of garbage.

I walked to the nearest police station and spoke to a police officer, who sent me to Sergeant Kelley O'Connell. She knew who my trafficker was.

During our interview, I started to miscarry. She took me to the emergency room. I was afraid to go to the hospital for the fear that I wouldn't be seen due to lack of health insurance. They made sure that even though I did not have health insurance, I was taken care of.

After that, I did not know what to do or who to turn to. Thankfully, I was blessed to have a group of investigators who helped me physically and emotionally. I was also referred to Carol Gomez, director, of course, and she who worked as my victim advocate mentor and counselor. Without her, I would have not have been able to receive mental health treatment or PTSD physical, as well as dental help, to fix several teeth that were broken by my traffickers.

I never went to a doctor during that period of my life, during my life, while I was being held hostage by my pimps. Thankful, since I got out of this situation and had access to doctors, I have not tested positive for a sexually transmitted disease. I was and am still scared of not knowing whether I am really am disease-free.

Could I get another 30 seconds added?

Chairman ISSA. Without objection.

Mr. TOWNS. I had a close friend who caught full-blown AIDS from her pimp. She has died recently. Once I got help from Carol, I was grateful to be able to have information about access to contraception and condoms to make sure I stayed healthy and to protect my partner.

Carol also took me to the doctor to make sure my sexual health was in good standing. I am relatively healthy, but doctors don't know yet if I will ever be able to have children as a result of the beatings and assaults I suffered.

And had I not miscarried right after I escaped my traffickers, Carol would have given me information about options on pregnancy. She would have helped me access prenatal care or abortion services, depending on what I decided was best for me.

I owe Carol everything. Thanks to her and what she did for me.

Once I escaped my trafficker, I am nearing college graduation. I plan to attend law school so that 1 day I will be able to advocate for women who are going through what I went through. We need

programs to help provide us with services, and we need to make sure we get all of the services we need.

I thank both of you for coming to testify and for the work that you are doing. I appreciate it. I want you to know, you are making a difference in the lives of so many. Thank you.

Chairman ISSA. I thank the gentleman.

We now go to the gentleman from Virginia, Mr. Connolly, for 5 minutes.

Mr. CONNOLLY. Thank you, Mr. Chairman.

And I want to thank, particularly Mr. Cummings, the ranking member, for requesting this hearing. I'm still—I can actually hear from the providers of services to victims of human trafficking as sort of a follow-up to the earlier hearing.

And assertions to the contrary, notwithstanding, in the first hearing, we had on the subject from my point of view, the witness we had, Mr. Sheldon in particular, made it very clear that there was no politicization or anti-religious bias in the decision not to award this particular contract of services to victims of human trafficking to the U.S. Catholic Bishops.

In fact, the record made very clear that the U.S. Catholic Bishops received several grants subsequent to the denial of this one, and that the Catholic Church, Catholic entities, including Catholic Charities, including Catholic Relief Services, receive hundreds of millions of dollars of U.S. taxpayer assistance because of the wonderful work they do, whether it be internationally or domestically. Some of the smear, the suggestion, that there is a bias against my church is false.

The question came down to what the nature of the grant was, what services were to be provided. Mr. Sheldon gave, I thought, eloquent testimony before this committee that we know more now about the victims of human trafficking, and that one of the essential services, absolutely essential—and I'm going to ask you whether you concur—but in terms of services for the victims, most of whom are women, often young girls, who have been multiply, you know, abused sexually, raped, physically mistreated, are gynecological services, precisely the services the U.S. Catholic Bishops, as a matter of conscience, chose not to provide. That is their right. But if that's the nature of the services needed, and that's the nature of the grant designed, then you give it to somebody who can and will provide those services.

It was a fairly straightforward proposition, not politicized at all until it came to this committee.

Now I want to know, if I may, Ms. Burke and Ms. Powell, from your point of view, is it essential that the full range of gynecological services be provided to the victims who would be served by such grants?

Ms. BURKE. I can't stress enough how important I think it is that the full range of services be available, that service providers be able to refer for these services.

It's been borne out in years of experience on my behalf that there—it's not just contraception, abortion or other services, but it's the education that goes along with it, that victims are often young, victims are often undereducated, victims often come with a different primary language and don't really understand their own sex-

ual health. They don't understand the functions of their body, and they are very vulnerable to illness and disease. And we wouldn't consider not referring clients who suffer from a diagnosis of cancer, diabetes or heart disease, and yet it has been the practice of the last 5 years to prohibit referrals for reproductive health care that also helps to halt disease and prevent long-term health issues.

Mr. CONNOLLY. Thank you, Ms. Burke.

Ms. Powell, why, I mean, what's the harm, in skipping that part?

Ms. POWELL. It's absolutely critical that we have the ability, and we must be able to provide comprehensive referrals for all forms of reproductive health needs. And I'd like to buildupon——

Mr. CONNOLLY. Why? Why is it important? You just assert it's important, but why is it important?

Ms. POWELL. It's important for their lives. It's not just about whether or not we think they might need it. These individuals absolutely need the ability to have these referrals, just like the example that I gave of a young woman who had a kitchen sponge the size of a football in her stomach; she would have died had we not been able to get her to care. And this is not the only scenario that was like this.

This is a very common tactic of traffickers to put a foreign object in a woman's body or a girl's body so that he can maximize his profit by using her, even during menstruation.

Mr. CONNOLLY. So if I understand you correctly, this isn't just a matter of—well, as a matter of conscience I don't really like that—so I'm going to make a little exception and not provide that service. Absent that kind of service, we might unintentionally, of course, actually be jeopardizing lives.

Ms. POWELL. Right. And as a service provider, I can't be in that position. I must be able to provide my clients to all of the services that they need.

Mr. CONNOLLY. Thank you, my time is up.

Mr. Chairman, might I also ask that a letter from Catholics for Choice, addressed to the ranking member, Mr. Cummings, be entered into the record at this time?

Chairman ISSA. They didn't send one to me?

Mr. CONNOLLY. Pardon me? I don't know. You know, they sent one to me. I don't know whether——

Chairman ISSA. I'm shocked, I'm shocked. Yes, without objection it will be included.

[The information referred to follows:]

CATHOLICS
FOR
CHOICE

IN GOOD CONSCIENCE

December 14, 2011

US House of Representatives
Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515

Dear Ranking Member Cummings,

On behalf of Catholics for Choice, I wish to thank you for holding a hearing on the critical importance of access to comprehensive reproductive healthcare for trafficking victims. I also applaud your decision to allow them to express in person the significance of these services to their recovery and the importance of having their choices respected. In keeping with our Catholic faith and our social justice tradition, we firmly believe in the dignity of all people and in our particular obligation to advocate for those who are most vulnerable, including particularly these brave women. As a result, we like the majority of the more than 68 million Catholics in the United States support policies such as the decision by the US Department of Health and Human Services (HHS) to give preference to organizations that provide information on and referrals to the full range of reproductive healthcare services when administering Trafficking Victim Services Grant Awards.

Women who have suffered the incomprehensible physical and emotional abuses of human trafficking should be assured they may access the best possible care for combating the myriad healthcare problems that can result from continued abuse. Therefore, it is in the best interests of all that only those social service agencies committed to providing access to the full range of healthcare services do so. Women need support and compassionate care when they seek reproductive healthcare services, not judgment and disdain.

For trafficking victims, who have already suffered the injustice of having their freedom of conscience cruelly denied, there should be no obstacles to obtaining information so that they may make their own decisions about critical, sometimes life-saving reproductive healthcare services to treat sexually transmitted infections or terminate a pregnancy. Therefore it is reasonable and ethical to require all social service agencies receiving Trafficking Victim Services Grant Awards—whether secular or religiously affiliated—to guarantee timely referrals to ensure that trafficking victims receive comprehensive healthcare in a timely manner. Moreover, good practice should also compel a social service or healthcare institution to make sure that the consciences of both the service provider and the client are accommodated by having policies, such as referrals, in place that enable individuals to receive information about whatever medications they need, procedures they require or services they seek.

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Like many Catholics, we accept that conscience has a role to play in providing social services, particularly those related to healthcare. Indeed, it is a common, correct and essentially Catholic understanding that each person has a conscience, an inviolable and personal inner core that informs our decision making and compels each of us to act in the way that we have decided is morally correct. Catholic teachings also require us to respect the conscience-based decisions that other people make. Our tradition tells us to care for the most vulnerable. Surely it must be possible to provide taxpayer-subsidized assistance to human trafficking victims—some of the most vulnerable people in society—without restricting the exercise of their dignity when it comes to making personal, moral decisions about their own reproductive healthcare.

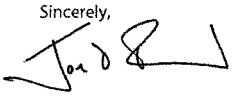
When the United States Conference of Catholic Bishops (USCCB) and other conservative Catholic organizations request exemptions from these basic standards, however, they seek more than protection for individual conscience. In fact, they seek to denigrate individual conscience by imposing their own narrow religious views about sexuality and reproductive healthcare—views that are only shared by a tiny minority of Catholics. Permitting these organizations to keep the billions of dollars they receive from government contracts without having to adhere to the standards that apply to other groups or organizations working in the same field would be to grant the USCCB and their colleagues a pass from the requirement to play by the same rules as everybody else.

The bishops' concept of "religious liberty" and "conscience protection" under the Trafficking Victim Services Grant Awards would allow one narrow interpretation of one religious tradition to run roughshod over the religious beliefs and consciences of every single trafficking victim seeking services from any grantee. Having failed to convince Catholics in the pews on issues of reproductive healthcare, the USCCB and allied conservative Catholic organizations are now attempting to impose their agenda on all people by seeking preferential treatment for a distorted notion of "conscience rights" in the administration of human trafficking grants. Condoning the refusal by social service agencies not only to provide services but also to even refer trafficking victims to another provider endangers many women's access to the healthcare they need. In fact, it constitutes state-sponsored discrimination against individuals who have already often been ostracized from and failed by society and encroaches on the individual consciences of those seeking care and assistance.

Organizations funded by the US government must serve those in need by providing services while respecting a client's conscience, her moral agency and her freedom to follow her own beliefs. She should also be protected from any harm that may result from the impact of religious beliefs that she may not share. The HHS decision to give preferred status to social service agencies that provide trafficking survivors with referrals for the full range of healthcare services, including reproductive healthcare, is the right move. It allows survivors to take the first steps toward regaining their freedom to make their own decisions, in accordance with their consciences, about their bodies, their health and their future.

As you consider the HHS decision and reauthorization of the Trafficking Victims Protection Act, I therefore urge you to ensure that the voices of trafficking victims and the sanctity of individual conscience continue to be respected by maintaining access to comprehensive reproductive healthcare services in all grants.

Sincerely,



Jon O'Brien
President

Mr. CONNOLLY. Mr. Chairman, knowing how hurt your feelings are, I will make sure they send you one.

Mr. TOWNS. Mr. Chairman, I'll get you one.

Chairman ISSA. I thank the former chairman.

Mr. CONNOLLY. Thank you.

Chairman ISSA. Thank you.

And I'll combine a close with my 5 minutes.

You've been helpful today. This hearing was one that I told the ranking member I wanted to have anyway, although his insistence made a huge difference in how fast we had it.

I want to go through a couple of things.

Ms. Powell, have you had any other contracts, Federal contracts or subcontracts, other than the State Department? Did you do any work under the Catholic Bishops?

Ms. POWELL. We have not done any work with the Catholic Bishops, no.

Chairman ISSA. Okay. So you don't have any knowledge of what they would or wouldn't do?

Ms. POWELL. My case manager and program director worked for another agency, and she has given me multiple examples, but I personally don't have direct knowledge.

Chairman ISSA. Okay. Well, we don't have her here today so that's why I'm asking.

Ms. Burke, you haven't done any work with the Catholic Bishops under a Federal contract, have you?

Ms. BURKE. Not since 2007.

Chairman ISSA. Okay. Let me ask just a couple of questions to sort of clear up things that I didn't hear asked or answered.

Catholic Bishops pay for well baby treatment? Did—would they provide pregnant mothers with healthy exams to help with making sure their baby was delivered in a healthy way? In other words, did pregnant women under the Catholic Bishops get referred to anybody? I assume they didn't just deny them health care.

Ms. BURKE. No.

Chairman ISSA. So they would deny—they would allow them to have the baby get an ultrasound, the mother get an ultrasound of the baby.

Ms. BURKE. I think so, yes.

Chairman ISSA. So they would have found that sponge, right, or found that it wasn't a baby? I just want to make the point that maybe people would misunderstand in this hearing and think that that woman with a sponge inside of her body would die under Catholic Bishops care—and it doesn't appear as though they would have—if someone thought she was pregnant, she still would have gotten a referral. It would not have been a referral to get an abortion, but it would have been a referral for normal, healthy—normal questions, especially if the baby didn't kick and she kept swelling, right?

Ms. POWELL. We had about 2 hours with our client before we made that referral because she was in so much pain.

Chairman ISSA. Okay, let's follow up on that. Catholic Bishops' administration, the people they paid to do it for them, Ms. Burke, maybe, before 2007, if a woman was in pain, you just, Ms. Burke, that woman in pain with a sponge in her uterus or wherever it was

trapped, she would have gone to the hospital under the Catholic Bishops, wouldn't she? You wouldn't have been prohibited from taking a woman in pain to the hospital, even if she was distended and looked like she was pregnant?

Ms. BURKE. No, we wouldn't.

Chairman ISSA. Okay, I just want to make the point because I think it's important that there were differences, perhaps, in what they administered, but I think there's no question—and I sometimes object when Catholic Charities, Catholic priests, Catholic everything, they willingly and knowingly house illegal immigrants. They provide all kinds of around the government because they're so caring and so liberal that will they don't recognize U.S. borders.

So I'm not going to tell you that the Catholic Church is perfect at all times, they have been part of sanctuaries for people who they knew were not here legally, and they didn't care. That's part of how compassionate they are.

So, certainly, no administrator on behalf of the Bishops would have denied health care that they thought was life threatening to somebody. They would have gotten them to the doctor. You can all agree to that, can't we?

Okay. In closing, I understand, Ms. Powell, you thought it was cumbersome if the contract had been let differently. But if I told you what the first hearing told us, which was it is illegal to deny them, based on their religious beliefs, and it is, in fact, true that the contract never said you will be denied this contract because you do not offer abortion, sterilization or birth control pills and the like, that the contract had a certain flaw.

You've testified today, both of you, that what you called the full range of health care—and we called the last three of 200 that are listed—but suffice to say, they don't provide those as a matter of conscience. The contract implied that they could win, and they got an 89 and somebody with a 69 got the contract instead.

So I think you would all agree, you both I hope would agree, that the process of letting them go through the bidding and then not receive it was inherently flawed because if, as I understand correctly, you think that—and I'm not disagreeing with you, I'm just asking, you think that, in fact, it should have been, a, look, if you don't do it, you don't get the contract, right? That's what you've testified to pretty much. Okay.

That is one of the challenges, and I'll close now, for this committee, is to figure out how the grant process can be honest and legal up front so that nobody enters knowing that there is a trapped door at the end and so that from the remaining people, whoever are eligible, they receive contracts in a fair and impartial fashion.

The term "competitive grant" always bothers me when I find out that the competition at the end of it all is somebody's individual decision.

So I want to thank you for your testimony. I think it was illustrative, far beyond just the question of grant process. I think you both have been excellent witnesses, and I thank you for your being here.

I have no doubt that Congress will look to have you back on this subject including, perhaps, this committee, and we stand adjourned.

[Whereupon, at 3:30 p.m., the committee was adjourned.]

[The prepared statement of Hon. Gerald E. Connolly follows:]

Statement of Congressman Gerald E. Connolly

Hearing on Grants to Combat Human Trafficking

December 14, 2011

Thank you, Ranking Member Cummings for convening this hearing to address the efficacy of anti-human trafficking grants. This hearing follows a previous hearing on the Department of Health and Human Services' (HHS) decision to award grants to organizations which could fulfill the grants purposes rather than to the U.S. Conference of Catholic Bishops (USCCB). HHS' grant funding announcement said applicants should be able to provide victims of sex trafficking "comprehensive case management" services, including referrals for contraception and other family planning. The USCCB categorically rejects the use of birth control, referrals to abortion providers, and other essential health services. As officials from HHS confirmed at our first hearing on this subject, most female human trafficking victims also are victims of sexual exploitation.

Female trafficking victims, many of whom are very young, frequently need immediate and comprehensive health care services. Although the majority excluded health care providers from the first hearing on this subject, we now have the opportunity to hear from them.

According to the Congressional Research Service, approximately 65-75% of human trafficking victims are females, and 79% of trafficking victims also were victims of sexual exploitation. HHS notes that 41% of minors who have been admitted to the United States legally following their victimization through trafficking suffered sexual exploitation. Those minors were unlikely to have accurate information on sexually transmitted diseases and reproductive health services. A separate study from the London School of Hygiene and Topic Medicine found that 90% of female trafficking victims also are victims of sexual exploitation, and that a majority of those experienced "pelvic pain, vaginal discharge, or gynecological infection." Whether or not these individuals have access to contraception and science-based reproductive counseling is critically important because their lives may depend on access to reliable medical treatment after they enter relief services.

When HHS advertised this human trafficking grant, it clearly requested applicants to provide comprehensive health services, to "include community referrals for housing, health screening and medical care." The application also was clear about the need for grantees to provide reproductive health services, including "provision of treatment for sexually transmitted infections, family planning services and the full range of legally permissible gynecological and obstetric care." Emergency contraception, counseling about sexually transmitted diseases, and other reproductive health services can save the lives of women who recently were sexually exploited. Those reproductive health services also could obviate the need for an abortion, as emergency contraception is effective up to 120 hours after intercourse. Finally, reproductive health services must provide clear, accurate information about sexually transmitted diseases, including how to limit their transmission. Some 44% of trafficking victims in the London study had sexually transmitted diseases, and many of those victims did not have scientifically accurate information on what the diseases were, how to treat them, or how to avoid transmitting them to others.

I appreciate Mr. Cummings holding this hearing and the willingness of health care providers to help us learn more about successful anti-trafficking programs. In addition, I ask unanimous consent to submit for the record a letter from the organization Catholics for Choice. Thank you for joining us today.

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