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International Public Health Perspectives: Human Trafficking in Florida

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INTERNATIONAL PUBLIC HEALTH PERSPECTIVES: HUMAN TRAFFICKING IN
FLORIDA

By

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Table of Contents

Abstract	4
Methodology	6
Project Context.....	7
Minnesota’s Integrated Trafficking Approach.....	16
Human Trafficking Data	26
Recommendations.....	28
Considerations for Implementation.....	34
Conclusion	35
Bibliography	36
Appendix A.....	40

Abstract

Across the globe, human trafficking wreaks havoc on public health in epidemic proportions. As a public health problem, human trafficking demands a public health response that prioritizes mitigating risk factors for potential trafficking and emphasizes trauma-informed care of trafficking victims. This study explores human trafficking in Florida through analysis of other public issues such as smoking, drunk driving, HIV/AIDs, and Ebola. Additionally, this paper analyzes health workers' approach to human trafficking in Minnesota, the first state in the United States to lead trafficking prevention and response through their Department of Health. Overall, this paper seeks to make recommendations to direct future research and policy pertaining to human trafficking in Florida.

Keywords: international affairs, public health, human trafficking, Florida government

International Public Health Perspectives: Human Trafficking in Florida

In 2003, the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children required countries to criminalize human trafficking. However, they merely recommended victim care. Since the passage of this protocol, many places, including Florida, have strengthened their trafficking laws. Unfortunately, victim care has not advanced as quickly nor been recognized as an equally important priority. A public health approach to trafficking is necessary to intersect the preventative, legal, and victim care aspects of human trafficking response. As human trafficking is a public health crisis, anti-trafficking efforts in Florida should be coordinated through the Department of Health (DoH). Many states like Florida currently facilitate trafficking response through the Department of Children and Families (DCF) or the Department of Juvenile Justice (DJJ). By coordinating human trafficking through child welfare, policymakers limit trafficking response by only including victims considered minors.

In addition to the drawbacks of focusing on child welfare, a health-focused response to human trafficking in Florida has numerous benefits. Public health, which seeks to promote the well-being of individuals and society, can apply to human trafficking because of well-documented adverse health outcomes of human trafficking. In addition to obvious physical harms in most instances of trafficking, loss of control within a trafficking situation often leads to substantive and long-lasting mental health conditions. While such conditions clearly harm an individual trafficking victim, the public health implications of human trafficking cost society as well. Thus, instead of focusing on child welfare, public health officials should coordinate human trafficking response in Florida to prevent and respond to the health and economic costs resultant from human trafficking. In doing so, state health workers and non-governmental organizations

(NGOs) could incorporate multiple agencies and stakeholders, broad jurisdiction, and ability to intersect proactive and reactive trafficking approaches to the anti-trafficking fight in Florida.,

To better understand this issue, my thesis will identify the possibility of implementing a public health approach to trafficking in Florida. Specifically, I will examine Minnesota's multi-disciplinary approach to human trafficking, housed in their Department of Health, with attention to implications for Florida's system. Throughout the body of this paper, I discuss human trafficking as an international public health issue.

Methodology

To begin this project, I defined key terms of human trafficking and public health and described how they apply to this project. To do so, I drew from a variety of international and domestic sources to illustrate the magnitude and effects of human trafficking. Next, I conducted a preliminary literary review of pertinent public health literature. In this literature review, I choose to focus on public health efforts to eradicate smoking and encourage safe driving. Due to the broad applicability and success in Florida of these public health approaches I identified them as important in learning about a public health approach to human trafficking. In addition, I examined literature on the state of human trafficking responses in the United States. I focused specifically on staff at the Minnesota Department of Health, as Minnesota was the first state to address human trafficking through a comprehensive public health lens.

In the second phase of my project, I spent approximately two weeks in Minnesota to learn more about their public health approach to human trafficking. To do so, I set up a variety of informational meetings with service providers, researchers, and government workers and contractors. These meetings pertained to the design and implementation of Minnesota's anti-trafficking efforts. In sum, I spoke with four nonprofit staff, four Minnesota health staff, one

other government official, and two professional researchers. These participants represented eight organizations: four nonprofits, the Department of Health, two research entities, and another government service provider. I kept detailed notes of these conversations with the permission of participants. However, I chose not to code these conversations because of my small sample size. Instead, I used the interview information to provide further context to my understanding of Minnesota's system.

Lastly, I proposed recommendations for Florida's anti-trafficking system. While these recommendations address a variety of government entities, my intended audience is the Florida Statewide Council on Human Trafficking. As of writing in February 2020, Florida Attorney General Ashley Moody chairs this committee; thus, I hope to send my proposal to her specifically through my contacts on the committee. To do so, I prepared an Executive Summary (Appendix A) to provide an overview of key recommendations. After describing my recommendations, I conclude with a summary of my findings and directions for future research.

Project Context

Human Trafficking: International, National, and State

With global profits totaling over 100 billion dollars annually, human trafficking generates more revenue than Google, Nike, and Starbucks combined (Blum Center for Developing Economies, 2016). Human trafficking is defined as the use of force, fraud, or coercion resulting in labor, commercial sexual exploitation, or domestic servitude (U.S. Department of Homeland Security Blue Campaign, n.d.) This definition seems straightforward, yet human trafficking data is contentious: cultural differences, legal nuances, and the underground nature of human trafficking divide researchers. For example, the United Nations claims that 18% of international trafficking cases are due to forced labor whereas the International Labor Organization claims that

81% are (United Nations Office on Drugs and Crime, n.d.; Polaris Project, n.d.a). Of the estimated 40.3 million international victims of human trafficking in 2016, hundreds of thousands of these cases are thought to occur in the United States (Polaris Project, n.d.a).

Within the United States, Florida reported the third highest prevalence of substantive calls to the National Human Trafficking Hotline in 2017 (National Human Trafficking Hotline).¹ Furthermore, Miami has been one of the top entry points for human trafficking nationally since 1994 (Dyer et al., 2012). Trafficking perpetrators, both at home and abroad, take advantage of risk factors such as homelessness, poverty, sustained unemployment, unpaid debts, and recent trauma (Polaris, n.d.b). While an estimated 28% of victims in the United States interact with health care providers during their time in captivity, nonexistent or inadequate provider training perpetuates current trafficking systems and fails to prevent new cases (Dovydaitis, 2011). The preventable nature of human trafficking and its societal health implications constitute a public health crisis.

Once victims are identified in the U.S., they have access to an array of services including immigration benefits. However, only victims certified by the U.S. Department of Health and Human Services (DHHS) or the U.S. Office of Refugee Resettlement (O.R.R) can access these services (Dyer et al., 2012, p. 24). To receive certification, victims must prove willingness to cooperate with law enforcement as well as physical presence in the U.S on account of trafficking. They receive eight months of services after certification, but most likely will not receive a visa designated for trafficking victims, called a T-Visa, for an average of thirteen and a half months after applying (Dyer et al., 2012, p. 25; U.S. Citizenship and Immigration Services,

¹ While the number of calls to the National Human Trafficking Hotline is an imperfect measure of trafficking, this number can be useful when compared geographically or over time.

n.d.). As a result, traumatized immigrant trafficking survivors often lack sufficient access to immigration relief or social services, such as mental health treatment, for over a year.

Furthermore, the process for providing services to victims of trafficking is highly dependent on individual state's statutes. In an effort to expand victim care, several states have passed legislation to ensure that more survivors are provided with services and legal protection. Specifically, Safe Harbor legislation intends to "exempt children from prostitution prosecution, train law enforcement and others on how to identify and assist victims, increase the legal penalties for traffickers and commercial sex abusers and promote the development of a statewide system of care" (Minnesota Department of Safety and Justice Programs, 2013, p. i). In 2008, New York passed the first Safe Harbor law. Connecticut, Illinois, and Washington followed in 2010 with similar Safe Harbor bills. Minnesota and Florida passed their Safe Harbor legislation in 2011 and 2012, respectively (Minnesota Department of Safety and Justice Programs, 2013, p. i).

Health Implications of Human Trafficking

According to the World Health Organization (WHO), human trafficking adversely impacts the health of survivors at every stage of their experience (WHO, 2012, p. 3). Before the legal act of human trafficking occurs, traffickers harm victims through dangerous recruitment methods which may rely on a potential victim's history of abuse, encourage risky health behaviors, and exert socio-economic influence. In addition, travel or transit of potential trafficking victims can include high-risk transportation, initiation violence, and document confiscation. Once trafficking begins, violence, restricted movement, infrequent and/or inadequate access to health care, and deprived/insanity detention conditions may harm a victim's physical and mental health. Even after exploitation ends, society may harm victims through

forced integration and re-integration. For example, victims may face shame, stigma, restricted service access, and inadequate protection from their trafficker's retribution (WHO, 2012, p. 3).

With an understanding of when and how trafficking impacts health, researchers can design studies to understand the tangible symptoms and impacts of trafficking on health.

In one study of female sex trafficking survivors, survivors reported “high levels of physical and sexual abuse” before (59%) and during (95%) their exploitation (WHO, 2012, p. 2). Furthermore, survivors reported concurrent adverse health outcomes which included “fatigue, headaches, sexual and reproductive health problems (e.g. STIs), back pain, and significant weight loss.” Follow-up with participants illuminated that mental health issues lasted even longer than physical health concerns. These findings seem consistent across geography, as two other physician-administered studies in Nepal and Moldova confirmed these physical and mental health impacts among trafficking survivors (WHO 2012, p. 3). After understanding health impacts of trafficking throughout survivors' lived experiences, health organizations can begin to brainstorm and implement responses.

In addition, labor trafficking survivors suffer negative public health effects. While adverse health effects vary by occupation, labor trafficking survivors risk injury from work-related equipment, exposure to dangerous air or chemicals, and lack of appropriate nutrition, sanitation, and healthcare. As a result of these exposures, labor trafficking victims may present dehydration, accidental injuries, exhaustion, respiratory problems, and skin infections. Thus, labor trafficking can also significantly damage the health of trafficking survivors (WHO 2012, p. 3).

What is a Public Health Approach?

A public health approach emphasizes the broadest sense of health: physical, emotional, social, and spiritual. Public health focuses on the best interests of society as a whole. It is preventive, nonpartisan, and cost-effective. Prevention is key to public health because it is in the best interest of societies and individuals to inhibit harm before it occurs. The nonpartisan nature of prevention is critical in the human trafficking field because of polarized debates regarding the legality of prostitution. This polarization often results in policy stalemate, and a public health approach to human trafficking is uniquely positioned to build consensus across the political ideology spectrum.

Such a public health approach to human trafficking must focus on mitigating harm to the individual at risk of being trafficked. In addition, this approach should address the moral cost of society deviating from principles of justice as well as the economic cost of lost productivity due to trafficking. In the anti-trafficking field, researchers have shown public health to be cost-effective. A 2011 study by Minnesota researchers conducted a cost-benefit analysis of early intervention programs intended to prevent sex trading of Minnesota female youth. They concluded that every dollar spent on prevention and early intervention saves the public budget thirty-four dollars (Martin et. al, 2012, p. 4). Prevention often does not seem like a pressing investment because it is difficult to measure and market as successful, but staggering financial savings demonstrate its benefit.

Furthermore, health workers' responses to other public health issues can inform trafficking response. First, anti-smoking campaigns in Florida are one example of a consolidated approach to a public health issue. Around 1979, the Group Against Smoking Pollution (GASP), launched the first attempt in Florida to campaign for a clear air ordinance. Housed in Miami, GASP faced heavy opposition from the tobacco industry. The industry coordinated efforts to

defeat the grassroots initiative through organized campaigning and marketing as well as networking with the political elite, leading to GASP's defeat (Givel & Glantz, 2000, p. 269). Analysis of this campaign has highlighted asymmetry of resources in favor of the tobacco companies, the role of technology in influencing public opinion, and the necessity of partnerships in advocacy work (Givel & Glantz, 2000, p. 282). Ultimately, analysts concluded that future public health campaigns need comprehensive public support for an issue, access to paid and free media coverage to promote their work, a robust volunteer base, and experience with campaigns (Givel & Glantz, 2000, p. 286). Public health campaigns addressing human trafficking must apply the lessons learned from GASP to create a successful campaign.

After GASP, Florida created a public health campaign centered on anti-smoking initiatives. This campaign, called Tobacco Free Florida, advocates against smoking. Eight years after the 2007 campaign launch, adult smoking prevalence in Florida has decreased from 21.1 percent to 17.6 percent. The impactful messages promoted through media platforms such as television and radio have proven effective and wide-reaching. Even the Center for Disease Control (CDC) identifies Florida as a leader in efforts to stop smoking: between 2011-2013, 76.4 percent of tobacco users aged 25 to 44 expressed a desire to quit (Florida Department of Health, n.d.). Tobacco Free Florida is housed in the Florida Department of Health (DoH). Thus, the Florida Department of Health should collaborate internally to adopt principles from the success of the Tobacco Free Florida campaign to an anti-human trafficking campaign.

Second, another example of a public health campaign relevant to trafficking is the safe driving campaign targeting drunk driving and unsafe seatbelt wearing in youth. In advocating for safe driving, the Children's Television Workshop model incorporates university-based researchers and agency-based message producers to craft empirical ads approachable to target

audiences. Through one instance of this collaboration, an ad company produced media messages against unsafe driving while the University of Illinois in Chicago monitored their effect (Blosser, 1985, p. 675). Together, they developed messages tailored to age level, interests, and other characteristics of their audience. These ads attempted to illustrate the causal relationship between drunk driving and seatbelt use and non-reversible consequences among youth between the ages of fifteen and twenty-four. To further target their audience, they developed two sections of ads intended for age subgroups. The ad company also used testing to maximize efficacy of their media appeals (Blosser, 1985, p. 676). Next, researchers identified media use patterns of their target audience with special attention to efficacy of commercial versus public service media. They then applied this research to determine the ideal frequency of research messages. Finally, researchers evaluated the efficacy of this approach (Blosser, 1985, p. 676). This empirical manner of developing a public health campaign addressing a social ill must be applied to human trafficking.

In addition to the aforementioned media campaigns, Mothers Against Drunk Driving (MADD) advocates for drunk driving prevention policies. Like Florida's campaign to address smoking, drunk driving cessation campaigns illuminate public health tactics that can be applied to combatting human trafficking through public health. To understand state actions in preventing drunk driving, MADD partnered with Advocates for Highway and Auto Safety in 1991 to begin the "Rating the States" (RTS) program. This program acts as a report card on state efforts against drunk driving (Russell, Voas, DeJong, & Chaloupka, 1995, p. 240). MADD designed, implemented, and scored a survey focusing on eleven content areas: governor's leadership, statistics and records, enforcement, administrative and criminal sanctions, regulatory control and availability, legislation, prevention and public awareness, youth issues, self-sufficiency

programs, innovative programs, and victim issues (Russel et al., 1995, p. 242). They also assigned the U.S. overall rankings by content area to expose national policy areas needing improvement (Russel et. al, 1995, p. 243). Through the years, MADD has utilized their ranking system to call for state and national policy change by illuminating problem areas in a manner easily accessible to the public.

Anti-trafficking advocates interested in public health must learn from anti-smoking and safe driving campaigns. Media techniques and public relations methodology proven influential in the anti-trafficking field show promise because they systematically inform public opinion. Furthermore, they can show the public relative success and failure in human trafficking policy to catalyze policy change. After the success of MADD's state rating system, anti-human trafficking organizations such as Polaris have adopted similar measuring systems regarding state efforts to combat trafficking (Polaris, n.d.b). Overall, the anti-human trafficking movement must learn from its predecessors in public health and media to design an effective and meaningful campaign.

Third, Florida health workers must learn from the public health crisis that arose in Africa related to the mismanagement of the Ebola and AIDS epidemics. In response to these diseases, public health actors contributed to poor response by circulating ineffective messaging through public health campaigns. Specifically, international media contributed to misinformation through perpetrating false stereotypes about the spread of Ebola and AIDS as well as disseminating information which objectified the epidemic. Florida health workers must learn from both cases to avoid worsening human trafficking through ill-informed attempts to combat it.

In the Ebola epidemic, international media misrepresented the vectors of infectivity causing the disease. For example, one publication by Vice featured a reporter's uninformed

reaction to local men eating monkey meat near him: “Can we not splatter the monkey all over me, please? Oh my God. I’m getting fucking pegged with Ebola monkey right now” (McGovern, 2014 p. 124). When the reporter characterized bush meat as “Ebola monkey,” he perpetrated the false narrative that monkey meat could infect him with Ebola. In the case of Ebola, people paid for misinformation with their lives: if people believed that bush meat spread Ebola, then they may have mistrusted health officials who advised them to avoid infected people. Thus, local health officials must disseminate accurate public health information instead of uninformed international actors.

Similarly, international actors misrepresented the AIDs epidemic in Africa through misleading public health information. In one example, the Wellcome Foundation, a Western organization dedicated to combatting AIDs, produced and disseminated a brochure which featured a globe encircled by AIDs germs (Treichler, 1991, p. 95). In addition to the total lack of useful information in this image, this brochure did not even attempt to feature people’s lives or stories. By portraying AIDs as all-encompassing and impersonal, international actors objectified the epidemic and disregarded local representation. In responding to human trafficking, Florida government officials must intentionally include representative public health materials which emphasize that human trafficking harms people who have lives and stories. While doing so, Florida officials must also take precautions to preserve the privacy and confidentiality of survivors.

Florida’s Anti-Trafficking System

Anti-trafficking efforts in Florida are spearheaded by the Department of Children and Families (DCF) and the Department of Juvenile Justice (DJJ). As such, human trafficking work in Florida centers on survivors who classify as minors. DCF and DJJ work together to address

these cases through utilization of data sharing agreements that allow them to cross-reference information called in to the Florida Abuse Hotline pertaining to human trafficking cases with delinquency information (Florida Statewide Council on Human Trafficking, 2016, p. 12). They are also at the forefront of trafficking identification: in 2015, DJJ adopted Florida's Human Trafficking Screening Tool to identify minor male and female victims of sex trafficking (Florida Statewide, 2016, p. 14). Since then, eighteen states have looked into applying this screening tool (Florida Statewide, 2016, p. 15). Thus, Florida's DCF and DJJ have demonstrated national leadership in the human trafficking realm.

Unfortunately, the scope of DCF and DJJ limit them to serving survivors under the age of eighteen. Further, data sharing agreements and a Florida consolidated approach to tackling trafficking arguably stops with DCF and DJJ. Due to a lack of data sharing among state agencies, victims undergo redundant interviews in which retelling their stories can contribute to their trauma. In addition, researchers in Florida struggle to collect human trafficking data because arrest records are only available for defendants determined to be guilty of human trafficking as according to Florida Statute.² Thus, data is not collected on defendants who plea to less severe crimes or do not stand trial because of psychological barriers impeding victim testimony (Services and Resources Committee, 2016, p. 7). State agencies must strengthen communication to develop a public health trafficking approach in Florida and avoid repetitively interviewing victims seeking services.

Minnesota's Integrated Trafficking Approach

The Minnesota Model

² Instead, other states include a box on arrest records which allows law enforcement officials to denote suspected trafficking cases.

In contrast to Florida's human trafficking system, the Minnesota Department of Health utilizes public health methods to combat human trafficking both proactively and reactively. Throughout the last ten years, health workers have updated their model to better reflect victim needs. In 2011, Minnesota established a child protection code defining sexually exploited youth. They also increased penalties against commercial sex abusers and purchasers and mandated the development of a victim-centered, statewide response for sexually exploited youth under the Commissioner of Public Safety. In 2014, Minnesota introduced a model to provide comprehensive services to trafficking victims. They further excluded sexually exploited minors from the definition of a delinquent child. In 2016, Minnesota expanded Safe Harbor services to provide for youth between the ages of eighteen and twenty-four (Minnesota Human Trafficking Task Force, n.d.). Overall, Minnesota's public health model addressing trafficking is multifaceted in accounting for victims' needs.

One aspect of this preventive public health approach centers on human trafficking defendants in Minnesota laws. To define a trafficker, Minnesota law states: "if he/she received, recruited, enticed, harbored, provided, or obtained by any means an individual to aid in prostitution, then sex trafficking has occurred." This law broadens the federal definition of trafficking; it does not require "force, fraud, or coercion" to constitute sex trafficking of adult victims (Minnesota Office of Justice Programs & Minnesota Statistical Analysis Center, 2017, p. 1). As a result of this change, traumatized victims do not need to cooperate with prosecution efforts for a trafficker to be convicted.

To monitor their changes over the years, Minnesota lawmakers passed legislation in 2005 that requires the Department of Public Safety (DPS) to publish an annual trafficking report. Each year, the DPS survey service providers to count victims as part of this report. Consistently, they

note that rates of sex trafficking are reported much higher than rates of labor trafficking (Minnesota Office, 2017, p. 4). In 2016, only two law enforcement survey respondents reported instances of labor trafficking and both of them were in Dakota County (Minnesota Office, 2017, p. 14). As a result, Minnesota's model to combat human trafficking disproportionately addresses sex trafficking over labor trafficking.³

The Minnesota Department of Health uses a model called No Wrong Door to train service providers to assess needs of minor trafficking victims and provide individualized and trauma-based care (Minnesota Office, 2017, p. 8). Of the estimated \$13.3 million this model costs, \$11 million has been funded so far and \$2.3 million more is needed for the 2018-2019 year (Minnesota Office, 2017, p. 1). With these funds, this Minnesota model expanded housing options for victims from two beds in 2011 to forty-eight beds in 2016. It further issued state grants to some Minnesota nonprofits offering housing and trauma-informed care to human trafficking survivors. To lead this approach, a statewide director of child sex trafficking prevention at the Minnesota Department of Health works in conjunction with regional field operatives. In addition, the Minnesota Department of Health uses funds associated from No Wrong Door to train law enforcement officials and prosecutors (Women's Foundation of Minnesota, n.d.).

When combined with the expansion of Minnesota Safe Harbor laws, the No Wrong Door model has increased available support for trafficking victims. In the 2016 annual report to the Minnesota Legislature, authors noted a "drastic jump" in services available to sex trafficking victims. The report went on to explain that this was likely a result of the implementation of the

³ Leaders at the Minnesota Department of Health realize that these numbers may be skewed because service providers disproportionately assist sex trafficking providers. They are taking steps to focus more on labor trafficking and have recently hired a full time staff member dedicated to eradicating labor trafficking.

Safe Harbor program (Minnesota Office, 2017, p. 10). Furthermore, the No Wrong Door model has increased funding for law enforcement training, which has proven to be successful so far (Minnesota Office, 2017, p. 14). Thus, Minnesota government efforts to address trafficking have shown promising efficacy in trafficking rehabilitation and prevention since their implementation.

In the private sector, the Women's Foundation of Minnesota has been influential in lobbying for changes in trafficking policy and promoting trafficking awareness. For example, the Women's Foundation of Minnesota funded a 2011 public health campaign to prevent human trafficking. This initiative, called Minnesota Women and Girls Are Not For Sale, sought "to end prostitution of Minnesota girls through grant making, research, convening, and public education" (Minnesota Department, 2013, p. 2). The campaign began in 2010 when the Women's Foundation brought together more than 100 anti-human trafficking stakeholders to design a comprehensive approach to combat child sex trafficking in Minnesota. Over its eight year course, the Women's Foundation spent \$7.5 million in sum on the campaign. Tactics utilized included grant making, research, convening, and public education (Women's Foundation, n.d.).

Due to funding from this campaign, researchers from the University of Minnesota's Robert J. Jones Urban Research and Outreach-Engagement Center (UROC) explored the demographics, buying tendencies, and market behaviors of sex buyers in Minnesota. UROC found that sex buyers are "primarily middle-aged, white, married men from across the whole state of Minnesota" (University of Minnesota Twin Cities). Women also purchase sex, but this study found them to be in the minority. For sex buyers in Minnesota, main methods of entry into the marketplace for sex include: "internet and online ads; direct solicitation from street-based prostitution or at transit hubs; parks, schools, and places where homeless youth often hang out; word-of-mouth networks which are often underground and hard to verify" (University of

Minnesota, n.d.). After discovering the sex market, buyers generally travel away from their hometowns to procure their purchased sexual experiences. Notably, sex buyers lack contact with their purchased partner during the initial decision phase. As such, many sex buyers lack knowledge of whether or not their partner is trafficked. Through detailing sex buyers, UROC targets high-risk populations and methods of entry so that the Minnesota Girls Are Not For Sale Campaign can develop interventions to prevent trafficking. Thus, this research is important because it informs the public education later funded by the Women's Foundation.

Directed by this research, partners of the Women's Foundation facilitated public education to focus on prevention and reduced demand for sex trafficking among risk groups. To lower demand for purchased sex, educators trained more than 15,000 people on methods of safe intervention in cases of suspected sexual exploitation. They also procured pledges from 355 men, the largest group of sex buyers, to not participate in sexual exploitation and to take action against it. Additionally, the campaign trained 3,683 men on the harm caused by sexual exploitation. To reach the general public, the Women's Foundation spent more than \$210,000 on 122 million media impressions with anti-trafficking messaging. Overall, funders spent more than one million dollars to prevent and disrupt trafficking at the Super Bowl LII in Minneapolis, including \$471,000 of which they raised during the campaign (Women's Foundation, n.d.). This was a strategic utilization of funds given that large sporting events such as the Super Bowl are large hubs for human trafficking.

In addition, partners of the Women's Foundation attempted trafficking prevention through street outreach, dissemination of printed materials, and maintenance of a hotline. Through this campaign, street outreach workers reached 2,966 people with human trafficking prevention. They also distributed 16,812 tip sheets and posters marketing the human trafficking

hotline that can be used to report cases of suspected exploitation. Overall, these community awareness programs led to 727 calls to the human trafficking hotline in Minnesota. While not all of these calls can be attributed to an increase in community knowledge about human trafficking, this significant outreach facilitated by these programs furthered anti-trafficking education in Minnesota (Women's Foundation, n.d.).

This campaign also increased anti-trafficking outreach and services. As a result of the campaign, thirty-six organizations conducted supply drives for human trafficking victims. Furthermore, the campaign provided 2,118 youth with survival kits. They served 145 people at drop in centers and thirty-one people through emergency shelters. This expansion of services was made possible through the legislative component of the campaign which facilitated passage of the Safe Harbor and No Wrong Door laws in Minnesota. Specifically, the Women's Foundation of Minnesota paid the July 2011 \$12,000 initial payment needed to pass the Safe Harbor law. They additionally successfully advocated for Minnesota to become the first state to provide state funding for human trafficking victims through the No Wrong Door Model. In total, Minnesota went from \$0 in state funding for trafficking victims in 2011 to \$13.3 million in December 2018 (Women's Foundation, n.d.).

The MN Girls Are Not For Sale campaign addressed structural legal and law enforcement factors as well as legislative ones. Since 2013, Ramsey County, which received the MN Girls Are Not For Sale grant, trained almost 2,000 law enforcement officers on victim-centered trafficking response. To conduct this training, they utilized campaign materials including resource guides, conferences, roll-call videos, and other trainings for law enforcement officers. In Ramsey County, "charges and convictions against sex traffickers in Minnesota increased by 76 percent – from 17 in 2010 to 72 in 2013" (Women's Foundation, n.d.). Successful

involvement of law enforcement and lawyers in human trafficking response demonstrates the importance of addressing both top-down and bottom-up causes of and responses to trafficking.

In 2019, MN Girls Are Not for Sale continues to lead the anti-trafficking field with a comprehensive public health approach. In May 2017, the Women's Foundation of Minnesota invested \$73,000 along with the passage of a legislative mandate to expand the Safe Harbor model to include adults. The legislature funded a grant to the Minnesota Department of Health to oversee the possibility of expanding Safe Harbor to include adults and calling it Safe Harbor For All. The Minnesota Department of Health used this grant to fund the University of Minnesota's Urban Research and Outreach Engagement Center (UROC)'s design of the Safe Harbor For All Strategic Planning Process. Their report finds that lived experience with sex work, whether prostitution or trafficking, negatively affects all people who engage with it. They found broad support for expanding the Safe Harbor model to include all adults with lived experience in the sex industry. Further, most stakeholders advocated for partial decriminalization of selling sex and continued criminal liability for buying sex (Robert J. Jones Urban Research and Outreach-Engagement Center [UROC], n.d.). In the future, Minnesota may be the first American state to adopt this Nordic model of sex trafficking which decriminalizes the selling of sex while maintaining penalties for purchasing sex. If this model is adopted, further study of its public health implications will be necessary.

Minnesota Perspectives

In my conversations with Minnesota anti-trafficking stakeholders, many people emphasized how the Minnesota Department of Health came to coordinate anti-trafficking efforts. According to several of this study's interviewees, the anti-trafficking conversation in Minnesota began with efforts to end child sex trafficking. While some service providers viewed this as

positive because it got legislative attention, some Minnesota health workers wished they had not focused exclusively on juvenile sex trafficking. To them, the formerly narrow focus has made it difficult to expand efforts to focus on policy regarding labor trafficking or adult sex trafficking. Regardless, these Minnesota health workers emphasized the uniqueness of a public health approach to human trafficking. When asked why legislators placed the responsibility of human trafficking response within the Minnesota Department of Health, health workers responded that legislators wanted to avoid the child welfare or juvenile justice systems because many children have bad experiences with these entities.

In addition, interviewees agreed that private donors and nonprofits catalyzed a public health approach to trafficking in Minnesota. The Women's Foundation of Minnesota played a particularly important role in facilitating the trafficking conversation by funding research and public health campaigns. As cited by one interviewee, a reason for this could be that the Carlson family – billionaire donors to the Women Foundation of Minnesota – took human trafficking up as a personal cause. Notwithstanding, many interviewees mentioned that the Women's Foundation excelled in getting diverse stakeholders together to discuss innovative steps in the anti-trafficking field. In addition to funding research, the Women's Foundation also subsidized the first portion of the Safe Harbor and No Wrong Door programs to incentivize the legislature to pass these programs. Despite these numerous successes, many interviewees believe the Women's Foundation along with Minnesota legislators failed to incorporate key stakeholders such as representatives from Minnesota's eleven Native American tribal nations. As a result, the Minnesota Department of Health had to adapt implementation of human trafficking programs once they were already ongoing.

Interviewees also expressed diverse perspectives on the efficacy of the Women’s Foundation Minnesota Women and Girls Are Not for Sale Campaign. One interviewee, an anti-human trafficking advocate from a rural community, expressed frustration because the campaign focused mainly on Minneapolis. To other interviewees, this campaign reinforced images of trafficking victims as “small white girls” who needed rescue. Notably, interviewees reported that the campaign’s images excluded people of color.⁴ Even the campaign’s name – Minnesota Women and Girls Are Not for Sale – demonstrated problems with representation, as it excludes male and LGBTQIA+ communities. Furthermore, campaign messaging perpetuated the idea that most traffickers are men from other states coming to harm Minnesota girls, which has been disproven in a University of Minnesota study mapping the demand of sex buyers (Martin, et al., 2017).

The Women’s Foundation also funded a public awareness campaign called “I Am Priceless” managed by The Link, a Safe Harbor Regional Navigator and nonprofit. To create this campaign, The Link put together a group of youth with lived experiences. Their guiding question was “what would my younger self want to know about this?” The Link partnered with the University of Minnesota to conduct research on their messaging as they were designing the campaign. They also focused on inclusivity and survivor feedback. As The Link created this campaign, the National Football League (NFL) unexpectedly granted them \$100,000 to incorporate their messaging into the Super Bowl. Few of this study’s interviewees knew about The Link’s campaign, but those who did preferred its inclusivity over the more popular Minnesota Women and Girls Are Not for Sale campaign.

⁴ As of February 2020, search results pertaining to the Minnesota Women and Girls Are Not for Same campaign depict women of color in materials.

In both campaigns, the Women's Foundation partnered with the University of Minnesota for research purposes. The Minnesota Department of Health did the same. Both entities focused on understanding the human trafficking problem in Minnesota before trying to address it, which interviewees cited as key to successful anti-trafficking response. To do so, the University of Minnesota utilized participatory action research in collaboration with two research entities – Advocates for Human Rights and Rainbow Research – who specialize in this. Together, they spoke with diverse stakeholders including human trafficking survivors and self-identified sex workers. Many interviewees mentioned that such rigorous research was a strength in Minnesota's system. However, Native American stakeholders were not well-represented in this research. Thus, according to this study's interviewees, researchers' failure include Native American voices affects Minnesota because Native American victims are disproportionately represented in human trafficking victimization.

Other interviewees emphasized the role of participatory action research in examining Minnesota's potential new model – Safe Harbor for All. To design the policy proposal, researchers worked with sex workers, trafficking survivors, and law enforcement officers. The researchers told me that getting these groups to agree on a proposal was a difficult task given widely different ideological stances. However, they emphasized the importance of consensus to make sure that a policy could be realistically implemented if it is passed. Interviewees disagreed about whether this policy would hurt or help Minnesota's anti-trafficking efforts or be realistically passed in the next several years. However, they again reinforced the value of research in developing anti-trafficking legislation so that legislators feel confident in designating supportive funds.

Other Public Health Approaches

As a national nonprofit, HEAL (Health, Education, Advocacy, and Linkage) Trafficking utilizes a public health framework to pursue “a world healed of trafficking.” Their approach includes advocacy, direct services, education and training, media and technology, protocols, and research (HEAL, n.d.a). To further human trafficking advocacy, HEAL makes recommendations to local, regional, national, and international governments regarding public health policy combating human trafficking (HEAL, n.d.b). They also inform direct services by collaborating with service providers to identify best practices and expand referrals for victims (HEAL, n.d.c). Further, HEAL compiles relevant, evidence-based trainings targeted to health care providers (HEAL, n.d.d). To inform respectful communication about human trafficking, a team releases media and communication guidelines on human trafficking (HEAL, n.d.e). They also develop job-specific protocols for professionals who may interact with survivors and serve as a forum for human trafficking research (HEAL, n.d.f; HEAL, n.d.g). In addition to learning from the Minnesota Department of Health’s human trafficking response, Florida can learn from HEAL’s public health approach to human trafficking.

Human Trafficking Data

Because human trafficking is illegal and underground, scholars struggle to gather reliable human trafficking data. Both service providers and law enforcement rarely identify or report human trafficking. According to one study’s estimates, police and community service providers only know of roughly 14% to 18% of human trafficking victimizations in their jurisdictions. Further, law enforcement records only reflect between 2.5%-6% of actual trafficking cases (Farrell, et. al, 2019, p. 2). Records do not only fail to reflect the scope of human trafficking cases, but also vary by locality: in Florida, different counties define human trafficking

differently. As data is critical to understanding best practices for trafficking, scholars have a dire need for robust and standardized data collection.

Congress addressed discrepancies within human trafficking data in 2008 as part of the William Wilberforce Trafficking Victims Protection Reauthorization Act. To do so, legislators mandated that the FBI collect information on human trafficking offenses and arrests known to law enforcement. Beginning in 2013, Congress required the FBI to include this information in the Universal Crime Reporting (UCR) system (Farrell, et al., 2019, p. 9). Within UCR, law enforcement categorized human trafficking data as either “Human Trafficking/Commercial Sex Acts” or “Human Trafficking/Involuntary Servitude” (Farrell, et al, 2019, p. 10). Because of this legislation, law enforcement agencies in the U.S. had standardized methods of categorizing human trafficking. While this legislation occurred at the federal level, the UCR also gave state and local agencies a mechanism to classify trafficking investigations.

In addition to using the UCR to report trafficking, the FBI records human trafficking data differently than other routinely reported crimes. First, the FBI reports human trafficking offenses even if human trafficking is not charged as the primary offense. Second, state reporting programs count each human trafficking victim as a separate offense. Third, law enforcement must differentiate between sex trafficking and prostitution in offense codes for sex trafficking cases (Farrell, et al., 2019, p. 12). Because of Congress’ attention to the nuances of trafficking data, law enforcement agencies have begun standardizing data collection.

However, law enforcement agencies must overcome barriers to implementation of the UCR. Without training, law enforcement may not be able to identify trafficking cases or differentiate trafficking from voluntary prostitution or labor (Farrell, et. al 2019, p. 13). Even with training, the burden of proof for federal trafficking cases – force, fraud, and coercion –

complicates trafficking investigations (Farrell, et. al, 2019, p. 14). In addition, practitioners struggle to differentiate human trafficking from prostitution. As a result, “some victims are classified as perpetrators until someone else in the criminal justice system determines they are victims” (Farrell, et. al, 2019, p. 14). Furthermore, service providers still need a standardized data system, as they serve more trafficking survivors than do law enforcement officials. Yet, understaffed nonprofits may not be willing or able to collect and standardize data without financial incentives.

In addition, scholars’ analysis of this data is still limited due to continuing difficulties in data collection, gaps in knowledge, and the short time that they have been studying human trafficking. As we move forward in the human trafficking field, we must use the data we have to drive best practices in human trafficking prevention. At the same time, we must develop methods of robust data collection to evaluate progress and change over time.

Recommendations

Implement a Standardized Data-Sharing System across Florida

Overall Recommendation: I recommend that policymakers adopt a standard definition of human trafficking in Florida and thus require law enforcement, state agencies, and service providers to standardize their definitions. While this process occurs, Florida should consult with Native American nations within our state to find a mutually agreeable definition because these nations are their own sovereign entities and because Native American populations are at high risk for human trafficking. After doing so, I recommend that Florida develops an anonymized and standardized data sharing system so that victims can receive services from multiple agencies without re-traumatization from redundant interviewing.

Steps for Implementation: Nonprofit policy leaders, researchers, and the Florida Statewide Human Trafficking Council should hold virtual and in-person town halls with stakeholders (state agencies, nonprofits, survivors) to determine best practices for data standardization and sharing. After analyzing results, project leaders should draft policy language and encourage key legislators to adopt it. As a model, policymakers can draw from preexisting data sharing agreements between agencies.⁵

Challenges: Nonprofits may not want to participate in more reporting requirements without funding attached. Additionally, stakeholders may not know how to identify human trafficking or use the data sharing system without adequate training. Stakeholders may also be concerned about data suppression, protection and encryption, and victim confidentiality.

Conduct a benefit-cost analysis of human trafficking in Florida

Overall Recommendation: I recommend that research experts in Florida partner with Minnesota researchers to duplicate their benefit-cost analysis of trafficking. To do so, Florida researchers can adapt the code from Minnesota's model to datapoints that are relevant and collected in Florida. As a result of this study, legislators will have tangible proof of the cost of human trafficking to Florida's economy. As policymakers understand the money that can be saved through trafficking prevention, they will be more likely to fund preventative legislation.

Steps for Implementation: First, we must identify prospective professors or doctoral students looking to take on a project of this magnitude. Second, we should connect these students or faculty with Dr. Lauren Martin from the University of Minnesota, who has agreed to share her code and methodology with researchers in Florida trying to duplicate her model. Third, researchers should work with Florida government agencies and human trafficking service

⁵ Currently, the Florida Department of Health and Department of Children and Families collaborate to collect and analyze data from the Florida Youth Risk Behavior Survey (YRBS).

providers to collect data on the cost of human trafficking to Florida. Lastly, researchers should calculate how many government dollars are saved for every one dollar that is spent on human trafficking prevention.

Challenges: Florida professors may not have the time, money, and resources for a new project of this scale, which will likely take several years. In the absence of donors from the academic or nonprofit sectors, cost could be partly alleviated by government grants managed through the Florida Department of Health. However, such grant applications in themselves could be prohibitively difficult especially given the current lack of data about human trafficking that can be used in grant proposals. In addition, researchers should expect difficulty in collecting the Florida-specific data points necessary for this model. As a result, they may struggle to adapt Minnesota's statistical model because of variance in available data between states.

Implement a No Wrong Door Model for Human Trafficking

Overall Recommendation: Florida should implement a No Wrong Door model similar to Minnesota's to train service providers and increase access of services for trafficking survivors. In doing so, Florida can expand inpatient services for trafficking survivors as well as trainings for law enforcement and prosecutors related to trafficking cases.

Implementation: In implementing a No Wrong Door model, Florida should focus on stakeholder buy-in with special attention to trafficking survivors and at-risk groups such as undocumented immigrants. Florida must also incorporate the perspectives of Native American nations within our state because they are sovereign entities and must independently adapt human trafficking legislation. In implementing the No Wrong Door approach, Florida should mirror Minnesota's model of designating government or NGO Regional Navigator positions which oversee and respond to trafficking cases in their geographic jurisdictions. In regards to the training aspect of

No Wrong Door, the Florida Department of Health should collaborate with Florida prosecutors and law enforcement officials to administer training so that they can identify and appropriately respond to trafficking victims.

Challenges: In addition to the legislative lobbying necessary to implement No Wrong Door, this model would require upwards of ten million dollars of funding. In order to procure these funds from the legislature, advocates would need to illustrate the huge return on investment of human trafficking prevention for Florida taxpayers.

Create a Research-Based Public Health Campaign Promoting Prevention and Identification of Trafficking in Florida

Overall Recommendation: After conducting research to target populations and identify inclusive and productive messaging, Florida should launch a public health campaign to prevent and identify trafficking in Florida. To design this campaign, project managers must collaborate with people who have lived experiences of both sexual and labor exploitation.

Implementation: The Florida Department of Health should significantly collaborate with or contract out the management of this campaign to nonprofit organizations or Florida universities. Because Florida is so large, there may need to be multiple partners or even multiple campaigns to reach different areas of the state. After solidifying partners, project managers should evaluate current research in Florida pertaining to risk factors for trafficking exploitation and demand for purchasing goods or services made by trafficking survivors. Researchers should conduct new studies if deemed necessary to fill in knowledge gaps in these areas. They should also conduct focus groups with high risk populations to determine effective messaging. With the paid assistance of human trafficking survivors and those at high risk for purchasing trafficked goods

or services, researchers should strategically roll out a public health campaign addressing human trafficking prevention and surveillance.

Challenges: At the time of this paper, Florida does not have much reliable data on the scope of human trafficking or on risk factors for trafficking supply or demand. Thus, the cost and scale of research necessary before designing this campaign could be prohibitive. In addition, political concerns regarding the connection between labor trafficking and immigration status may affect the accessibility of labor trafficking survivors whose perspectives are needed to create a representative and informative campaign.

Train Florida Department of Health Regional Health Clinics in Trafficking Prevention and Response

Overall Recommendation: The Florida Department of Health should encourage human trafficking training among staff in Florida Regional Health Clinics. To train health workers to identify trafficking, the Department of Health should provide trainings on use of their newly revised screening tool for human trafficking. In addition, they should provide health workers with resources and protocols for responding to identified trafficking cases.

Implementation: The Florida Department of Health should partner with research-based nonprofits or universities to design a human trafficking training for health workers consistent with national best practices. Trainers should heavily consider accessibility and feasibility of their materials. While a physical trainer should travel to as many health clinics as possible to ensure optimal understanding and answer questions, an online version of the training should be available to increase accessibility. In addition, online platforms should be accessible by health workers to share training materials as well as supplements. After training, project managers should follow up with health workers to address underlying questions and encourage them to

implement clinic protocols which respond to identification of human trafficking victims or survivors.

Challenges: In addition to challenges regarding funding, the Department of Health may struggle to identify qualified trainers. The variance of human trafficking presentation across the state of Florida may necessitate multiple versions of human trafficking training. For example, a human trafficking victim presenting in rural Gadsden County may not be comparable to their counterpart in urban Broward County. Thus, the most efficient trainers must have a depth of human trafficking knowledge and must be able to adapt to individualized needs.

Authorize the Florida Department of Health to Implement a Public Health Approach to Human Trafficking

Overall Recommendation: In accordance with the recommendation from the Florida Statewide Council on Human Trafficking, the Florida Legislature should designate human trafficking as a priority for the Department of Health. In authorizing the Florida Department of Health to combat human trafficking, health workers can coordinate implementation of this paper's other recommendations.

Implementation: After the extensive research mentioned in previous recommendations, Florida advocates should lobby the legislature to authorize the Department of Health to prioritize human trafficking. Instead of an unfunded mandate, this legislation should include funding such that the Florida Department of Health can hire a team of full-time staff to coordinate health-related trafficking response similar to Minnesota's model. If possible, nonprofit foundations or donors should assist with initial funding to alleviate the cost burden. In addition, researchers should rely heavily on the results of the aforementioned benefit-cost analysis to persuade legislators of the efficacy of this plan.

Challenges: Some legislators may feel skeptical towards authorizing work combatting labor trafficking. In addition, legislators will likely have significant funding concerns that could impact their willingness to authorize new priorities. The heightened health fear in Florida at time of this writing due to novel coronavirus Covid-19 may also delay the legislature's willingness to move any funds or personnel away from urgent tasks at the Department of Health.

Considerations for Implementation

While I recommend that the Florida Department of Health take the lead on these initiatives and recommendations, NGOs can also contribute to a public health approach to combat human trafficking. In many states, NGOs drive anti-trafficking response or contract with government stakeholders to provide services. In Minnesota's Safe Harbor/No Wrong Door model, the Minnesota Department of Health contracts nonprofits as regional leaders of human trafficking response. In effect, the Department of Health delegates human trafficking response to a key nonprofit in each region which then oversees efforts in their area. While a central authority exists for standardization and total implementation, nonprofits render services and have autonomous power. Even the US government contracts human trafficking work to nonprofits; the Polaris Project, a nonprofit, maintains the National Human Trafficking Hotline. As Florida incorporates public health into our human trafficking response, we must incorporate nonprofit and government stakeholders for the most complete response.

Furthermore, Florida may be able to rely on key nonprofits to implement these recommendations in lieu of involvement from their Department of Health, who in the past refused to take responsibility in anti-trafficking without a government mandate. While policymakers advocate for funding to support government involvement, nonprofits can begin incorporating public health principles in preexisting trafficking work. Specifically, they should

take the lead in labor trafficking, an issue the legislature is less likely to prioritize due to contentious immigration narratives.

Conclusion

In conclusion, human trafficking constitutes an international public health issue. Like other health issues including smoking, drunk driving, HIV/AIDs, and Ebola, health actors must engage in preventative and responsive measures to combat trafficking. To do so in Florida, state government officials should model Florida's approach to human trafficking after Minnesota – the first state to adopt a public health approach to human trafficking. Like Minnesota health workers, the Florida Department of Health must collaborate with researchers and nonprofits to determine the most effective interventions. Specifically, future research should focus on identifying high risk groups for buying and selling trafficked people and goods. Future researchers should also focus resources on filling in gaps in human trafficking knowledge surrounding labor trafficking or trafficking of non-female identified persons. All the while, health workers must utilize trauma-informed treatment and adapt tactics based on evolving best practices.

Bibliography

- Blosser, B.J. (1985). "Reaching the Young on Drunk Driving and Seatbelt Use: A Media Proposal," *Public Health Reports* 100, no. 6 (Nov – Dec 1985): 675-677.
- Blum Center for Developing Economies. (2016). *TRAFFICKED*, a film by renowned expert on contemporary slavery, Siddharth Kara, to screen on campus November 7th! [Review of the film *Trafficked*].
- Dovydaitis, T. (2011). National Center for Biotechnology Information. "Human Trafficking: The Role of the Health Care Provider." US National Library of Medicine.
- Dyer, K., Dickey, N., Smith, S., & Helmy, H. (2012). Human Trafficking in Florida: The Role of Applied Anthropology in Addressing the Problem and Response. *Practicing Anthropology*, 34(4), 24-28. Retrieved from <http://www.jstor.org/stable/24781986>.
- Farrell, A., Dank, M., Kafafian, M., Lockwood, S., Pfeffer, R., Hughes, A., & Vincent, K. (2019). "Capturing Human Trafficking Victimization through Crime Reporting." National Criminal Justice Reference Service.
- Florida Department of Health, Office of Communications. (n.d.). "Tobacco Free Florida Has Proven-Effective Resources to Help Smokers Quit." Retrieved from: <http://www.floridahealth.gov/newsroom/2015/11/111215-great-american-smokeout.html>.
- Florida Statewide Council on Human Trafficking. (2016). "Statewide Council on Human Trafficking 2016 Annual Report."
- Givel, M., & Glantz, S. (2000). Tobacco Control and Direct Democracy in Dade County, Florida: Future Implications for Health Advocates. *Journal of Public Health Policy*, 21(3), 268-295. doi:10.2307/3343327
- Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.a). "About Heal." Retrieved

from <https://healtrafficking.org/welcome/>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.b). “Advocacy.” Retrieved

from: <https://healtrafficking.org/advocacy-committee/>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.c). “Direct Services.” Retrieved

from: <https://healtrafficking.org/direct-service-committee/>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.d). “Education and Training.”

Retrieved from: <https://healtrafficking.org/education-and-training-committee/>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.e). “Media and Technology.”

Retrieved from <https://healtrafficking.org/media-and-technology/>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.f). “Protocols.” Retrieved from

<https://healtrafficking.org/protocols-committee/>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking. (n.d.g). “Research.” Retrieved from

<https://healtrafficking.org/research-committee/>.

HEAL Research Committee. (2017) “Public Health Research Priorities to Address US Human Trafficking.” *American Journal of Public Health* 107 no. 7.1045-1046. doi:

10.2105/AJPH.2017.303858.

Martin, L., Lotspeich, R., Starke, L. (2012). “Early Intervention to Avoid Sex Trading and

Trafficking of Minnesota’s Female Youth: A Benefit-Cost Analysis.” Retrieved at

<https://uroc.umn.edu/sites/uroc.umn.edu/files/Benefit%20Cost%20Study%20ES.pdf>.

Martin, L., Melander, C., Karnik, H., & Nakamura, C. (2017) “Mapping the Demand: Sex

Buyers in the State of Minnesota.” Retrieved at

<https://uroc.umn.edu/sites/uroc.umn.edu/files/FULL%20REPORT%20Mapping%20the%20Demand.pdf>.

McGovern, Mike. (2014). "Bushmeat and the Politics of Disgust." *Cultural Anthropology*. "Hot Spots" feature. No url available.

Minnesota Department of Public Safety and Justice Programs. (2013). "No Wrong Door: A Comprehensive Approach to Safe Harbor for Minnesota's Sexually Exploited Youth."

Minnesota Human Trafficking Task Force. (n.d.). "Safe Harbor." Retrieved at <http://www.mnhddf.com/site/public-policy/safe-harbor/>.

Minnesota Office of Justice Programs and Minnesota Statistical Analysis Center. (2017). "Human Trafficking in Minnesota: A Report to the Minnesota Legislature."

National Human Trafficking Hotline. (n.d.). "Hotline Statistics." Retrieved from: <https://humantraffickinghotline.org/states>.

Polaris. (n.d.a). "The Facts." Retrieved from: <https://polarisproject.org/human-trafficking/facts>.

Polaris. (n.d.b). "Sex Trafficking in the U.S.: A Closer Look at U.S. Citizen Victims."

Robert J. Jones Urban Research and Outreach-Engagement Center. [UROC] (n.d.). "Safe Harbor for All: Results from a Strategic Planning Process in Minnesota." Retrieved from: <https://uroc.umn.edu/safe-harbor-all-strategic-planning-process>.

Russell, A., Voas, R.B., DeJong, W., & Chaloupka, M. (1995) "MADD Rates the States: A Media Advocacy Event to Advance the Agenda against Alcohol-Impaired Driving." *Public Health Reports* (1974-) 110, no. 3: 240-45. <http://www.jstor.org/stable/4597825>.

Services and Resources Committee: Florida Statewide Council on Human Trafficking. (2016). "State of Florida Human Trafficking Response in Florida." Retrieved at [http://myfloridalegal.com/webfiles.nsf/WF/MNOS-AF9P43/\\$file/2016HumanTraffickingAnnualReportSupplemt.pdf](http://myfloridalegal.com/webfiles.nsf/WF/MNOS-AF9P43/$file/2016HumanTraffickingAnnualReportSupplemt.pdf).

Treichler, Paula. (1991). "AIDS, Africa, and Cultural Theory." *Transition* 51: 86-103.

United Nations Office on Drugs and Crime. (n.d.). "UNDOC report on human trafficking exposes modern form of slavery." Retrieved at <http://www.unodc.org/unodc/en/human-trafficking/global-report-on-trafficking-in-persons.html>.

University of Minnesota Twin Cities. (2017). "New U report examines sex buyers in Minnesota." Retrieved from <https://twin-cities.umn.edu/news-events/new-u-report-explores-sex-buyers-minnesota>.

U.S. Citizenship and Immigration Services. (n.d.). "Historical National Average Processing Time for All USCIS Offices." Retrieved at <https://egov.uscis.gov/processing-times/historic-pt>.

U.S. Department of Homeland Security Blue Campaign: One Voice. One Mission. End Human Trafficking. (n.d.). "What is Human Trafficking?"

Women's Foundation of Minnesota. (n.d.). "MN Girls Are Not For Sale." Retrieved at <https://www.wfmn.org/mn-girls-are-not-for-sale/>.

World Health Organization (WHO). 2012. "Understanding and Addressing Violence Against Women." Retrieved at https://apps.who.int/iris/bitstream/handle/10665/77394/WHO_RHR_12.42_eng.pdf;jsessionid=64AEDAF929BA3AF944CD716376DF4971?sequence=1.

Appendix A

EXECUTIVE SUMMARY: Public Health Response to Trafficking in Florida

Human trafficking is defined as the use of force, fraud, or coercion resulting in labor, commercial sexual exploitation, or domestic servitude (U.S. Department of Homeland Security Blue Campaign, n.d.). According to the World Health Organization (WHO), human trafficking adversely impacts the health of survivors at every stage of their experience (WHO, 2012, p. 3). In addition, human trafficking affects the economic, social, and physical health of society. To respond, Florida should adopt a public health approach to combat human trafficking coordinated by the Florida Department of Health.

To develop a public health approach to trafficking, health workers must collaborate with researchers and community organizations. Meanwhile, health workers can learn from public health campaigns which focus on responses to smoking, drunk driving, HIV/AIDSs, and Ebola. Furthermore, health workers should study other states which approach human trafficking through public health. For example, Florida health workers can learn from Minnesota, the first state to adopt a public health approach to human trafficking. Notably, researches in Minnesota determined that preventative public health measures are cost-effective: for every \$1 spent on prevention of trafficking, the state saves \$34 (Martin et al., 2012).

To implement a public health approach to human trafficking in Florida, the Statewide Council on Human Trafficking should consider the following recommendations:

1. Apply a standardized data-sharing system across Florida to consolidate information about human trafficking and protect victims from re-traumatization.
2. Conduct a benefit-cost analysis of human trafficking in Florida to determine how much money trafficking prevention saves the Florida government.
3. Implement a No Wrong Door Model for human trafficking in Florida to increase access to victim services.
4. Create a research-based public health campaign to promote prevention and identification of trafficking in Florida.
5. Train Florida regional health clinics in trafficking prevention and response using the Department of Health's new screening tool for human trafficking. Include online trainings and hire experts to tailor education to specific areas and risk factors.
6. Authorize the Florida Department of Health to implement a public health approach to human trafficking

In conclusion, the preventable nature of human trafficking along with its far-reaching health effects necessitate a public health response to trafficking in Florida.