Human Trafficking Task Force – Conference Call

Monday, August 28, 2017 – 10:00 am

Participants on call:

Linda Renee Baker
Gwen Walsh – DCFS
Michelle Davis – DCFS
Senator Linda Holmes
Lesli Melendy – Office of Senator Karen McConnaughay
Tara – Office of Senator Kyle McCarter
Representative Sheri Jesiel
Representative Barb Wheeler
Angela Romanelli – Senate Republican Staff
Lauren Messmore – House Republican Staff
Laurie Dunn Ryznyk – SIU School of Medicine, Associate Professor
Lisa Sims
Amy Neibel – IL Baptist State Association
Kimberly Palermo – Paul Simon Public Policy Institute, Visiting Scholar
Sharyl Eisenstein – McHenry County State's Attorney's office
Lou Longhitano – Cook. Co. State's Attorney's Office, Supervisor of Human Trafficking Unit
Ruth Ayukesong – Bureau Chief, Bureau of Domestic Violence, Sexual Assault &Human Trafficking, IDHS DFCS
Stephanie Hudson - MA, JD, LLM – Division Corporate Counsel

Gwen Walsh, DCFS, opened the meeting at 10:00 am. Role was taken and Gwen opened the meeting by apologizing for the inconvenience for the last minute changes to the schedule and clarified the rules of the Open Meetings Act. As long as the Task Force is not ruling on anything, or voting on anything to make any changes to Rule or Law we are in compliance and may proceed with the hearing to allow individuals to provide information regarding the subject of Human Trafficking.

Senator Holmes let us know that some of the information that we shared regarding the agenda and the changes did not reach her so we asked her to clarify which e-mail address she prefers and it was added to all of our distribution lists so that this will not be an issue in the future.

Kimberly Palermo – In the Spring we conducted a poll that was statewide to measure awareness around the State of the general public, what they thought human trafficking was, if they had heard about it, and the general impact on the State. What we found was that more than half of those we polled do not believe that Human Trafficking is present in Illinois. The general synopsis of our poll based on the questions we asked were; 'Does this affect your local area?' – more than half of the state said 'no', 28% agreed that it does affect their local area, and then 21% said they did not know or refused to answer. The next question was – 'do you feel that training for law enforcement should be required by law' and 86% of the people polled said 'yes', 10% said no and 4% did not know or refused to answer. Overall, I think what is most shocking is that more than half of the State thinks that this does not affect their area at all. And the last question that we asked "should prostitution or drug-related offenses committed by sexually exploited adults be prosecuted?" 69% said they should be tried like any other charge, and 22% said they should not be prosecuted. I feel like adults are not really focused on this area of human trafficking. It's mostly concentrated on children.

- *You can see the whole poll here.*

Rep. Barb Wheeler asked Kimberly how many people were polled and how she was able to do it and what type of polling it was. Kimberly stated that they asked 1,000 people with equal representation throughout the State, Chicago, Central and Southern regions. They were asked over the phone 60% cell phones, 40% landlines. This is a poll that the Paul Simon Institute does yearly; it's a very reputable poll that they've done for a very long time.

Amy Neibel – IBSA – I kind of come at this from a different perspective. I am a mother of 2 young adult daughters. I came to hear a little more about this from victim of sex trafficking, Tajuan McCarty. About 4 years ago she was at a conference that we were holding for some teenage girls in the State of Illinois. At that point I really began to understand and see that there was a huge need for more education and more awareness. So we took it back to our home office and began to discuss what needed to be done, what could we do in our part, as a church, because this is important. It is important that we get involved in this because we believe that it is something very important to help advocate and raise awareness about sex trafficking that is taking place. As we began to dive into that we began to speak within churches. We have about a thousand churches that belong to the IBSA. So if you think about the number of people, there's a huge audience right there. And I'm amazed as we go in and we speak that we find out a lot of what the surveys and studies are showing. And the people want to hear about it, but they really just don't believe that it happens here. We've had young women who've come up to us and want to talk about this, we have parents who are saying what can we do, how can we help, how do we teach our children, who do we go to? We've also been able to partner with The Wellhouse; it's a sex trafficking home to help the victims. It's located in Alabama and it's actually been started by Tajuan McCarty. Being a partnership in this ministry has opened our eyes considerably. We take teams down there every year and we get to spend time with these women who are at this shelter. To sit down with them one on one and to hear their stories and to hear the things that are happening in their lives has really opened our eyes to what is happening because it's not only what we read in the textbooks now we are putting a face with it, now we are seeing and hearing what these women have been going through and we hear their pleas for help. So if nothing else, it's put the burden on us to realize that we all have to come together, we all have to do more, we have to help from the top to the bottom. It's just a growing, multi-million dollar industry and what I hear these women say is, it doesn't matter. No one seems to care. We don't exist in this society. And that's not true because these are grandmothers, these are mothers, these are daughters. They've all been pimped out. And they're just crying out for help. And on the other side of it, I hear law enforcement saying we need more education, we need to understand this. I listen to Tajuan tell me that sex education has to be taught, even more so, because children are being lied to and they don't understand where it begins, what it is and so, it just all goes kind of hand-in-hand. And I'm so excited to see and to hear that more emphasis is being put on that here in the State of Illinois. We just ask, what can we do? How can we be more involved? I thank you for allowing us to be a part of this. It's a learning experience but it's also a time where we feel like we can just go and help to encourage others and help with the raising awareness part.

- *Amy Neibel's written testimony can be read here.*

Laurie Dunn Ryznyk – Thank you for convening this meeting today and I appreciate you allowing me to testify about human trafficking. My name is Laurie Dunn Ryznyk and I'm the associate professor at SIU School of Medicine where I serve as the associate director and founder of the SIU PA program. My areas of interest are family medicine, infectious disease, and women's health and I have been teaching PA and medical students about human trafficking for several years. And I've presented about human trafficking victims and the medical evaluation at state and national conferences. I'm also a member of our newly founded Southern Illinois Trafficking Coalition called TORCH and I have cared for patients who are victims and survivors of trafficking in my family medicine practice. And I've been personally active in human trafficking efforts for the last 11 years. The identification and prosecution of traffickers is extremely important, however the public health aspect are one of the areas that I feel needs to have more

attention. I believe that trying to increase our focus on the health care system, health care issues and long term physical and mental health effects of human trafficking. There's a great need for training both in health professions to recognize the signs and symptoms of human trafficking and to have protocols in place for action when victims are encountered. It's interesting that the three most common groups that traffic victims come in contact with during their captivity are the clergy, law enforcement, and healthcare personnel. But there was one study done where 88% of traffic victims reported accessing medical services during their situation and of these 63% of these were seen in Emergency Departments yet only 5% of healthcare professionals have been trained or felt comfortable in recognizing victims. There was another study that showed that 73% of physicians and nurses that work in emergency departments don't think that their patients are affected by trafficking. Additionally, 95% of traffic victims (women) reported physical and sexual violence during their trafficking periods. In hospitals there are 5,686 hospitals in the United States – of those only 60 have programs and protocols in place to deal with traffic victims. In Southern Illinois we held 2 conferences where there were approximately 200 people in attendance and only 2 of those attendees were medical providers and there were no physicians in attendance. We had another training regarding the medical evaluation of victims and there was only one physician present. So when we encourage these providers to attend training many of the providers in Southern Illinois said that they did not encounter trafficking victims in their emergency department or in their local practices. But I have seen traffick victims in my own practice. So, in my own medical experience I've seen patients with sexually transmitted infections, re-current STIs, chronic abdominal and pelvic pain and other things that I can go into more at another time. But from a public health standpoint human trafficking contributes to resistant infections including HIV, STI's and more common infections. And non-immunized patients from other countries also can manifest these infections. In Southern Illinois we have conducted some informal surveys with service providers and law enforcement and the most areas that we're seeing traffick victims are along the truck stops and along I-57 and I-55 and I-64 corridors, massage and spa businesses, hotels and motels, and residence based commercial sex trades. There's also escort services, street prostitution, gambling venues, strip clubs, dancing, and then there's a big problem with electronic based like Facebook, SnapChat, Craig's List, Back Page and other local pop-up ads with the Internet. I've got in my testimony that I sent some specific examples of Southern Illinois cases that providers in our TORCH group have actually encountered and one night I actually went on Craig's List and looked at the personal ads for Southern Illinois and there were well over 200 which included women and men who have been advertised on online escort services which some included nude pictures and some were children. So my recommendations are included in my testimony but some things that I think are really important for the committee to start considering as you're looking at your plan are education training of front line health care providers putting protocols and implementation into the hospitals and bringing awareness to the prevention programs, victim and survivor health care, and including perhaps putting a survivor on leadership and fellowship programs to help the task force in collaboration with other groups and with law enforcement and legislation, regulation, etc. Education and training and recruitment of business partners and promoting trauma informed kids and by requiring laws for first offenders to attend awareness programs and I appreciate the laws that you have already set up and I thank the task force for your dedication to this very important issue and please let me know if I can be of further assistance.

- *Laurie Dunn-Ryznyk's written testimony can be found here.*
- *U S State Laws Addressing Human Trafficking Education of and Mandatory Reporting by Health Care Providers and Other Professionals can be found here.*
- *The link to the draft legislation in Florida is http://laws.flrules.org/2017/23.*

Senator Holmes has a question. It seems like there is a huge problem through social media and the internet and did you have any recommendations on what we can do in that aspect and how can we address it on that end?

Laurie Dunn-Ryznyk - I think one of the things would be to increase public awareness in parents and start with school based programs perhaps and include law enforcement, health care providers, social workers who would actually go out and train students to be aware of this as well as law enforcement facilitating and directing some of these services. I know that the folks in Southern Illinois with the State Police Department have been very active with looking at some of those activities that are going on and developing programs to interfere with those activities. Those are the things that I think we need to do, one is increasing awareness, and two, training for law enforcement and other front line people that are involved and school based programs.

Barb Wheeler – We did a bill a couple years ago for mandatory signage for "if you see human trafficking, please call…." I can't remember, did that include hospitals and emergency rooms, too? Can we find out? We were so focused on rest areas and transportation centers that I'm not sure if we included hospitals or not. We need to provide more mandated training for physical and sexual abuse.
Rep. Wheeler's bill that she mentioned is PA 99-099.

Laurie Dunn Ryznyk – There is for children but not necessarily for human trafficking victims which may be identified as HT victims who are not children or as children. I attached an article that I obtained from the Journal of Human Trafficking that outlines the US State laws for human trafficking on education and mandatory reporting of health care providers and other professionals. As far as I know it is not mandated in Illinois that health care professionals receive training. It is that we report.

Rep. Barb Wheeler – But only if they recognize it.

Laurie Dunn Ryznyk – Exactly.

Rep. Barb Wheeler – and that's in your report? On how best to mandate that training? The recognition?

Laurie Dunn Ryznyk – Yes.

Kimberly Palermo – I just pulled up Public act 99-099 and emergency rooms in general care hospitals and urgent care centers require postage of the signs.

Rep. Barb Wheeler – Ok, so the next question is, who's in charge of making sure that transportation centers and hospitals post these signs? I can go through airports and other places and see the signs everywhere but I never see it in Illinois. Is DHS on the phone?

Ruth Ayukesong – DHS is on the phone. DHS was required in law to produce the posters. But there was no state agency mentioned as the enforcer of the rule. So what we did, we tried to reach out to the difference areas that needed to post it and we've not been able to find out who would be the enforcer. Recently I resent that Friday I got and email from the state agency that enforces the laws in areas that serve alcohol and wanted to know what languages can be posted in difference areas. So when that poster was created I translated it into 13 languages based on the languages that we required for voting. And now I haven't been able to get any direction as to who should enforce it. In the northwest suburbs, which is the area that I live in, I have been able to work with hospitals out there. Most of the Catholic hospitals out there have posted in their hospitals and some hospitals haven't. I've also been able to get the law enforcement officers around that area trained and so the difficulties that I've been encountering 1, we don't fund human trafficking so it's very difficult to get agencies to go out and train because whenever I request for that training as the bureau chief for domestic violence, sexual assault, and human trafficking I have to pay for that training. So that's the problem I'm having with awareness. Outside of this job, I've been volunteering for over 10 years and go out into the community to churches and civic centers and get

people to know more about human trafficking. And what I have seen as a person is that this community believes that we need to raise awareness. This is a crucial thing that we should be focusing on.

Stephanie Hudson – Good morning. I come from a little bit of a different perspective because I am a health care attorney that has worked for several years actually within hospitals both in Missouri and in Illinois so some of what I am going to speak to kind of jumps off of what Laurie just discussed but might also be helpful from the perspective of an attorney that's actually in the hospital setting. And just an FYI the posting of trafficking information is in the statutes 775 ILCS 50 if anybody wants to look at it. What I'm going to talk about briefly is what I'm seeing as the impediment in the health care settings and also a little bit of the research that I'm doing from the legal healthcare perspective. When we talk about human trafficking in the context of health care systems, so anywhere from our clinics to rural hospitals to urban hospitals, we're seeing a lot of what Laurie's been talking about. We've got statistics that say anywhere from 28 to 50% of human trafficking victims encounter health care professionals we've got Laurie's statistics which I've also seen that say 88% of human trafficking victims encounter health care professionals but they aren't being identified. And so most of what I argue for and what my research is premised on is that basic crux, assumption that we have properly trained our health care providers and people in hospital settings to think about human trafficking victims. So, not to belabor what Laurie already spoke on the primary issue that we are identifying is just a lack of education. And it's not just education for our nurses, our doctors, its education throughout hospitals. So everyone from the President, the CEO down to the person that does registration doesn't know about human trafficking so if you have a human trafficking victim walk in to registration and the registration person can't identify the signs of that person as someone who is being trafficked, they may never make it to the next person – the health care professional that can identify them. So it's not just a matter of hands on health care providers not understanding and knowing about human trafficking it's the administrators, the operators, the facility management team, the real property, the legal team that needs to understand what human trafficking is and be able to identify it and then being able to divert that victim to the right resources and by no means do I mean to take that so lightly as to say that this is something that you could implement easily but just to point out that it goes much farther than just our doctors and nurses. So some of the other impediments that we have started to identify and I don't mean to make this broad claim as if its every single hospital but when we kind of informally talk to certain medical professionals that are aware of human trafficking what we find out is our hands on front line providers are increasingly under a lot of time constraints, monetary constraints so it is difficult for them when they have someone walk in to be able to give them the time and the attention that they need, either to be able to identify them as a trafficking victim or to divert to someone that can help. And so we are asking our medical providers to, on top of the load they already have, on top of trying to save money, on top of reimbursement being cut, we're asking them now to take on a layer of identification and doing something about it. But its just an issue that they don't have the time to dedicate when they have an ED room full of people needing all types of assistance and know that human trafficking victims often have different needs than most of the patients that walk in the door. So time, money, reimbursement being cut, people without insurance, those are issues that impact our ability in a health care setting to be able to help human trafficking victims. What we also see that might be helpful is a lack of policies and procedures on what to do. So, your health care providers, your administrators, will have a human trafficking victim walk in the door and even though they can identify that person as a trafficking victim they're next question is, well ok, what do you want us to do with them now? Either they don't have the access to immediate resources to divert that person to the next person or organization that can help them or they just don't have a policy or a procedure that details what the next step is. How do you document in the medical record that this person is a trafficking victim? How do you safely ensure that not only that person, that their safety is maintained, but the health provider's safety is maintained? And so, because you have this lack of procedure, this lack of policy on how we're going to address these people in this health care setting even if your providers are able and willing to, and obviously most of them want to help, even if they are able to help, they don't know what to do with them next. So that's one of the issues that we also see. We also see unfortunately the culture around human

trafficking victim so we still have issues at a number of hospitals just getting people who are victims of domestic violence or sexual assault access to the resources that they need. Those people are still dealing with the stigmatism and the cultural barriers that come along with being victims of domestic violence or sexual assault so then when you expand that to human trafficking victims we have children who are victims of trafficking being called prostitutes. We have women who may have a history of mental illness, still being trafficked, but because they have a mental illness, it's assumed that they made it up in their heads, or they don't need a sexual assault kit because they have a mental illness, so you have this myriad of factors that play into culturally both in the hospital and between ethnicities and races that play into how our health care providers treat people who walk in the door. And so we can't underscore the importance of addressing in our education the language that we use with human trafficking victims, you know what human trafficking actually is. It's not a willing participant and even things as simple as a human trafficking victim might not even know that they're being trafficked. So they may fight you on some things and that doesn't make them less of a victim, they just may not realize they're being victimized. So we have a number of different issues, larger issues that we're trying to deal with and then when you start to drill down to even more of what our providers are dealing with it just continues to explode. Where in urban areas your hospitals may have access to greater resources so you may have a social worker that's on site 24 hours a day - when you go to rural Illinois, where you may have a hospital that can barely keep 20 people in a bed over the course of 6 months it does not make sense to have a social worker on staff 24 hours a day. And so when you have trafficking victims in a rural area, that seek medical attention, they're not going to have access to the same resources that you might have in a Chicago, or a St. Louis, or a Springfield, Illinois hospital. And so all of these issues have kind of been plaguing the health care system. I'll talk a little bit about what my research is in and hopefully what it will produce. From a legal perspective, being in the hospital obviously my interest and my opinion is that looking at human trafficking through a public health and a public health laws win closes the gap on some of the other approaches that we see. Public Health helps us to focus in on, to Laurie's point, the victim and that victims health and the population of victims and their health and so using a public health and approaching this issue from a public health perspective not only enables us to make this a victim centered approach but also enables us to use the different interventions and strategies and analyses that are attributed to public health in the context of human trafficking in the health care system. And so my research is two-fold it number one, trying to figure out how hospitals interact with human trafficking victims because we lack so much information and data on human trafficking general but especially with health care. And so in order to be able to effectively intervene and to effectively treat victims of human trafficking in a health care perspective we have to get the data and public health, looking at it from a public health perspective, and a public health law perspective, gives us that ability to rely on the research methods the public surveillance method that are attainted with the field of public health, and using that to the benefit of gathering information and data on human trafficking victims and health care entities. So part of it is how do our health systems interact with human trafficking victims which is a very broad question but it is important. And then the other part of that is looking at again from a public health perspective what are the strategies that are most effective in health care settings. And so we look at public health in the broad context of we can track infection rates, we can require hospitals to report gunshot wounds we can require hospitals to report confirmed cases of HIV or AIDs and all of these other myriad of requirements. And again it's not lost on me that it's difficult to get laws passed its difficult to get hospitals and non-profit entities to act in certain ways, but if we can then we can come up with strategies that are peculiar to health care entities that can help combat and prevent human trafficking from happening. We can identify the risk factors that make people more likely to become victims because of housing or race or sexual orientation. We can use those strategies to inform the laws that we advocate are passed so it's kind of like this circular path where we pass laws that help to gather information, that information becomes better, it informs the laws and so we just continue this approach of putting interventions and strategies and methods in place and mechanisms that help us more to wrap our arms around human trafficking and combat it. So when we're looking at that we're looking at context of both social justices, ethics, things that address the social determinants that some other approaches aren't always able to address. So our end research is hopefully

coming up with at the front end wrapping our arms around health care systems in human trafficking that can be how they interact and how we can use our health care systems to more effectively combat human trafficking because whether or not we want to admit it our health care systems are in the middle of this battle and then number 2, coming up with public health strategies that are effective in combatting human trafficking in the health care setting then hopefully, obviously that will spin off into something that we can use in other approaches, you know, immigration for instance. So, recommendations outside of the impediments that we've seen outside of my own research is to Laurie's point, it's just hammering on the importance of education but especially education from the top down from our administrators in hospitals all the way down to the person that's registering people and then trying to make sure that we start to wrap our arms as best we can around the fact that health care and health care entities are in this fight and figuring out how we can use health care laws that are already in place, health care programs, domestic violence programs, sexual assault programs that are already in place tweaking them and using them effectively in the human trafficking arena. What I've heard so far is wonderful I appreciate the opportunity to talk to you today about this research and I very much look forward to all of the great things that will come out of this task force.

Lou Longhitano – Hello. I don't have a prepared statement and you know my office would like me to screen any written statement that I provide written testimony through the office as I speak as a representative of an elected official. I do just want to say that the comments by Kimberly from the Paul Simon Institute about how many members of our communities in the State of Illinois still don't realize that human trafficking is happening right in our backyards, not just up here in Cook County in dense populations, but all over the state is really kind of shocking to me. So that's going to help me reframe what I would want to say if you give me the opportunity to testify at a later date. Thank you.

Rep. Barb Wheeler – I do have a question in regard to the speaker before Lou in regard to what do you do with a victims when they come through your emergency room, let's say they are identified…what next? Ideally, you would call that number, right, or I guess the most logical would be perhaps law enforcement, but my question to you in regard to your medical care, and continued medical care which would be an integrated health question as well as behavioral health addiction issues. I know that many of the communities including the ones in the rural areas have FQHCs and our area has Aunt Martha's that's actually on campus at one of our hospitals….is there a relationship with emergency rooms and going to an FQHC that's able to provide, assuming there aren't economic issues, to provide health care from an emergency divergent program for those victims. Is this something we should look at when we're discussing follow up policies at our hospitals?

Lou Longhitano – If that was to me, I have to first ask a question….what does FQHC stands for, because I'm sorry I'm just ignorant on that but otherwise I…..

Rep. Barb Wheeler – Federally Qualified Health Care Facility. I think there's actually someone on the phone call from Aunt Martha's…..no? Okay I'm wrong.

Lou Longhitano – So in terms of what we do here, we do have the number to the national hotline because that's the number that's on the posters that have been provided by DHS. They've done a great job of that and getting that out in lots of different languages which some are languages I didn't even know existed. They've done a fantastic job on that. It has been put out in our hospitals, in our emergency departments, in our clinics and stuff like that. Here in Chicago we've been making a huge push to, or in Cook County, to help develop protocols with emergency departments, obviously, it's on a voluntary basis, started with Cook County, Stroger Hospital came to us looking for a protocol and we've had good success with them. We have a bunch of partners that have worked with us to help them re-write or basically to create new protocols for human trafficking identification and response that are basically

modeled off the existing protocol they have for domestic violence and sexual assault kind of things, so we're not reinventing the wheel and we're not asking them to do something completely foreign to them, we're asking them to just slightly, incrementally expand their subject matter expertise and part of what we've done with them on that is to provide training for them. Basically for us to devote the time to help them writing the protocol. The tradeoff we've said is that we want your people to have the cultural awareness and competence in the area of human trafficking. So we've done a lot of training for hospital social workers, emergency room nurses, the screening triage nurses and the administrative staff at the front desks and in some of the institutions as well as with some of the doctors and other medical professionals to try to get them to be more cognizant of what it is that they are looking for. So we've been making a big push on that and basically folding in an additional couple hospitals every year that come to us and get us to come in and train something like a hundred members of their staff so that they're prepared. But you're right – in rural communities it's been said a couple of times this morning – rural communities, that's going to be tough because you're not going to have necessarily the dedicated social worker on staff that's going to have had that training that's going to be present at all hours of the day or of the night. So figuring out how that's going to work, one of the keys is you call that hotline number but it's also critical that when you call that number for Polaris or the national human trafficking number hotline it's critical that they have local resources that they can reach out to, to call somebody and get somebody there. Here in northern Illinois, we've got the Salvation Army and a bunch of other agencies that respond and will come out 24/7 and get to that hospital as well as our law enforcement members of the task force. When we do our training, we provide a 24 hour 1-800 number both for Salvation Army and for the FBI so they can get a law enforcement officer of the task force to come out 24/7 if the person/patient is willing to talk to law enforcement or if they refuse that they can still get a social worker that will come out and will start working on an emergency safety plan for that survivor, on the spot in their moment of crisis.

Stephanie Hudson – Just kind of jumping back in and kind of answering that question, another part of the research that I didn't mention that we are working on is the initial question is that model that once we have a human trafficking victim walk through our ED how do we shoot them into the resources that they need to cover all of their needs so their, mental health, their behavioral health, their gynecological needs, their therapy, so we're working on putting together a model that addresses the question what do we do once we've identified human trafficking victim. I think part of the reason that that's kind of a tough answer to give is because we have like you pointed out the initial framework, you identify someone, you call the hotline, but what do we do in the meantime while the patient is literally sitting in our ED? They're taking up a bed that could be used for someone else, do we make them inpatient, do we treat them for X, and how do we keep the provider safe if they're being accompanied by their trafficker? How do we report them? Not report them in the sense of law enforcement, but report them to necessary resources without violating HIIPA. And so there all these different moving pieces that the health care providers and the legal team, the administrators will have to deal with so we can't really get our arms around a really strong model we've got a framework but not a really strong model because you have all these different intersecting pieces that come together so kind of interim steps to that ultimate model of you know how do we take a model and make it workable for health care are your policies and your procedures that address you know you have a human trafficking victim come in the first thing you do is call the hotline and the second thing you do is you call your administrator, your administrator is responsible for making sure security is on site if a trafficker is present, make sure that the trafficker doesn't feel threatened and react violently. So putting in these interim steps to try to help health care providers take the weight and the burden of what am I supposed to do when I have a human trafficking victim on my hands, take the burden off of them and put it into something easy and quick that they can do within the allotted time that they have if they're able to identify a trafficking victim. But I wholeheartedly agree, and again that is something that we are working on is we need a model that effectively ensures that when these trafficking victims walk into our hospitals and our outpatient clinics or wherever they are that our health care providers not only know what to do with them, literally, for the next 20 minutes to 24 hours but then also

connect them thereafter, assuming we can get them there, the resources that they need. So, not a great answer but something that we're definitely working on.

Lou Longhitano – and partners of ours on our task force like Kate Lawler at Swedish Covenant Hospital and Sheila Hickey in the social work department at Lurie Children's Hospital in Chicago have both been, we at law enforcement can't come in and tell you, we can try and provide resources and get people there to address that survivors need in terms of the law enforcement side of it then in terms of getting HT trained service providers and if you build a good network, we've got a great network up here that addresses all kinds of different needs including legal needs, including counseling and a lot of things beyond the social work but building that network is one small phase of it and getting law enforcement involved is another phase of it. We're not going to try and tell you guys how you do what you do because you've figured it out over other types of areas and I think talking to your own partners in your own field is the best way to come up with a solution to something like that.

Gwen Walsh – thank you everyone for your time. Does anyone have any questions for today's panel? No? Thank you for your time. We will send out a Save the Date for the next meeting later today.