



Amid Outcry, U.S. Elevates Malaysia's Trafficking Status

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The U.S. Department of State has upgraded Malaysia's status in its [annual human trafficking report](#). The Department claims the Malaysian government complies with policies to identify, investigate, and prosecute trafficking; however, skeptics understand the game of politics: this switch has major implications for the Trans-Pacific Partnership (TPP). Appointment into the TPP will expand trade agreements across the Asia-Pacific region, permitting certain members (not part of the existing Federal Transit Administration partnership) to remove trade barriers for goods and services in order to upgrade to new 21st century agreements.

Each country is ranked according to their compliance with the Trafficking Victim Protection Act (TVPA) minimal standards. Tiers are ranked as: Tier 1, Tier 2, Tier 2 Watch List, and Tier 3. Tier 1 countries are found to fully comply, Tier 2 do not comply but have headway into efforts for compliance, Tier 2 Watch List with certain conditions are met, and Tier 3 neither comply nor make efforts to do so. Lawmakers and human rights advocacy groups demand Malaysia remain a Tier 3.

TVPA includes information that differentiates factors to determine between a Tier 2 (and, Tier 2 Watch List) and Tier 3. Qualifications include: the extent of transit or source country involved with human trafficking, extent of the government's response, and extent of practice in order to make "significant efforts" addressing protocol and resources for these measures. However aggressive Malaysia aims to amend its policies into law, the main question remains whether these actions will be effectively executed with appropriate enforcement.

Negotiations have ended at this time; resolutions remain in progress.

Source: Lawson, A. Amid outcry, US elevates Malaysia's trafficking status. July 27, 2015. <http://www.law360.com/articles/683712/amid-outcry-us-elevates-malaysia-s-trafficking-status>

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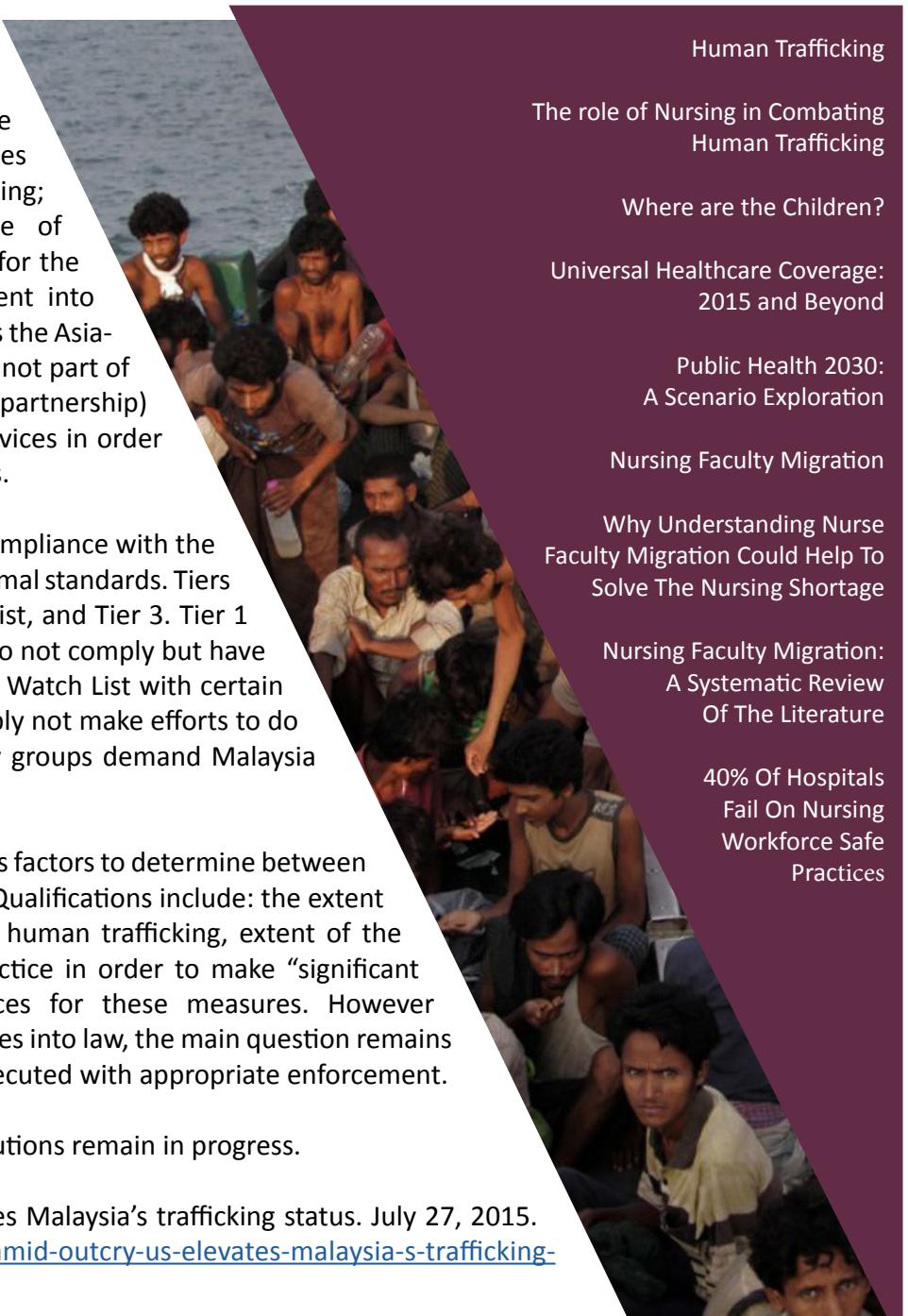
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Slavery's Global Comeback

Although universally illegal, leading demographic accounts of modern day slavery project a population of between 20 and 30 million people who are bought, sold and forced into labor. "There are now twice as many people enslaved in the world as there were in the 350 years of the transatlantic slave trade. The U.S. State Department considers "slavery" an appropriate umbrella term which aptly defines the criminal activities entailed in human trafficking.

The Polaris Project defines human trafficking as "a form of modern slavery where people profit from the control and exploitation of others." Trafficking occurs in all parts of the world. Exploitation of victims can entail: forced prostitution, bonded laborer on farms, kilns, mine or sweatshops, subjugation based on a slave caste system, forced begging/panhandling, or sedentary forms of servitude.

This article outlines two main reason why contemporary slavery has become a central issue –the scale of the problem and "the idea of slavery itself." Free the Slaves organization estimates the global number of enslaved individuals to range between 21 to 36 million. A 2014 United Nations Report on human trafficking estimates that the criminal enterprise generates more than US\$150 billion in illegal profits from slave labor. It is fair to deduce that this obscene amount of financial resource has compounded challenges in efforts to eradicate slavery. That is because criminal elements utilize their extensive financial resource to "leverage modern communications and logistics" to promote criminal enterprise.

A major reason for the recondite nature of modern slavery is the "conceptual analysis," especially in the West which deems slavery as "a thing of the past." The term is therefore used as an analogy to highlight particularly offensive work and living conditions rather

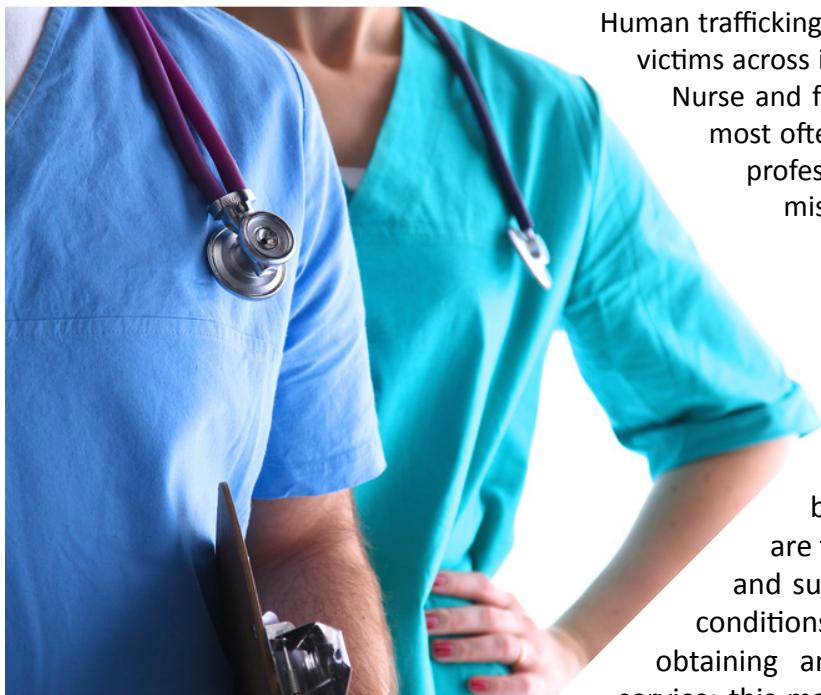
than an accurate definition of actual criminal activity. The misuse of the term slavery in this manner acts to conceal the reality of abject subjugation of human beings by others and misconception of illegal trafficking activities as anything other than an issue of crime.

Unlike most social movements, it has been legislation and international resolutions such as the Palermo Protocol that have served as catalysts for social discourse and growing consensus on the definition and implications of the term slavery. Modern day abolitionists face complex challenges which are arguably related to pace, nature and scope of globalization. The process of globalization has brought about "a dark side" to human interactions.

Technological advancements has facilitated an increase in globally organized crime, a desire for greater accumulation of wealth has created a growing demand for cheap labor, regional conflicts and wars have resulted in weakened borders and ineffective law/judicial systems, aspirations for better quality of life has led to greater economic migration, and unchallenged cultural caste systems have continued to validate the exploitation of certain groups deemed as property and thus viable for sale and exploitation. Modern abolitionists are employing tactics such as: "constructive power of shame" to promote zero tolerance to slavery by major corporations, legislative activism to establish international collaboration and appropriation of necessary resources, social awareness campaigns aimed at potential victims and potential activist.

Source: Gould JJ. Slavery's global comeback. The Atlantic. December 19, 2012. <http://www.theatlantic.com/international/archive/2012/12/slaverys-global-comeback/266354/>

The Role of The Nurse In Combating Human Trafficking



Human trafficking occurs on a global scale and involve trafficking of victims across international borders and within national borders.

Nurse and frontline health care providers are the group that most often encounter victims of the crime. However, most professional don't realize the gravity of this burden and miss out on the opportunity to intervene. This article provides an overview of human trafficking and describes how nurses can recognize the signs of trafficked individuals, how to safely intervene and where to locate an extensive resource list.

[The U. S. Department of State](#) estimated that

between 600,000 and 800,000 children and adults are trafficked across international borders each year

and subjected to brutal and inhuman work and living conditions. Broadly defined, human trafficking involves obtaining and holding another individual in compelled service; this may include sex trafficking, debt bondage, forced labor, indentured servitude and trafficking in child soldiers. These acts can be induced through force, coercion and/or fraud. Trafficking occurs everywhere and as such a country can be a source, transit, destination and a combination thereof. Human trafficking is believed to be the fastest growing industry in the world. It is very lucrative and one of the second largest criminal industries next to drugs.

The majority of trafficked victims are women and girls. There are various causes, with the major catalytic factors being poverty, despair, war, crisis situations and ignorance. Existing laws and international accords on the subject are aimed at preventing trafficking, prosecuting perpetrators of the crime and providing victims with rehabilitation services and benefits.

Physical and psychological problem are common in HT victims. It is important to realize that victims tend to only receive health care when the condition becomes serious. Trafficked victims are in no position to come forward, identify themselves and seek assistance. They are often faced with language and cultural barriers and deterred by threat of violence from their traffickers.

Some common health problems seen in trafficked victims include: sexually transmitted diseases, vaginal and rectal trauma, unintended pregnancies, infertility, urinary tract infections, burns, bald patches on scalp, bruises, scars, bite marks, lacerations, chronic back pain, dental and vision problems, muscle sprains and strains, respiratory and cardiovascular conditions, infectious diseases such as tuberculosis, jaw and neck problems, cigarette burns, stab wounds, missing teeth, branding marks, undetected diabetes, cancer and hypertension, depression, anxiety, mood swings, terror, intense shame, post-traumatic stress disorder, suicide ideation, and addiction.

Though not clearly defined as signs of being trafficked, indicators should raise flags of which nurses and health professionals must be aware. These include: an individual who can't speak the language and has another speaking for them, an individual who does not appear to know where they are, an individual without identification/travel documents or with someone else holding their documents, persons with no spending money, appearing to be under the control/supervision of another, signs of physical abuse or neglect, persons residing at place of employment yet are unable to furnish that address, persons stating suspicious or unclear reasons for visit in the country, report of employment that appears suspicious or illogical, and the existent of an individual resistant to letting a nurse/healthcare provider speak to a patient in private.

Nurses must acknowledge the fact that trafficked victims are wary of strangers and should practice patience when interacting with a suspected victim. The idea is not to obtain the entire story, but rather to identify a victim and make the appropriate referral for appropriate assistance. A great place to start may be a review of the [London School of Hygiene & Tropical Medicine's](#) guide on Caring for Trafficked Persons: Guidance for Health Providers.

Source: Sabella, D. The role of the nurse in combatting human trafficking. Am J Nurs. 2011; 111(2): 28-37. http://traffickingresourcecenter.org/sites/default/files/The_Role_of_the_Nurse_in_Combating_Human%20-%20AJN.pdf

Where Are The Children?

"The harder you make it to cross, the more people can charge, the more dangerous the trip become."

Undocumented migrants faced with perilous routes and reluctant deportations are often found in the news lately. This piece from the New York Times writer Sarah Stillman describes the trials of one particular family, awaiting news of their two sons crossing into Trenton, NJ. Other anecdotal depictions of extortion illustrate a poignant, personal view of the abuse rendered along the Mexico/U.S. border.



Extortion occurs in all forms – migrants snatched by drug cartels, children kidnapped for ransom, women taken for human trafficking. For families unable to pay to release these victims, abuse is imminent, or worse, they become unidentifiable corpses. Some evidence has revealed authorities participate in the scheme themselves, partaking in a portion of the cash or allowing to be bribed for their silence. This furthers the risks as the trek itself endangers migrants exposed to environmental hazards like insects, snakes, or heat exposure.

The surge of an exodus of children fleeing violence primarily from Central America's Northern Triangle – El Salvador, Honduras, and Guatemala – has brought about an U.S. inter-agency taskforce to intervene with public-service campaigns. Led by Homeland Security has engaged in projects include catchy songs on the local radio or graphic ads that dissuade children from attempting to cross the border.

"Smuggling is not the same as trafficking," says Michelle Brané of Women's Refugee Commission, explaining that smugglers, known as coyotes, are paid to transport individuals, while traffickers gain profit from holding or transporting people against their will. As the border between the U.S. and Mexico becomes strongly enforced as a security zone, and extortion becomes prevalent, the definitions of smuggling and trafficking are difficult to tease apart.

The Obama Administration has extended measures to grant a grace period for immigrants facing deportation.

These numbers potentially affect up to four million individuals. The latest news covers a pending implementation of some of Deferred Action for Childhood Arrivals (DACA) initiatives proposed by the [Administration](#).

Source: Stillman, S. Where are the Children? New Yorker. April 27, 2015.
<http://www.newyorker.com/magazine/2015/04/27/where-are-the-children>

Consultations on updating the Global Strategy for Women's, Children's and Adolescents' Health. Round 2 – Feedback on the Zero Draft of the Global Strategy

Every Women Every Child released a [synthesis report](#) on 16 June presenting feedback for the zero draft Global Strategy for Women's, Children's and Adolescent's Health. A multi-stakeholder partnership of over 2,450 organizations and individuals provided consultations on the Zero Draft to amend their goals and objectives in line with the post-2015 Sustainable Development Goals (SDGs).

The responses to the Zero Draft GS 2.0 highlight common themes among the numerous feedback received from both the organizational leaders and the public. To the statement: "On a scale of 0-10, to what extent did the Zero Draft meet your expectations," the average score was 7.2—a relatively high consensus.



Comments about lessons learned from the Millennium Development Goals (MDGs) suggested conceptual definitions and operationalizing the framework. Future ambitions revealed knowledge gaps yet to be addressed, such as articulately defined targets for women and children. A "life-course approach" was emphasized to "enable women to be viewed as rounded people, (full citizens of the world), not just mothers...." This model would be sought to further develop the objective of SDG 3: Ensure healthy lives and promote well-being for all at all ages. Another main point focused on the adolescent population, such as girls in their development at this precarious age, though boys were also referenced.

The respondents listed critical strategic gaps concerning: comprehensive sexual and reproductive health and rights (SHRH), including abortion services; breastfeeding specific to the nutrition agenda; and women's health and gender equity. A sharper direction in international human rights to build policies for countries requesting guidance should be included, as human rights encompasses a "people-centred movement." Specific visions in strategies to reach vulnerable populations were noted as a critical gap in the document; an inadequate systems focus lacking in detail about budget, accountability, and human resources.

The 3rd Financing for Development Conference was held in Addis Ababa, Ethiopia on July 13-16, 2015. Hosted by UN Secretary-General Ban Ki-Moon with the motto "for people and the planet," international leaders are gathering to discuss the post-2015 global agenda for sustainable development. The conference will formally launch the partnerships that created [Global Financing Facility](#) in support of Every Women Every Child in developing new approaches for funding.

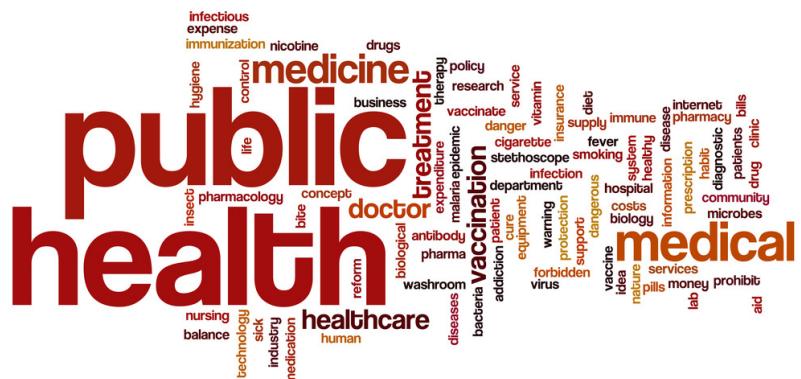
This draft is in preparation for the final launch of Every Woman Every Child movement in September 2015 at the UN General Assembly.

Source: Feedback on the Zero Draft of the Global Strategy. Every Woman Every Child. June 16, 2015. <http://www.everywomaneverychild.org/news-events/news/1108-feedback-on-the-zero-draft-of-the-global-strategy>

Public Health 2030: A Scenario Exploration

The Public Health 2030: A Scenario Exploration report by the Kresge Foundation and the Robert Wood Johnson Foundation (RWJF) have composed several scenarios to cleverly depict the course of public health unfold in the future.

“... Scenarios help us bound [the] uncertainty [of the future] into a limited number of likely paths... Once these alternatives have been articulated, we can more easily explore the inherent uncertainty to find opportunities and challenges we might otherwise miss” in innovative direction and strategic planning.



The Institute of Alternative Futures (IAF) has served as an expert consultant for their research projections on health populations in the future. For this project, the three organizations begin with the definition of public health adopted from the Institute of Medicine, operationalized by the 10 essential functions by the government.

Based on IAF's model of “aspirational futures,” 4 scenarios are narrated to portray potential situations in the near future, gauging probability of trends and public engagement in society:

1. One Step Forward, Half a Step Back – burdensome challenges albeit slow progress
2. Overwhelmed, Under-Resourced – disjointed decisions that fail to directly impact sustainable health goals
3. Sea Change for Health Equity – controlled growth of economy spurs policies for change
4. Community-driver Health and Equity – convergence of technology and education for a resilient environment

A survey of national experts found Scenario 1 to be most likely, though they would prefer Scenario 4. Thus the project concluded with an extensive list of recommendations to achieve Scenario 4, or at least avoid Scenario 2. Among those includes commitment to secure funding measures, evidence based practice, and interdisciplinary collaboration.

Source: Institute for Alternative Futures. Public Health 2030: A Scenario Exploration. Alexandria, VA. May 2014. <http://kresge.org/sites/default/files/Institute-for-Alternative-Futures-Public-Health-2030.pdf>

Salaries, Demand, and Career Opportunities Contribute to Global Nurse Faculty Migration

The first ever [Global Summit on Nurse Faculty Migration](#) was held in Geneva Switzerland in 2010. Featuring an interdisciplinary group of leaders and experts from 12 countries, the international summit focused on current patterns, types and causal and contributing factors of global nurse faculty migration. With dual roles as clinicians and educators, nurse faculty face corresponding dual sets of professional and legal obligations when migrating.

While there is ample research on nursing staff shortages, study on migratory patterns of nurse faculty and their implications is still lacking. Indeed, this was the conclusion arrived at by summit participants who concluded that “insufficient information and research-based evidence about nurse faculty migration exists. Much work needs to be done to prepare, recruit and retain faculty, ensure ethical migration and overcome barriers faculty face when choosing to work in a country other than the one in which they initially qualified.”

Using consequence mapping techniques, summit participants considered three major issues resulting in the push and pull factors in migration: the need to rapidly scale up nursing resources, the impact of globalization



and international trade-in service agreements, and the aging nursing workforce. Existing challenges include: effective recruitment and retention of nurse faculty, assurance of ethical migration practices, legal/educational/cultural barriers faced by migrating faculty and cultural/linguistic/legal/health-care obstacles faculty face during transition in new countries.

Initial findings from this summit serve to highlight the significant impact that nurse faculty shortage has on nursing staff shortages. A survey by the [American Association of Colleges of Nursing](#) found that the decline in acceptance of nursing school applicants was related to faculty shortages.

Relatedly, the Organization for Economic Co-operation and Development found an increase in international migration of skilled workers in health, education and new technology sectors. Given that existing research has sought to quantify the problem of faculty shortage, there is need for additional research on effective solutions to the problem.

A valid starting point could be an analysis of the specific factors likely to influence nurse faculty migration internationally and to some extent, intra-nationally. Factors identified at this summit included: "higher pay, career opportunities, access to research funding, opportunity to work with expert peers and participate in research collaborations, provisions for post-basic education, changes in minimum educational preparation, high educational costs associated with nurse faculty training, disproportionate increases in workload without increases in resources, and lack of interest in nurse faculty careers."

Recommendations arising from the summit focused on the need for additional research, dissemination of summit findings to engender further dialogue on the subject and need to develop directional flowcharts that differentiate and map migration patterns for both nurses and nurse faculty.

Source: Faculty Migration. International Council of Nurses. April 10, 2015.

<http://www.icn.ch/news/whats-new-archives/salaries-demand-and-career-opportunities-contribute-to-global-nursing-faculty-migration-1178.html>

Why Understanding Nurse Faculty Migration Could Help to Solve the Nursing Shortage

The 2010 Global Summit of Nurse Faculty Migration indicated the lack of research about the migration trends of nurse faculty. With the global healthcare worker shortage, analyzing the patterns of educators who educate large cohorts of health professionals must become an urgent strategy. A collaboration of 21 international experts have sought to define the issue to establish a baseline for research. The publication titled, "[The Global Summit on Nurse Faculty Migration](#)," is available in Nurse Outlook for the January/February 2014 issue.



The summit concluded that an analysis of human resources for health regarding nursing faculty included: "(1) the need to rapidly scale up nursing resources, (2) the impact of globalization and international trade-in service agreements, and (3) the aging workforce." Outlining

a set of challenges, the summit members drafted their insights on policy implications. An interdisciplinary approach to this event invited experts to consult in education, economics, culture, and politics.

Recommendations for research suggests: a, instrument for collection, synthesis, and dissemination of data; b, knowledge distribution of summit conclusions; and c, development of a “directional flowchart” to distinguish between nurse and nurse faculty migration trends.

Source: Reller, T. Why understanding nurse faculty migration could help to solve the nursing shortage: Finding of the 2010 Global Summit on Nurse Faculty Migration are now available in Nursing Outlook. August 22, 2015. <http://www.elsevier.com/connect/why-understanding-nurse-faculty-migration-could-help-to-solve-the-nursing-shortage>

Nurse faculty migration: A systemic review of the literature

[“Nurse faculty migration: A systemic review of the literature”](#) is a publication found in the International Nursing Review, the official journal of the International Council of Nurses. A collaboration of the former Chief Executive Officer and Professors from Spain have conducted a literature review of academic and gray literature relating to nurse faculty migration in both English and Spanish.

The results overall have led to a dearth in information or research about this topic internationally. Knowledge gaps yield to limited understanding of workforce planning and the migration patterns within and across countries. Unfortunately this lack of information finds it difficult to determine what factors affect the clinical education of nurses in a global market.

The “push and pull” model concerning clinical nurse migration has been commonly used to assess mobility patterns. This describes the factors for clinical nurses that drive them to migrate. However, not one model can be isolated to analyze the same factors of clinical nurses for nurse educators because of the variation of education standards and qualifications for each country. Yet, a trend is evident that many countries are encouraging tertiary education for nurse faculty.

Previous studies indicate a few factors that have influenced the decision for nursing faculty mobilization, such as salary, availability of positions, peer relationships, and current work environment. Some circulatory migration was noted in studies, though the conclusion that faculty intent to return to country



of origin was low. A collection of more recent studies conducted in the U.S. and Canada have independently found overlapping factors that contribute to the shortage: demand for clinical nursing, poor salaries, heavy workloads, among others.

It is important to note the dynamics of education preparation and workforce productivity. The General Agreement on Trade in Services (GATS) provides modes of an international network education via distance education or joint programs, similar to trade agreements. This may be promising for educators in general, but in particular, nursing faculty engaged in work outside of the clinical realm may find it difficult to return to teach.

Source: Benton DC, González-Jurado MA, Beneit-Montesinos JV. [Nurse faculty migration: A systemic review of the literature](#). Int Nurs Rev. 2013; 60(2): 157-66.

40 percent of hospitals fail on nursing workforce safe practices

The Leapfrog Group conducted a 2014 hospital survey among voluntary US hospitals to report their data on healthcare services, such as high-risk surgeries, hospital-acquired infections, and others. The Leapfrog Hospital Survey annually assesses performance measures nationally acknowledged by the Joint Commission (TJC) and the National Quality Forum (NQF). Partnerships with Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine assists with the data collection, analysis, and recommendations thereof.



A foundational aspect of safe and quality care delivery in hospitals are on the shoulders of the nursing workforce. The American Association of Colleges of Nurses data states that approximately 58% of registered nurses (RNs) are employed in the acute care setting. Given the reality that nurses are the healthcare provider group performing most of the direct clinical care, the availability and education of nurses must be assessed to relate to a hospital's care delivery system. Ironically, only a few measures exist which highlight the direct impact of nursing to hospital performance.

The Leapfrog tool serves as the only transparent report for consumers and administrators alike. Magnet Status is also recognized as an elite designation for hospitals. The public is given access to data for which hospitals provide safe care supported by the practice of its nursing workforce. Specific factors such as nurse-to-patient ratios are not tallied; however, overall key theme per the NQF are underscored:

- Awareness – Administration made aware of patient-safety events, perform accurate risk assessments, and follow up with all levels of nursing management?
- Accountability – Administration hold nursing leadership as a key stakeholder in performance reviews, and hold them accountable for management decisions?
- Ability – Administration provide adequate education and allocate funds to appropriate needs for a competent workforce?
- Action – Administration implement policies and practices to document staffing levels to provide data in a transparent manner?

This report on Nursing Workforce Safe Practices provides recommendations to emphasize the nursing workforce factors relevant to hospital care:

Leapfrogs standard for nursing workforce:

Ensure that nursing staff services and nursing leadership at all levels- including senior administrative and unit levels-are competent and adequate to provide safe care. This includes an adequately resourced nurse staffing plan, senior administrative nursing leaders made part of the hospital senior management team, and adequate funding for nursing services including support in maintaining professional knowledge and skills.

Hospitals can meet this standard by either:

1. Attesting that they fully comply with the 21 Leapfrog nursing workforce safe practices
Or
2. Achieving Magnet Status recognition from the American Nursing Credentials Center.

A few of the key findings gathered from these surveys included:

- A. In 2014, the percentage on voluntarily reporting hospitals achieving full compliance the Leapfrog nursing workforce safe practices increased from 52% (in 2011) to 60%. However promising, the flip-side demonstrates that 40% (2 in 5) hospitals have yet to meet the Leapfrog standards for nursing workforce.
- B. In 2014, the numbers of voluntarily reporting hospitals who received Magnet Status increased from 15.5% (in 2013) to 16%. The qualifications for Magnet Status include: nursing excellence, safe and quality care, and innovative professional development of nursing practices.

The direct care quality and safety of patients relates to the nursing workforce has been strongly acknowledged by evidence. The results from this 2014 Leapfrog report suggests a call to action for various stakeholders:

- Hospitals that fall within the 40% who fail to fully comply with Leapfrog's standards are strongly encouraged to urge the administration to achieve safe, quality care.
- Employers are asked to promote the results from the Leapfrog Hospital Survey, and encourage aspiring employees to seek nursing positions in hospitals where the administration fosters safer performance.
- Patients are advised to consult the Leapfrog Hospital Survey prior to scheduling a visit to ensure the hospital meets the standards of care delivery provided by an adequate and competent nursing staff.

Source: Small, L. 40 percent of hospitals fail on nursing workforce safe practices. FierceHealthcare. May 15, 2015. <http://www.fiercehealthcare.com/story/40-percent-hospitals-fail-nursing-workforce-safe-practices/2015-05-15>