

Human trafficking for forced labour and occupational health

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INTRODUCTION

Human trafficking is a global phenomenon. It is estimated that 20.9 million people are in situations of forced labour as a consequence of human trafficking, of whom the greatest proportion is in the Asia-Pacific region (11.7 million, or 56%), followed by Africa (3.7 million, 18%) and Latin America (1.8 million victims, 9%).¹ Human trafficking has been defined in the United Nations (UN) treaty, *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*,² as:

...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

In practice, however, identifying cases of trafficking generally relies on the exploitation aspects of the crime. While early attention to trafficking was directed almost exclusively at forced prostitution and sexual exploitation, the UN protocol clearly indicates that forms of exploitation also include “forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs”. It is only in recent years that the narrow focus on sex trafficking has broadened to capture the wider range of labour sectors into which people are trafficked around the world. Low-skilled labour sectors that have received this growing attention include, but are not limited to, agriculture, factory work (eg, textile, food processing, brick kilns), commercial fishing, mining, construction and domestic servitude.

The health and safety risks in any one of these industries under well-regulated working conditions are multiple. For

example, commercial fishing is one of the most dangerous global occupations, characterised by strenuous labour, long working hours, hazardous conditions and harsh weather. In the US, the occupational death rate for commercial fishing is over 30 times the rate for all US workers.³ Mining, agriculture and construction also have high occupational death rates, whereas high non-fatal injury rates are common in occupations such as domestic servitude.

When these workplace risks are amplified by the abuses associated with human trafficking, the potential for harm is substantially greater. Trafficked labourers are generally forced to work extensive hours and days per week to exhaustion, are rarely given personal protective equipment and often are not provided any, or adequate, training in a language they can understand, for example, for work with hazardous chemicals, heavy equipment, working at heights. People who are trafficked are frequently in debt, either to lending agents or to the traffickers, who demand repayment for undeclared expenses (eg, travel, documents, housing, food, clothing, etc) and extract penalty payments (eg, for perceived mistakes, tardiness, sick days, etc). These debts often push labourers to work beyond fatigue in high-risk circumstances. Moreover, many, if not most, of the trafficked labour migrants are working in unregulated or unregistered businesses, where labour inspections will never take place.

Indeed, even for the much larger global population of migrant labourers, the field of occupational health has offered very limited research.⁴ Unfortunately, the data show that immigrant workers suffer higher rates of fatal and non-fatal injuries than non-immigrant workers—even when working in the same job and industry.⁵ There is, however, less information on specific workplace hazards, such as migrant workers' exposure to carcinogens, despite studies indicating that work-related diseases are more common than fatal injuries.⁶ To date, there are no data on occupational exposures experienced by trafficked workers, despite the likelihood that abusive workplace circumstances and neglected worker safety would be associated with more adverse health

outcomes, particularly in industries with inherently higher risks, such as fishing, agriculture and mining.

The majority of documentation on trafficked workers has come from human rights groups and investigative journalists writing about, for example, the plight of domestic workers in the Middle East,⁷ construction workers in Gulf States,⁸ or commercial fishermen in Southeast Asia.⁹ The reporting calls attention to the physical, financial and legal abuses suffered by people in these situations. Globally, there are accounts of the severe physical violence perpetrated by traffickers and abusive employers. Individuals caught in trafficking situations have been beaten, starved, threatened and wounded intentionally by knives or guns, and forced to use drugs (eg, amphetamines to make them able to work longer hours or barbiturates to make them more compliant). Occasionally, descriptions of the dangers associated with trafficked people's work conditions are mentioned. However, at the same time, detailed information on the occupational hazards experienced by these workers is rarely offered, and there is even less evidence of the short-term and longer-term health effects of workplace-related risks.

A recent report documented the potential scale and nature of labour trafficking in the commercial fishing industry of Thailand.¹⁰ Findings on the Thai fishing industry indicate that men work an average of 18–22 h/day under the harshest, most punishing conditions, which has recently led to Thailand being relegated to the worst tier of the US State Department's human trafficking index.¹¹

Human trafficking is not restricted to the developing world. For example, trafficked labour is present among agricultural workers in the US. As elsewhere, immigrant agricultural workers are primarily entrapped by unmanageable debts applied by traffickers and employers on workers who enter legally on H-2A and H-2B visas. The workers have brokerage fees of several thousand dollars applied, often with very high interest rates. Such debt bondage among immigrants means that they are readily threatened with deportation or blacklisting for failure to work the long hours demanded.¹⁰ Similar incidents have been reported among temporary labourers in Australia working in hospitality, agriculture, construction, manufacturing and nursing.¹²

Trafficking for domestic servitude (often women and girls) and other low paid jobs are also common.¹³ Like the recruitment ruses for other trafficking

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situations, individuals often believe they are accepting legitimate jobs, only to find that the reality comprises slavery. Migrants working in these situations generally suffer the hazards of the work (eg, domestic, restaurant or sex work), exacerbated by long workdays with few breaks, unprotected exposure to harmful substances, physical abuse and often unsanitary, deprived living conditions.

Despite the growing recognition of extreme labour exploitation situations, experts in occupational health have not included human trafficking within the scope of their work. It is possible that this gap exists because occupational health researchers have not yet taken note of the prevalence of trafficking or perhaps have found it more straightforward to study workers who are accessible, for example, in regulated sectors. Nonetheless, it is undoubtedly time for the fields of human trafficking and occupational health to forge alliances to foster greater evidence on risks, and potential protections and service provision for exploited migrant workers.

To date, the issue of human trafficking has rarely appeared in the occupational health literature, in the same way that the occupational health aspects of human trafficking have been largely omitted from the dialogue on human trafficking. With greater attention to populations in these risk-laden situations, the occupational health community can contribute to improved health and safety standards through policies, equitable regulations and

labour inspections targeted at sectors with high numbers of migrant workers. This editorial aims to call attention to the links between human trafficking and occupational health to foster more coordinated strategies to combat the severe occupational health hazards associated with trafficking for forced labour.

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