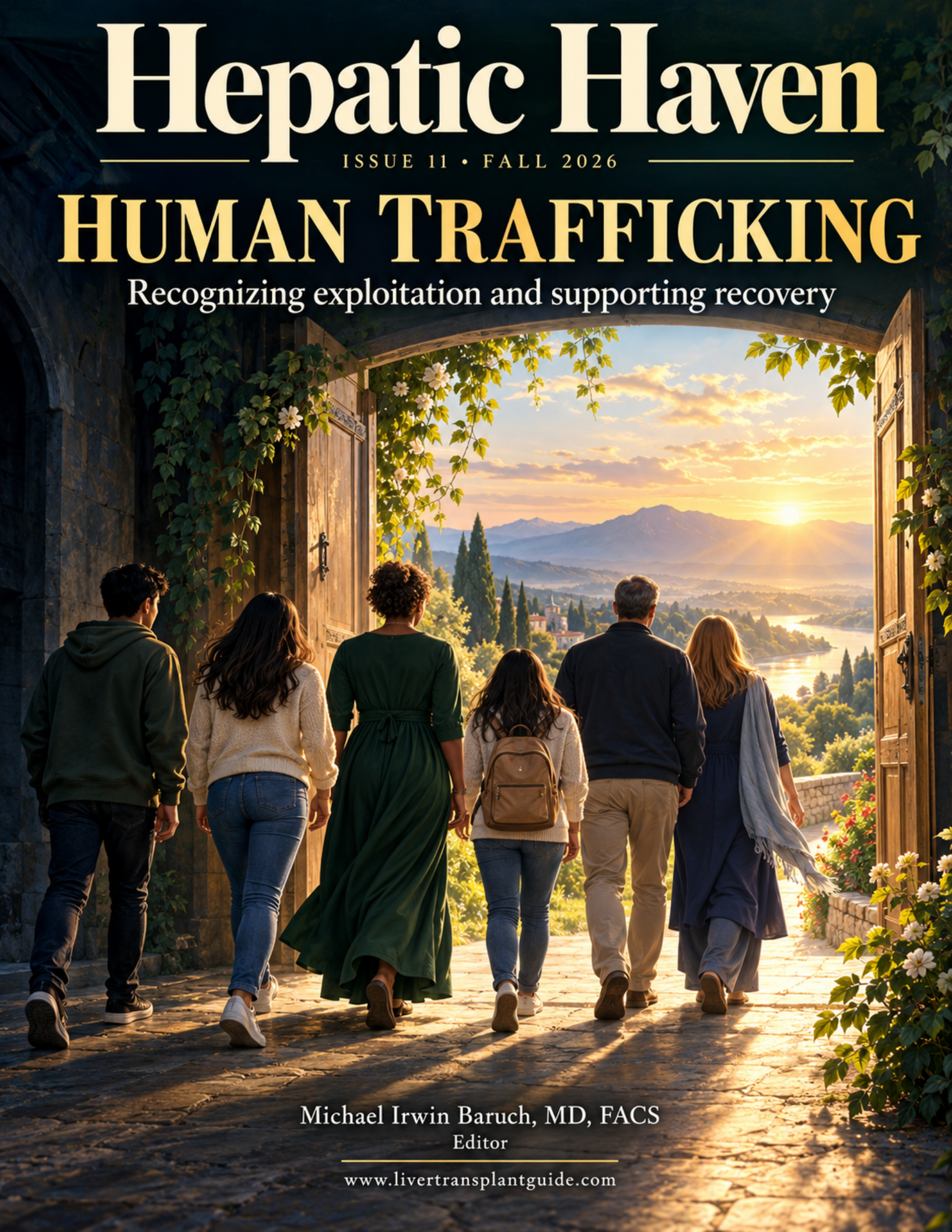
Hepatic Haven

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HUMAN TRAFFICKING

Recognizing exploitation and supporting recovery



Michael Irwin Baruch, MD, FACS
Editor

www.livertransplantguide.com

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About this edition

Original articles and poetry for Hepatic Haven. Underlined source references appear on pages 21-22. Community education; no CME credit. Scene artwork is illustrative and depicts fictional people.

From the Editor

Why I wanted Hepatic Haven to address human trafficking



This issue grew from three sources of inspiration: news of children recovered through a Boston-area operation during the World Cup, the film Sound of Freedom starring Jim Caviezel, and Jan Jekielek's book Killed to Order and his work raising awareness of forced organ harvesting. Together, they prompted me to ask what our community can learn and how we can respond responsibly. [3, 4, 10, 11]

Boston.com reported that Operation Yellow Card recovered 48 missing and endangered Massachusetts children, ages 12 to 17. That is a meaningful achievement. It does not establish that every recovered child had been trafficked, or that the tournament itself caused an increase in trafficking. Their stories deserve care and accuracy. [3]

Sound of Freedom brought the subject into a dramatic, personal frame. Caviezel's portrayal of Timothy Ballard encouraged me to look beyond the screen toward the people affected by exploitation. This edition profiles both men while distinguishing film advocacy, organizational work and disputed allegations. A moving story can begin our learning; careful investigation must carry it forward. [4, 16, 17, 18]

Jekielek's attention to forced organ harvesting adds a deeply personal dimension for me. As a retired surgeon and a liver transplant recipient, I know how much hope transplantation can offer. That hope must rest on respect for the person whose donation makes it possible. His book and public advocacy are an invitation to examine consent, transparency and the responsibilities of medicine. [8, 10, 11]

I also remember studying human trafficking for continuing medical education. Returning to that material reminded me that an informed response often begins quietly: a private conversation, a question about safety, or help reaching a trained advocate. Awareness must include labor exploitation, coercive relationships and the long work of recovery. [1, 2]

My purpose is to turn concern into thoughtful action. We can honor survivors without asking them to retell their suffering. We can support transplantation while insisting on ethical safeguards. We can be inspired by public figures while weighing the evidence behind their claims.

I hope these pages encourage compassion, informed discussion and a commitment that lasts beyond a headline. Every person deserves both protection from exploitation and a voice in decisions about their own life.

Michael Irwin Baruch, MD, FACS
Editor, Hepatic Haven

PROFILE

Jim Caviezel & Timothy Ballard

Film, anti-trafficking work and the responsibility of public attention



Jim Caviezel: bringing the subject to the screen

Caviezel portrays Tim Ballard in the 2023 film Sound of Freedom. His contribution described here is as an actor and public advocate through the film's promotion. Angel Studios presented the project as a way to draw attention to child trafficking; Caviezel publicly emphasized its personal importance to him. His screen role should not be confused with conducting the operations portrayed. [4, 16]

A dramatic film can make an unfamiliar problem feel urgent. It can also leave viewers with a narrow picture of how exploitation happens. Hepatic Haven treats the film as an editorial inspiration, while using healthcare and other documentary sources for definitions, recognition and response. [1, 2, 4]

Timothy Ballard: organizational work and public advocacy

Timothy "Tim" Ballard founded Operation Underground Railroad, subsequently known as OUR Rescue. The film presents a story inspired by his anti-trafficking work. The organization he founded describes its work as support for law-enforcement investigations, survivor care, education and prevention. Its current activities are organizational work, not a measure of Ballard's personal contribution. [19] A screen narrative, however, does not independently verify an operation, a rescue total or a survivor's experience. [4, 16, 17]

Accountability belongs in the profile

Ballard has faced civil allegations of sexual misconduct, which he denies. On June 29, 2026, a federal court dismissed one plaintiff's claims as a sanction involving improperly obtained documents; it declined to dismiss five other plaintiffs' claims on that basis. That order was not a trial verdict determining the truth of the underlying misconduct allegations. This account identifies the date and scope of the ruling rather than presenting it as a final resolution of all litigation. [17, 18]

What their visibility can prompt us to do

Readers moved by the film can learn about coercion, support trained services and ask how organizations protect the people they serve. Useful questions concern safeguarding, independent oversight, transparent reporting and continuing care. These standards should apply regardless of a leader's visibility.

For our community, the most constructive response is sustained attention to survivors' needs. Public awareness has value when it leads to safer choices, reliable support and respect for the people whose lives are at stake.

THE BASICS

Understanding human trafficking

Exploitation can occur without crossing a border

Human trafficking describes exploitation of people through forms of control that undermine their freedom. In the United States, adult sex trafficking involves a commercial sex act induced through force, fraud or coercion. When a person younger than 18 is induced to engage in a commercial sex act, those means do not have to be proved for the situation to qualify as child sex trafficking. Labor trafficking concerns compelled labor or services. [1, 2]

The word trafficking can mislead readers into thinking that transportation is essential. It is not. A person can be exploited in the same town, workplace or home in which they have lived for years. Movement may be part of a case, but exploitation and control are the central concerns. [1, 2]

Recognizing different forms

Sex trafficking and labor trafficking can affect people of different ages, genders, backgrounds and immigration statuses. Some people experience overlapping forms of abuse. The international framework also recognizes trafficking for organ removal, a subject that requires precise terminology and careful evidence. [1]

Smuggling and trafficking are different concepts. Smuggling concerns facilitating unauthorized border crossing; trafficking concerns exploitation. A person who initially agrees to travel or work can later face coercion. An earlier agreement does not excuse subsequent threats, violence or forced labor. [1]

Why definitions matter

A low wage, an injury, an unfamiliar language or an unhappy relationship alone does not establish trafficking. Those circumstances may deserve attention, but an assessment must examine the broader situation, including threats, deception, restricted choices and the person's own account. [1, 2]

For families and healthcare professionals, the goal is not to make an instant legal classification. It is to notice when someone may be unsafe, provide a private opportunity to ask for help, and involve trained people who can assess the situation. A useful starting question is whether the person can make meaningful choices without fearing punishment or harm. [1, 2]

LABOR TRAFFICKING

Labor exploitation in everyday settings

A workplace can look ordinary while a worker has little freedom

Labor trafficking may occur in domestic work, agriculture, food service, construction and other settings where people provide goods or services. Its defining concern is compelled labor, not the appearance of the workplace. A clean business, a familiar household or a seemingly respectable employer can still conceal coercive conditions. [1, 2]

An arrangement may begin with an appealing promise: steady employment, housing, travel or a chance to support relatives. The reality may involve withheld earnings, changed terms, confiscated documents or a debt that never seems to decrease. Threats against family members or threats involving immigration authorities can make leaving feel dangerous. [1]

Look at control as well as conditions

Long hours and inadequate pay can occur in many labor violations. To understand the possibility of trafficking, trained assessors also ask what happens when a person refuses work, requests wages, seeks medical attention or tries to leave. The worker's ability to make these decisions matters. [1]

Health problems may include exhaustion, poor nutrition, repetitive injuries, untreated illness or hazardous exposures. These conditions require care whether or not the person uses the word trafficking. A clinician should not make treatment depend on a disclosure or on agreement to contact authorities. [1, 2]

Respect the person's account

Do not assume that someone who speaks little English, lives with an employer or sends money abroad is being trafficked. Those facts are not diagnostic. Offer qualified interpretation, ask about practical barriers and give the person a chance to speak without an employer or companion answering for them. [1, 2]

For a concerned observer, an accusation or confrontation can create new danger. A safer role is to seek specialist guidance and report relevant observations through appropriate channels. The purpose is to expand the worker's options, not to take control of the situation yourself. [1, 2]



Illustrative scene with fictional people

CHILD PROTECTION

Protecting children and adolescents

Protection begins with safety, trust and an appropriate response

Children can be exploited through relationships that appear to provide affection, protection, money or a place to stay. The person causing harm may be someone the child knows. An alarming stranger is only one possible pattern; grooming, dependency and gradual pressure may be less visible. [1]

Commercial sexual exploitation of a minor must not be minimized because the young person describes the relationship as voluntary or believes the exploiter cares about them. For a commercial sex act involving someone under 18, the federal sex-trafficking framework does not require proof of force, fraud or coercion. [1, 2]

Listen without making the child responsible

A child's silence, anger, loyalty to an adult or inconsistent explanation does not settle what happened. Fear, threats and trauma can affect disclosure. Adults should avoid blame and should not conduct repeated, detailed questioning that belongs with trained child-protection and investigative professionals. [1, 2]

A useful message from a trusted adult is that the young person deserves safety and is not responsible for another person's exploitation. Do not promise absolute secrecy. Explain that some information may need to be shared with people whose job is to help protect them. [1, 2]

New Jersey reporting

New Jersey's Department of Children and Families states that any person with reasonable cause to believe a child has been abused or neglected has a legal responsibility to report it. The child abuse hotline is 1-877-652-2873. A report can be made anonymously. For immediate danger, call 911 as well. [5]

Care continues after a report

Reporting is one part of a response. A young person may also need medical care, safe placement, counseling, school support and a dependable adult who remains involved. Decisions about reunification and contact with others require attention to the child's safety; a family connection should not automatically be assumed safe. [1, 2]

UNDERSTANDING CONTROL

Why leaving can be difficult

A person may see dangers that an observer cannot see

People often ask why someone experiencing exploitation does not simply walk away. The question overlooks what leaving may cost. A trafficker may threaten violence, control housing, hold identity documents, withhold earnings or claim that a debt must be repaid. The person may fear harm to relatives as much as harm to themselves. [1]

Control does not always require a locked door. Someone may travel to work, attend a medical visit or use a telephone while still facing serious consequences for disobedience. Being visible in public does not mean being free to choose. [1, 2]

Relationships can complicate recognition

An exploiter may also be a romantic partner, family member or person who once provided help. Periods of kindness can coexist with abuse. The person being harmed may feel affection, loyalty, shame or responsibility toward the exploiter. Those feelings do not make the exploitation acceptable. [1]

Offers of help may raise new fears. Where will I sleep? Who will care for my child? Can I obtain my medication? Will a report reach the person threatening me? Will anyone believe me? A response that ignores these questions may feel less safe than remaining with a familiar danger. [1, 2]

Replace pressure with practical options

Healthcare professionals and advocates can ask what the person is most worried about and which immediate need matters most. Food, treatment, interpretation or a safe way to communicate may be a useful first step. Trust often grows through realistic commitments that are actually kept. [1, 2]

An adult may decline a referral or return to an exploitative situation. That should prompt continued respectful care, safety assessment and attention to legal obligations, not punishment or withdrawal of compassion. When immediate danger or mandatory reporting applies, explain the response as clearly as possible. Otherwise, support informed choices and keep a route back to help open. [1, 2]

HEALTHCARE RECOGNITION

Recognizing health needs

Treat the person in front of you before searching for a label

Human trafficking can affect physical, mental and social health. People may seek care for an injury, infection, pregnancy-related concern, pain, exhaustion or an unrelated chronic condition. A medical encounter may be a rare opportunity for a private conversation, but it should never become an interrogation at the expense of treatment. [1, 2]

The supplied education describes possible findings such as untreated injuries, poor nutrition, occupational illness, anxiety, depression and repeated interruptions in care. Some patients have sexual or reproductive health concerns. None of these findings alone proves trafficking, and their absence does not rule it out. [1, 2]

Consider the circumstances

Pay attention when a patient says they cannot obtain medication, leave a workplace, keep personal documents or speak privately. A companion who insists on answering every question may be relevant, but the clinical team should assess the context rather than assume who is responsible. An exploiter can be of any gender. [1]

Appearance is an unreliable shortcut. Tattoos, clothing, accent, nationality and immigration status should not substitute for a respectful assessment. Nervousness may reflect pain, language barriers, disability, prior mistreatment or fear of a healthcare setting. The task is to understand the person's needs, not to fit them into a stereotype. [1, 2]

Keep routine care accessible

Address urgent illness, explain each examination and obtain appropriate consent. Use qualified interpreters when needed. Ask what might make follow-up difficult and whether prescriptions, printed instructions or electronic messages could be seen by someone who controls the patient. [1, 2]

A patient does not have to disclose exploitation to deserve treatment, privacy and respect. A careful encounter can still be useful when no disclosure occurs. It can establish that healthcare is a place where questions may be asked, decisions explained and help offered without humiliation. [1, 2]

TRAUMA INFORMED CARE

Trauma and the path to trust

Care should restore a sense of choice

Trauma can affect sleep, concentration, memory, mood and the ability to feel safe with other people. A survivor may appear watchful, distant, irritable or uncertain about what to say. Those responses should be considered in context rather than treated as evidence that the person is dishonest or uncooperative. [1, 2]

A person's account may emerge gradually. Details can be difficult to recall or discuss, especially when threats continue. The goal of a clinical conversation is to understand relevant health and safety needs. It is not to demand a complete chronology before offering assistance. [1, 2]

Make the encounter predictable

Introduce yourself and explain your role. Describe what will happen next, including why you are asking personal questions. Ask permission before moving into sensitive topics or performing an examination. Offer meaningful choices, including a pause when medically feasible. [1, 2]

Privacy needs explanation too. Describe who may see the record and what information must be reported under applicable law. Promising secrecy that cannot be maintained may damage trust. A calm explanation is more respectful than allowing a patient to discover a disclosure afterward. [1, 2]

Avoid assuming a single recovery story

Not every survivor develops the same symptoms or wants the same treatment. Culture, disability, language, faith, family relationships and previous healthcare experiences can affect what feels helpful. Ask about preferences rather than deciding that one approach fits everyone. [1]

Support for the helpers

Repeated exposure to accounts of exploitation can also affect clinicians and caregivers. The supplied course discusses secondary traumatic stress and the need for professional support. Reasonable workloads, supervision, consultation and opportunities for rest belong alongside personal coping practices. Staff wellbeing is part of sustaining reliable care. [1]

Trust often develops through small experiences of being respected. A person who can decline one question, choose an interpreter or understand a treatment plan has been offered something that exploitation repeatedly removes: a voice in what happens next. [1, 2]



Illustrative scene with fictional people

PHYSICIAN CORNER

A safer clinical conversation

Privacy and permission come before sensitive questions

Before asking about possible exploitation, consider whether it is safe to do so. If a companion may be controlling the patient, direct questioning in that person's presence can increase risk. Follow the facility's process for private assessment and involve trained staff. A routine practice of speaking privately with patients can help avoid singling someone out. [1, 2]

Use a qualified interpreter when needed, rather than relying on the accompanying person to interpret sensitive information. Explain confidentiality and its limits in plain language. Then ask permission to discuss the patient's living and working conditions. [1, 2]

Possible conversation starters

The following prompts are newly written examples, not a validated screening instrument:

What gets in the way when you need medical care?
Who decides when you work, rest or leave home?
What do you think would happen if you refused a request?
Is there someone you are worried might hurt you or a person you care about?
What would make today's visit feel safer for you?

These questions reflect the assessment themes in the supplied materials. They are not a scoring system and should not replace an institution's approved screening process. [1, 2]

Let the answer guide the next step

If the patient shares a concern, acknowledge it and ask about immediate needs. Avoid pressing for details that do not affect care or safety. If the person declines to discuss the subject, continue appropriate treatment and offer a safe opportunity to return to it. [1, 2]

Document respectfully

Distinguish observed findings from what the patient reports and from your own assessment. Avoid speculative or stigmatizing labels. Follow institutional policy on sensitive information, photographs, access to records and consultation. Documentation should support care without unnecessarily exposing a person to additional risk. [1, 2]

SAFE RESPONSE

Responding with care

A practical sequence for healthcare teams and concerned readers

First address immediate danger and urgent health needs. A person with a medical emergency needs emergency care. If violence or an immediate threat is present, activate the appropriate emergency response. The rest of the assessment should not delay stabilization. [1, 2]

Next create a safer setting. Use a private space when feasible, arrange appropriate interpretation and identify the staff member responsible for coordinating the response. Avoid confrontation with a suspected exploiter. Explain what you can offer and what you are required to do. [1, 2]

Connect rather than simply hand over a number

With appropriate consent and attention to reporting duties, contact a trained social worker, advocate or trafficking response service. Ask what the patient most needs today. A referral is more useful when it includes realistic help with transport, access, language and follow-up. [1, 2]

Respect adult decision-making

Do not presume that every adult who may have experienced trafficking must be reported to police in the same way. Reporting duties depend on the circumstances and applicable law, including rules concerning children, certain injuries or protected adults. Clinicians should use their institution′s protocol and obtain timely legal or safeguarding guidance when needed. Explain limits on confidentiality before making promises. [1, 2]

In New Jersey, suspected child abuse or neglect must be reported when there is reasonable cause. A call to a general trafficking hotline is not a substitute for the required child-protection report. [2, 5]

Before the person leaves

Confirm whether the plan is workable and whether it is safe to call, text, leave voicemail or provide printed materials. Identify who will follow up. Do not assume that a telephone or patient portal is private. A well-intended message can disclose a request for help to the wrong person. [1, 2]

For community readers, the safest role is usually to connect with trained services, share relevant observations and avoid a personal investigation. Help should increase safety and choice. [1, 2]

LIVER HEALTH

Why liver health belongs here

Access to prevention and continuing care matters

Hepatic Haven serves people whose lives have been shaped by liver disease and transplantation. That perspective brings a practical question to this issue: can a person obtain the healthcare they need when someone else controls their time, movement or money? The supplied trafficking materials describe delayed treatment and restricted access to care as important concerns. [1, 2]

Hepatitis prevention and treatment

CDC explains that hepatitis B can spread through infected blood, semen and certain other body fluids. Hepatitis C spreads through exposure to infected blood. Vaccines can prevent hepatitis A and B; there is no hepatitis C vaccine, but medication can cure hepatitis C. These facts support offering appropriate prevention, testing and treatment based on an individual's history and current guidance. [7]

An infection is not proof of exploitation. Likewise, experiencing trafficking does not mean that a person has viral hepatitis. Avoid linking a diagnosis to assumptions about character, behavior or what someone has endured. Care should remain individual and nonjudgmental.

Ask about practical barriers

A useful discussion includes whether the patient can obtain a prescription, attend appointments and receive results safely. Missed visits may reflect transportation problems, unstable housing or another person's control rather than a lack of concern about health. The course materials emphasize coordinating medical care with help for these day-to-day needs. [1, 2]

For our readers

If you depend on ongoing liver or transplant care and someone is preventing access to your team or medication, seek a private conversation with a clinician or social worker as soon as it is safe. Medication decisions should remain with your treating team. This newsletter does not recommend changing or stopping any treatment.

Our community's contribution

We can make care easier to reach by supporting respectful communication and practical assistance. The aim is to help a person regain control of their health, while protecting the privacy and dignity that every patient deserves.



Illustrative scene with fictional people

TRANSPLANT ETHICS

Protecting the gift of donation

A lifesaving gift must rest on consent, transparency and donor protection

Transplantation can offer a future to someone with life-threatening illness. Protecting that future also means protecting the person who donates. Ethical transplantation depends on consent and safeguards, with the needs and rights of donors treated as essential. WHO's guiding principles address voluntary donation, freedom from coercion and the prohibition of purchasing organs, while allowing appropriate reimbursement of reasonable expenses. [8]

Principles that protect people

A prospective living donor needs understandable information and a genuine opportunity to decide. OPTN patient guidance describes the ability to withdraw and the role of an independent living donor advocate. Family affection, gratitude or financial dependence must not become pressure that takes away the donor's choice. [9]

A recipient and a donor can have different fears. One may worry about losing a chance at treatment; the other may worry about disappointing someone they love. A trustworthy process gives each person room to speak privately and obtain appropriate advice. Protecting consent is part of protecting the gift itself. [8, 9]

Questions worth bringing to the team

Ask how consent is obtained and documented, who represents the donor's interests, and how a potential donor can raise concerns. If considering care elsewhere, discuss the proposed transplant with your established team and ask how the organ's source and ethical safeguards can be verified. Medical urgency should strengthen our demand for a transparent process. [8, 9]

Why forced organ harvesting belongs in this issue

The international trafficking framework includes exploitation for organ removal. Forced organ harvesting raises the most fundamental question in transplantation: was a person treated as a rights-bearing human being, able to give meaningful consent? Legal categories can differ, and not every unlawful organ transaction is identical. Precision matters when discussing individual cases or national systems. [1, 8]

The next page introduces Jan Jekielek's awareness work alongside separately identified findings and concerns from other sources. It does not use an unexplained scar, nationality or a patient's transplant history as proof of abuse.

For Hepatic Haven, gratitude and vigilance belong together. We can celebrate ethical donation and insist that no patient's hope be built on another person's coercion.

JOURNALISM AND HUMAN RIGHTS

Jan Jekielek & forced organ harvesting

Awareness, evidence and an urgent question for transplantation

The author and his awareness work



Portrait reference | Book

Jan Jekielek is a senior editor at The Epoch Times and host of American Thought Leaders. His book Killed to Order: China's Organ Harvesting Industry and the True Nature of America's Biggest Adversary was published by Skyhorse on March 17, 2026. The publisher describes an examination of alleged state-sanctioned organ harvesting from prisoners of conscience in China. [10]

His public outreach includes calls for community discussions and medical-association engagement. A March 18, 2026 Hudson Institute event brought him together with Nina Shea to discuss the book and forced organ harvesting. These are concrete examples of the awareness work that inspired our editor. [11, 12]

What other sources say

In June 2019, the China Tribunal, an independent people's tribunal, concluded that forced organ harvesting had occurred in China on a substantial scale and identified Falun Gong practitioners as a principal source. Its findings deserve to be read in their own words and institutional context; it was not a UN tribunal or a state criminal court. [13]

In June 2021, independent UN human rights experts expressed alarm about reports of organ harvesting involving detained minorities and requested an independent monitoring response. That statement raised serious allegations and concerns; it was not a criminal conviction. China's mission in Geneva rejected the accusations and said its system required donor consent. These positions are identified separately so readers can examine their sources. [14, 15]

The transplant community's responsibility

Hepatic Haven's ethical position is straightforward: organ removal without valid consent is incompatible with respect for human dignity. WHO's principles provide a practical foundation for protecting donors, rejecting coercion and demanding transparency. Readers can ask institutions how they evaluate organ sources and support education that clearly distinguishes evidence, allegations and advocacy. [8]

Our discussion of Killed to Order relies on the publisher's description and documented public outreach, not a full-book review. No passages from the book are reproduced. The purpose is to acknowledge Jekielek's contribution to awareness and direct readers to sources they can assess for themselves.

A clinical scenario for discussion

An original fictional example for this newsletter

A 32-year-old hotel laundry worker comes to urgent care with persistent wrist pain and fatigue. During a private conversation with a qualified interpreter, the patient says a recruiter arranged both employment and housing. The promised wages have not arrived. The recruiter keeps the worker's identity documents and says that leaving will bring a large financial penalty and harm to relatives.

The patient wants treatment but becomes anxious when staff mention outside help. There is concern about losing a place to sleep and about missing another work shift. The worker does not describe the situation as trafficking.

What deserves attention

The concern comes from the combination of threats, document control, withheld pay and barriers to leaving, not from the patient's nationality or need for interpretation. Those themes are consistent with the control patterns discussed in the educational sources. The scenario is not a legal diagnosis. [1, 2]

What a careful team could do

Treat the pain and evaluate the other health concerns. Explain privacy and reporting limits. Ask whether there is an immediate threat, what the patient fears most and whether a private conversation with a trained advocate would be welcome. Consult the facility's protocol rather than improvising a confrontation with the recruiter. [1, 2]

If the patient declines a referral, continue appropriate care. Ask whether any information can be provided safely and how follow-up could occur. Do not put a visible trafficking label on a handout or send a message without checking whether it may be discovered. [1, 2]

Discussion for a support group or staff meeting

Which details are observations, which are patient reports and which are interpretations? What information is needed immediately? What might make a referral unsafe? Who should coordinate the next step?

This case was created for Hepatic Haven. It does not describe a real patient and does not reproduce either supplied course's case studies.

RECOVERY

Recovery beyond the first safe night

Long-term support turns an opening into a sustainable future

Leaving an exploitative situation may resolve an immediate danger without resolving every need. A survivor can still face housing insecurity, unpaid debts, health concerns, disrupted education, lost documents or fear of being found. Recovery therefore calls for coordinated support over time, guided by the person's priorities. [1, 2]

Begin with concrete needs

Food, clothing, safe housing, transport and access to medical care may be more urgent than a detailed account of the past. Legal assistance can help address immigration or other legal concerns without making promises about eligibility or outcomes. A knowledgeable advocate can help a person understand available options. [1, 2]

Offer treatment without imposing a timetable

Counseling may be helpful, but people differ in what they want and when they are ready. Some need an explanation of what therapy involves. Others may prefer an individual rather than a group setting, a particular language or a provider familiar with their culture. Choice and informed consent remain important after immediate danger has passed. [1]

Coordinate the work

Healthcare teams, social services, housing programs and legal providers should avoid leaving a survivor to navigate every system alone. Clear roles and appropriate information-sharing can reduce duplicated interviews and missed follow-up. The person receiving help should remain an active participant in the plan. [1]

Recognize progress on the person's terms

A stable place to sleep, a completed medical visit, a return to school or control of personal documents may represent meaningful progress. Setbacks do not erase those achievements. A plan may need to change when threats, family circumstances or available resources change. [1, 2]

For friends and families, support can be steady and ordinary: respect boundaries, keep commitments and ask what is wanted. A survivor does not owe anyone a public testimony or a grateful performance. The purpose of help is a life with greater safety and freedom, not a story that satisfies the helper. [1, 2]



Illustrative scene with fictional people

COMMUNITY ACTION

What our community can do

Make concern useful and sustainable

A community can turn attention into practical support. For Hepatic Haven, the starting point is the same whether a reader was moved by the Boston news, Sound of Freedom or Killed to Order: learn carefully, respect the people affected and choose actions that support safety and dignity.

Start with a manageable commitment

Keep the help directory available where it can be used safely. Invite a trained local advocate to explain trafficking and referral options. A support group can discuss barriers to seeking care without asking members to disclose personal experiences. Let people participate at their own level of comfort. [1, 2]

Support practical services

Housing, transportation, counseling, language access and reliable healthcare may be less visible than a recovery announcement, but they matter to rebuilding daily life. Ask service organizations what help they actually need and how they involve survivors in decisions. Respect confidentiality when discussing their work. [1, 2]

Share information responsibly

Before forwarding a claim, identify its original source and date. Distinguish missing-child recoveries from confirmed trafficking cases, film scenes from documentary evidence, and an allegation from a court finding. Public figures can draw attention to a cause without becoming the sole measure of its credibility. [3, 4, 13, 14, 18]

For healthcare offices

Review private assessment, interpreter access, documentation and reporting procedures. Staff should know whom to contact when concerns arise and how to seek a trained consultation. Historical educational slides can support learning, but an office's response should follow current institutional policy and applicable law. [2, 5]

For transplant communities

Make donor dignity part of patient education. Invite discussion about informed consent, independent donor advocacy and transparent organ sourcing. Jekielek's public education work offers one entry point; WHO principles and OPTN resources provide a separate foundation for ethical questions. [8, 9, 11]

A lasting commitment

Awareness becomes useful when it changes what we do next. We can make care easier to reach, discuss difficult subjects with accuracy and support organizations that welcome accountability. No survivor should have to supply a dramatic story to deserve our concern.

POETRY | HEPATIC HAVEN

A Life That Is Your Own

An original poem of dignity, freedom and hope



May there be a room where you can rest,
a chair beside a window open wide,
a meal that carries no unspoken debt,
a trusted person sitting by your side.

Your name belongs to you, as does your voice;
your body is your own, your time, your breath.
No price can measure what a life is worth;
no threat can make another own your steps.

You owe no stranger details of your pain,
no polished story, proof that you are strong.
A quiet day is worthy of our care;
a faltering voice deserves to take as long.

And we who wish to help can learn to stay,
to listen past the words we hoped to hear,
to ask what would make tomorrow easier,
and keep the promises we make while near.

May freedom grow in choices made by you:
the work you choose, the people you let close,
the chance to study, laugh, or simply sleep,
a future with a place for your own hopes.

Let hope be patient with the road ahead;
let kindness leave you room to set the pace.
There is no test you have to pass for dignity.
You have a life no other can replace.

Written for Hepatic Haven, Issue 11. An original reflection honoring people affected by human trafficking; not a survivor testimony.

READER PARTICIPATION

Questions for reflection

A discussion guide for readers, families and healthcare teams

These original prompts are for education and conversation. They are not an accredited examination and do not award CME credit. Readers may skip any question that feels too personal.

1. What should we remember about the Boston recovery report?
The report described missing and endangered children who were recovered. That wording should not be changed into a claim that every child was a confirmed trafficking victim. Accurate language respects both the children and the evidence. [3]

2. What can a film contribute to awareness?
A film can prompt concern and further learning. Its dramatic story does not replace clinical guidance or independently verify every event. Caviezel's acting and advocacy are distinct from Ballard's organizational work. [4, 16, 17]

3. Why should a profile include accountability?
A cause can be important while claims about a public figure remain disputed. Readers should distinguish allegations, denials and the exact scope of court rulings. A procedural dismissal is not automatically a finding about the underlying events. [17, 18]

4. How should we read the forced organ harvesting sources?
Identify the speaker, date and type of source. A book description, an advocacy event, a people's tribunal finding, a UN experts' statement and an official denial have different roles. Examine the underlying material before repeating a claim. [10, 12, 13, 14, 15]

5. What does ethical transplantation require?
Respect for consent, protection from coercion and safeguards for donors are central. Prospective living donors should understand their options and be able to raise concerns privately with independent support. [8, 9]

6. What can a clinician do before a trafficking disclosure?
Address health needs, offer privacy, use qualified interpretation when needed and explain confidentiality limits. A patient should not have to prove exploitation before receiving appropriate care. [1, 2]

One question to take home

If someone asked you for help tomorrow, whom would you contact? Review page 23 and consider how to reach a service without exposing that person to additional risk.

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Links identify the publications and subject matter cited; verification is not endorsement of every claim. Book coverage uses publisher and public-event material, not a full-book review. Legal developments are dated in the text.

HELP AND SUPPORT

Where to turn for help

Keep these contacts accessible when it is safe to do so

Immediate danger or medical emergency

Call 911. Emergency assistance should not wait for a detailed assessment of whether a situation meets the definition of trafficking. [6]

National Human Trafficking Hotline

Call 1-888-373-7888 or text 233733. Telephone help is available 24 hours a day, seven days a week, in more than 200 languages. The hotline connects people with assistance and offers online chat and a referral directory. [6]

New Jersey child abuse and neglect

Call 1-877-652-2873, also written as 1-877-NJ-ABUSE. The line operates around the clock. New Jersey requires a report when a person has reasonable cause to believe a child has been abused or neglected. Calls can be anonymous. Immediate danger also requires 911. [5]

For patients and caregivers

Ask to speak privately with your clinician, social worker or a trained advocate. You can begin by describing the practical problem: someone is preventing care, controlling documents or making you afraid to leave. You do not need to know the correct legal term to ask for support. [1, 2]

Use a safe way to communicate

If someone monitors a device, messages or printed material, consider how to seek help without exposing yourself to additional danger. Ask a trained advocate for individualized safety planning. Do not assume a quick-exit button or deleting a message removes every trace of activity. [1, 2]

Before sharing information

Ask the service about confidentiality and any reporting limits. Healthcare professionals should follow their organization's current protocol and applicable law. A general hotline contact does not replace a legally required report. [2]

From Hepatic Haven

Every person deserves care without exploitation. Our role is to notice thoughtfully, speak accurately and support the work that makes safety and recovery possible.

Michael Irwin Baruch, MD, FACS | Editor
www.livertransplantguide.com