



# See Something, Say Something: Global Positioning System Tracker Foreign Body Ingestion as a Unique Presentation of Human Trafficking

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## ABSTRACT

In 2021, there were about 17,000 victims of human trafficking in the United States. We present a case of a 28-year-old sex trafficking victim who was forced to swallow 2 global positioning system trackers by her perpetrator. The gastroenterology team performed an upper endoscopy and retrieved 2 global positioning system devices from her antrum. Most of these victims do not disclose any history of abuse because of fear of their perpetrators. Further training and research can help to allow for recognition of these victims and potentially help them.

**KEYWORDS:** tracker; trafficking; awareness; upper endoscopy

## INTRODUCTION

Human trafficking is a form of slavery that involves the use of force, fraud, or coercion to obtain different types of labor. It was estimated that about 17,000 people were victims of human trafficking in the United States in 2021. Human trafficking is a federal crime under the Victims of Trafficking and Violence Protection Act of 2000. U.S. studies have shown that up to 88% of human trafficking victims seek medical care.<sup>1</sup> Therefore, as physicians, we have an opportunity to recognize these acts and potentially mitigate their effects.

We present a unique case of a 28-year-old woman who was a victim of human sex trafficking and presented after she was forced to swallow 2 global positioning system (GPS) trackers by her perpetrator. To the best of our knowledge, this is the first reported case of endoscopic removal of GPS trackers from a patient's stomach in the United States.

## CASE REPORT

A 28-year-old Cuban woman with history of seizures presented to the emergency department with 1 week of intermittent hematemesis and 1 week of vaginal bleeding. She stated that she was a sex trafficking victim and her perpetrator forced her to swallow a coin and 2 GPS trackers 8 days earlier and had a razor blade inserted in her vagina. One day before her presentation at our hospital, she went to an outside hospital where the gynecology team removed a razor blade from her vagina through examination under anesthesia, and she left the other hospital against medical advice.

At our hospital, her vital signs were stable with blood pressure 124/67 mm Hg, heart rate 97 beats/min, temperature 98.1°F, respiratory rate 18 breaths/min, and oxygen saturation 100% on room air. Her physical examination was unremarkable with no abdominal tenderness or guarding. Laboratory test results were notable for white blood cells  $5 \times 10^3/\mu\text{L}$ , hemoglobin 10.1 g/dL, platelets  $226 \times 10^3/\mu\text{L}$ , INR 1.0, and serum pregnancy test was negative. Abdominal and pelvic computed tomography scan without contrast showed 2 metallic disc-shaped foreign bodies in the gastric antrum, both measuring  $2.1 \times 0.6$  cm. There was also a coin-shaped metallic object in the sigmoid colon



**Figure 1.** (A) Two GPS trackers in gastric antrum. (B) Retrieval of GPS tracker with a Roth Net. (C) Successful retrieval of GPS trackers. GPS, global positioning system.

measuring  $1.8 \times 0.4$  cm. No foreign bodies were identified in the vagina. The gastroenterology team was consulted, who informed risk management services and planned an upper endoscopy for foreign body removal.

An upper endoscopy demonstrated 2 GPS devices in the gastric antrum (Figure 1). Removal was accomplished with a Roth Net without any complications (Figure 1). The endoscopic examination was otherwise normal. After the procedure, the case management team spoke to the patient, and she stated that her case was being followed by Homeland Security. The retrieved objects were then transferred to the Homeland Security representative. Colorectal surgery was also consulted for management of sigmoid colon foreign body. They planned on seeing the patient; however, she left against medical advice. To the best of our knowledge, she has not returned to any hospitals thereafter.

## DISCUSSION

According to one report, Florida is number 3 in the country for reported cases of human trafficking. South Florida is a major tourist attraction and has multiple ports leading to a lot of visitors and illegal immigrants. Because of the legal aspects of human trafficking, most cases are underreported.

Most victims might not give an accurate history because of the social stigma. Patients might also be scared to voluntarily inform their doctors about their perpetrators because of the fear of getting harmed. Moreover, perpetrators are nowadays using innovative technology including GPS trackers to monitor their victims, which is why physicians need to know about it. It is important to know that these perpetrators target certain populations including children, women, illegal immigrants, racial minorities, and people with physical and mental disabilities. U.S. studies have shown that about 90% of sex trafficking victims are women and girls. However, males might be underreported in this category because of the cultural stigma of a male getting victimized. Human trafficking victims undergo a vast array of physical, reproductive, and psychiatric health concerns, including sexually transmitted infections, suicidal/homicidal ideation, and substance use disorders.<sup>1</sup> Possible indicators of

such victims include delayed presentation to seek medical care, discrepancy between the history and their clinical presentation, presence of malnourishment, poor hygiene, and other signs of fear and hypervigilance. One study showed that about 87% of female human trafficking victims reported getting evaluated at least once by a medical provider; however, none of these patients were recognized as victims of human trafficking by any physician.<sup>2</sup> Another important thing to keep in mind is that these patients are usually accompanied by their trafficker/employer when they arrive to seek medical attention, which can confound the accurate history. Hence, physicians should try to interview these patients alone so that such victims can be recognized appropriately. At present, it is highly difficult to screen victims of human trafficking.<sup>3</sup> Gastroenterologists should have a low threshold to obtain imaging and subsequent endoscopy especially in symptomatic individuals. It is also vital to inform social services and as in our patient's case, the Homeland Security Department, so that appropriate action can be taken. Although the above case itself is not therapeutically challenging in terms of endoscopic retrieval of the foreign object, it does highlight the role of physicians in the recognition and treatment of human trafficking victims.<sup>4</sup>

Human trafficking is a growing concern in the United States. Further education of physicians as well as multidisciplinary protocols can help to evaluate these patients better. More research needs to be performed to come up with screening tools and diagnostic modalities to allow for recognition of these victims. We hope that our case gives us an insight on how to tackle such patients when situations like these do arise.

## DISCLOSURES

**Author contributions:** All authors contributed to the writing and editing of this manuscript. MU Mirza is the article guarantor.

**Financial disclosure:** None to report.

**Previous presentation:** This case report was presented as a poster presentation at ACG Annual Scientific Meeting; October 24,

2022; Charlotte, North Carolina. This poster presentation received the Presidential Poster Award at the meeting.

All attempts have been exhausted in trying to contact the patient, next of kin, and/or parent/guardian for informed consent to publish their information, but consent could not be obtained.

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## REFERENCES

1. Macias-Konstantopoulos W. Human trafficking: The role of medicine in interrupting the cycle of abuse and violence. *Ann Intern Med.* 2016;165(8):582–8.
2. Lederer LJ, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Ann Health L.* 2014;23(1):61.
3. Shandro J, Chisolm-Straker M, Duber HC, et al. Human trafficking: A guide to identification and approach for the emergency physician. *Ann Emerg Med.* 2016;68(4):501–8.e1.
4. Sugawa C, Ono H, Taleb M, Lucas CE. Endoscopic management of foreign bodies in the upper gastrointestinal tract: A review. *World J Gastrointest Endosc.* 2014;6(10):475–81.

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