

## HCLQ Texas 2026 | Closing Panel: Human Trafficking & Healthcare

As discussed, I am providing an outline from our recent discussion (Thursday, May 21), in preparation for our panel on Human Trafficking & Healthcare at the HCLQ event, Thursday, June 11.

Please review and let me know if you have any follow-up questions or comments. I look forward to our next meeting.

### Reminder of Overarching Theme for the Day

Considering the forgotten or, too often, overlooked patient.

- Emergency Departments, EMTALA & Mandatory Care
- Challenges Facing Rural Healthcare
- Human Trafficking & Healthcare

Panels & Speakers: [HCLQ.org/topics](https://hclq.org/topics)

### It takes a village...

- **Lucretia Montez, San Jose Clinic, Social Work**—San Jose provides a range of services for human trafficking victims (since 2021); receives over 700 referrals a year and assists with providing needed services (e.g., food support, personal hygiene, referrals to housing, etc.)
- **Rachel Wellington, Texas Alcoholic Beverage Commission (TABC), Social Work**—State law enforcement (5 years and running), working with other enforcement agencies to investigate human trafficking.
- **Agent Tore White, FBI**—Works with victims (works backwards to help stem the hurt); over 100 juvenile victims in one-year timeframe.
- **Timeka Walker—United Against Human Trafficking (UAHT), CEO**—Provides education to the community, empowers survivors (support programs, case management, etc.).

### What makes fighting human trafficking and serving human trafficking victims unique

- Understanding the victim is the most essential piece to this work, and it's the most predictable.
- **Agent White:** "We are not going to arrest our way out of the human trafficking problem."
- Often there are gaps in the services a victim can receive; for example, a victim can often only get services if they have a criminal case; immigrants can only get services if they come forward. How can bridges be built to provide the help needed?
- We have to get from victim to survivor; this may even involve reevaluating how to convict the perpetrator.
  - Conviction may force the victim to relive the trauma.
  - Have to think outside of the box to mitigate the effects of this (e.g., seeking a conviction for pedophilia, instead of trafficking).

## TABC Investigations

- 2019, began focusing on trafficking.
- Agents can be assigned specific investigations.
- Often, where alcohol is served is where trafficking can hide. Working with other agency partners can open doors to identifying and speaking with victims (backdoor approach).
- Many visits with the victims may be needed to build trust, to get to the point where the victim will open up.

## San Jose

- Uses a screening tool (set up via the Electronic Medical Records system) to identify victims.
- Often undocumented victims fear reporting as they don't want to face deportation.
- Strong need to build trust and support.
- **Lucretia:** "We are here to serve, not to save." The victims have saved themselves, and workers collaborate with them to get them what they need.

## UAHT

- Trained officers from the Houston Police Department last year and continue to do so, but there are new cadets every year; how do we bring everyone together on this issue at any given time when it takes this much effort and education to combat a very challenging issue?
- Also does work with those who've been convicted for sex crimes; 10-week, Stopping Sex Exploitation program; teaching convicted men the harm caused to their victims. This addresses the problem from a different angle than society usually takes, a shame culture that treats those convicted of these crimes with disdain.

## Current Realities

- The problem of human trafficking occurs daily; we don't need the World Cup or other huge sporting event to bring attention to the problem.
- Education is essential
  - The key players (e.g., hospitals) need to be trained that if you see something, say something. They need to know what to look for and what questions to ask to help discover and bring to light who is a victim.
- The culture has become too complacent, too comfortable in failing to ask, "Are you okay?" Victims are often misunderstood, and society has a very hard time identifying with them, despite how vulnerable people are, universally. There needs to be a spark in humanity to see victims are no different than us, in terms of our common humanity.
- Those already on the outside (foster care, AIDS survivors, homeless) get shifted more and more to the outside; the more vulnerable you are, the more vulnerable you are to trafficking.
- Yet trafficking does not discriminate; the demographics show its indiscriminate impact across populations. Parents need to be aware that kids can be trafficked out of the bedroom of their home, via the internet.
- Trafficking often starts in the family where a child, for example, is sold to pay the water bill or to support a drug

addiction. Many victims who have been trafficked since they were children have experienced the deepest betrayal; trust is very hard to build as trauma is hard to break. The most meaningful work in human trafficking empowers the victim to work within their own circles.

- The vocabulary of trafficking, that can constantly change, needs to be known.

## Necessary Elements toward Solutions:

- Educate without shaming
- Open Communications
- Setting Boundaries

## Draft Questions

1. One theme that keeps emerging is that “it takes a village.” From each of your perspectives—healthcare, social work, law enforcement, and survivor advocacy— where are the biggest gaps today, and what does true cross-sector collaboration actually look like in practice?
2. Agent White said, “We are not going to arrest our way out of the human trafficking problem.” How should the truth of that statement possibly reshape the way law enforcement, healthcare providers, and community organizations approach trafficking victims?
3. Many victims are fearful of coming forward—whether due to immigration concerns, trauma, distrust of authorities, or fear of retaliation. What are the most effective ways to build trust with victims who have learned not to trust anyone?
4. Several of you mentioned that victims often fall through service gaps unless there is an active criminal case or another triggering event. What changes—legal, policy-based, or operational—would help create a more victim-centered support system?
5. TABC was discussed as providing a “backdoor approach”—using inspections and unrelated investigations as opportunities to identify trafficking victims. What are some of the practical signs or indicators professionals should recognize that trafficking may be occurring in plain sight?
6. San Jose Clinic uses screening tools within the electronic medical record system to identify potential victims. How important is training frontline professionals—healthcare workers, educators, hospitality workers, and others—to ask the right questions and recognize subtle warning signs?
7. One of the most powerful statements shared was: “We are here to serve, not to save.” What are some ways you empower victims to become survivors without unintentionally creating dependency or removing their agency?

8. UAHT works not only with survivors, but also with individuals convicted of sex crimes through programs focused on understanding the harm caused to victims. How important is prevention and behavioral intervention on the demand side of trafficking, and why is that conversation often difficult for society to have?
9. You all emphasized that trafficking does not discriminate and that vulnerability is often the common denominator—whether involving foster care, homelessness, addiction, immigration status, or online exploitation. How do we better educate families and communities that trafficking can happen anywhere, including inside the home (e.g., through the internet)?
10. If there were three practical things every person in this audience could do tomorrow to help combat human trafficking—without shaming victims and while fostering open communication and healthy boundaries—what would you want them to do?