Kimberly Williams is no stranger to human trafficking. She learned the hard realities of its victims nearly a decade ago while living in Charlotte, N.C., after attending a conference on the subject through her church.

“I thought, ‘I can’t believe this is happening.’ As an African American, and given the history of slavery in our country, it alarmed me,” says Williams, project coordinator in spiritual care at Baylor St. Luke’s Medical Center in Houston.

Compelled to do something to help, Williams went on to raise funds, and she and her husband opened their home to sex-trafficking victims in the Charlotte area. Williams’ passion for her work has continued in her new role at Baylor St. Luke’s.

“The previous director of my department had applied for and received a small grant from Catholic Health Initiatives (CHI) to raise awareness in our hospital about human trafficking. I was brought on board to continue raising awareness and to broaden the scope of the effort,” Williams recalls.

After conducting one of her first human trafficking training sessions, Williams was told of a pregnant teenager who came to the emergency department (ED) with her other young children. There was suspicion the teenager was a sex trafficking victim.

“Texas Children’s Hospital is just across the hall from us — and we asked, ‘How do we talk across the hall about this minor who we believe may be a victim?’” Williams says.

A short time later, Williams and CHI formed the Houston Area Human Trafficking Health Care Consortium. Williams and representatives from Harris Health Ben Taub Hospital, Houston Methodist

Confronting human trafficking: Houston hospitals band together

By Bob Kehoe
Hospital, Texas Children’s Hospital, Baylor College of Medicine (BCM), Memorial Hermann Health System, Doctors for Change, and San Jose Clinic began meeting to learn how each was identifying, treating and offering services to human-trafficking victims. The Harris County District Attorney’s office began sending a representative to the consortium and reports from the meetings were shared with the mayor’s office.

Mollie Gordon, M.D., associate professor, BCM’s Menninger Department of Psychiatry and Behavioral Sciences and associate director of Ben Taub Hospital, Harris Health System’s psychiatric unit, says the consortium grew out of necessity.

“We found that [some of] our patients who were hospitalized for psychiatric conditions had a comorbid history of human trafficking or were currently being trafficked. We turned to peer-reviewed medical literature for guidance and found few recommendations,” Gordon says.

Discussions among consortium members revealed that the participating organizations often lacked the resources and formal policies to effectively identify, treat and maintain post-treatment follow-up with human-trafficking victims. The consortium now is working to address these issues while continually raising awareness about human trafficking across all areas of their institutions.

**Agents of change**

Melissa Graham, a board-certified RN at Houston Methodist Hospital, dug in to work with colleagues at her hospital to explore how to respond to the needs of trafficking victims. She’s logged many hours in working across the organization along with colleagues Kimberley M. Dubose, operations manager of emergency services, and Johnie Leonard, nursing director of emergency services, to draft a formal human trafficking policy. They have engaged clinical committees, the legal department, nurses’ council and others to develop the policy that eventually will go to President and CEO Marc L. Boom, M.D., who has been a strong supporter of their efforts.

Graham knows all too well the pain associated with sex-trafficking victims. Her 18-year-old niece was trafficked after meeting online a man who later kidnapped her from her Indiana home and took her to Oregon, where she and other young women were exploited. The FBI later rescued Graham’s niece, giving her a second chance — something many trafficking victims don’t get.

“She was missing for about six months,” Graham says. “The FBI was able to track her because her captors made the mistake of letting her keep the cellphone that her mother had bought her.”

In a letter to Houston Methodist staff in July, Boom shared Graham’s story, along with a copy of the policy draft she developed to solicit feedback and underscored the significance of human trafficking globally and in Houston. According to a recent University of Texas study he wrote, there are as many as 313,000 human-trafficking victims in Texas. Like Graham, Boom believes hospitals can play a crucial role in combating human trafficking.

“As health care professionals, we have the opportunity to play a crucial role in assisting potential victims,” Boom wrote. “It’s likely that potential trafficking victims visit our hospitals, EDs or Emergency Care Centers on a daily basis. We must be ready to help them.”

A white paper published in July by Washington, D.C.-based Polaris, a nonprofit organization dedicated to preventing human trafficking, underscores the need for greater awareness and engagement from health care professionals.
The process of identifying, treating and connecting with sexual exploitation victims is no simple matter for any health care organization. For Kimberly Williams, project coordinator in the spiritual care department at Baylor St. Luke’s Medical Center in Houston, it’s not about “rescuing” victims.

“I’m not rescuing people, and I would hope people in the hospital would not use that term. The hospital setting allows me, as a project coordinator, the opportunity to listen and provide a space for these patients to share their stories with no judgment and to reconnect with their spirituality and, hopefully, that is something they can build upon as they recover,” Williams says.

Her passion for working with victims of sexual exploitation began nearly a decade ago in Charlotte, N.C., after attending a conference on human trafficking that she learned about through her church. She created awareness within her church about the issue and raised money to help victims.

“There was a home in my area for minors who were sexual exploitation victims. I went to the home and got to meet some of the young ladies who were victims. I felt compelled to do more,” Williams says.

She started planning events and asking friends to contribute money to fund trips to the zoo, the museum or to a college campus — anywhere to open the young women’s minds about possibilities for a better life.

“I wanted them to see that college could be an option for them — no pressure,” Williams says. “I wanted these young ladies to be loved and cared for. My goal was just to open them up so that they could see there was something else they could do with their lives.”

After a while, people who had heard about what Williams was doing would put money in her mailbox to support these activities. “My husband would say, ‘That’s not going to work,’” she laughs. But it did work, and it provided a springboard for greater outreach on Williams’ part.

She and her husband and three children opened their home to provide respite care for the girls during holidays.

“The girls would come to our home and stay during the Christmas season, Thanksgiving or when they had no place else to go. This also gave the staff at the home where the girls lived time to be off, while giving the girls a semblance of what Christmas or Thanksgiving might look like,” Williams says.

She has continued raising awareness about human trafficking in her role at Baylor St. Luke’s. She’s also doing a different kind of outreach these days as an active member of the Houston Area Human Trafficking Health Care Consortium. The group comprises representatives from Harris Health Ben Taub Hospital, Houston Methodist, Texas Children’s Hospital, Baylor College of Medicine, Memorial Hermann Health System and San José Clinic. The consortium members meet regularly to share insights and information about how their institutions identify, treat and offer services to human-trafficking victims.

“We want the consortium to be a place where people can come and share what they’re doing at their organizations. We set a really good example of how hospitals and organizations can come together for the greater good of our community so that we can provide world-class care to the most vulnerable in our society,” Williams says. “We want no one left behind or forgotten or feeling that they may not be important enough or not on our radar for the best research in our area.”

Williams and her husband have also started a nonprofit, The Faith Collaborative, an organization that provides pastoral care for victims of human trafficking. For Williams, this work won’t end.

“I’m sure I’ll be involved in this work until I die. I can’t imagine doing anything else,” she says.

—Bob Kehoe
that robs 25 million people around the world of their freedom, the report notes. And while human trafficking may be more common in some parts of the world, it’s no less significant in the U.S. — as is the need for health care professionals to become more proactive in documenting known and suspected cases of human trafficking.

“It really comes down to a few issues such as general awareness and training,” says Brittany Anthony, strategic research manager at Polaris. “A lot of health care professionals either don’t seek out this information or don’t know where to find resources and training.”

Anthony says many health care providers still do not recognize the signs of human trafficking and can mistake it for other types of crime or attribute the victims’ behaviors to mental health issues.

Hospitals step up

This situation seems to be changing rapidly, however, notes the Polaris report. In 2014, the National Human Trafficking Hotline’s online training resource for health care professionals was viewed 340 times. In 2017, the same resource was viewed nearly 16,000 times. A 2017 article published by Medical Education Online notes that calls to the hotline by health care professionals rose more than 71 percent between 2012 and 2014. Meanwhile, the Polaris report states that more than 14 medical societies have created policies on trafficking and some states, including New York, are mandating training on human trafficking for health professionals.

The American Hospital Association (AHA) and its “Hospitals Against Violence” initiative have actively...
supported efforts to combat incidents of human trafficking and to document incidents of exploitation by compiling resources on its website to assist the field. Noting that the existing ICD-10 CM abuse codes fell short of differentiating human-trafficking victims from other abuse victims, the AHA joined CHI and Massachusetts General Hospital and other health care organizations in successfully advocating for the adoption of the first ICD-10-CM codes for classifying human-trafficking abuse.

The 13 unique ICD-10-CM codes, which took effect Oct. 1, are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected, and other maltreatment. New codes are also available for past history of sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated perpetrators of maltreatment and neglect.

Hospitals and health systems have a crucial role to play in identifying and assisting victims of human trafficking, noted Melinda Hatton, AHA general counsel. Securing these new codes will give all health professionals who come into contact with victims an important opportunity to provide compassion, which will lead to a better understanding of this scourge and more resources to combat it.

Documenting instances of suspected or confirmed human trafficking is critical to being able to pursue perpetrators, say prosecutors and law enforcement officials. They say health care professionals can be tremendous allies in this fight by being vigilant in recognizing potential victims and by developing a rapport with them when they present for treatment.

Being supportive and nonjudgmental when treating these patients is essential. Posting signs strategically in EDs, restrooms and other locations alerting trafficking victims whom they can call for help is another important step, and some states, such as Texas, now require posting these notices in health care facilities.

Polaris research indicates that a high percentage of trafficking victims will seek medical care at some point during their exploitation.

A Polaris survey of survivors found that 69 percent of respondents reported having had access to care at some point during their exploitation. Eighty-five percent of this group said they were treated for an illness or injury related to their exploitation.

These statistics clearly point to the opportunities for well-trained professionals and team members to identify and support trafficking victims. The key is raising awareness among front-line caregivers and support staff and training them to identify and respond to victims. It’s a delicate situation for even the most seasoned health care professional. And, as the Polaris report illustrates, there are previous indications that health care professionals have struggled to recognize or act on suspicions that some patients may have been trafficking victims.

“One 2012 study found that only 6 percent of health care professionals reported treating a human-trafficking victim,” the Polaris report states.

Rachel D. Fischer, R.N., clinical lead and community outreach specialist for Harris County Forensic Nurse Examiners, isn’t surprised by these findings. She notes that when she presents programs on human trafficking to health care professionals, many are stunned to realize the scope of the problem.

“The voice of experience

Fischer can empathize with ED nurses who are sometimes so busy they don’t get around to questions that might elicit information about whether the person is being exploited. As a sexual-assault nurse
examiner, Fischer has the clinical training to gather documentation and education to help broach this sensitive subject. And she has one other thing few nurses have when it comes to building rapport with sex-trafficking victims: She is a survivor of sex-trafficking, which occurred when she was a teenager in Detroit.

“When we realize that these are human beings who are struggling and that they’re victims and they need our help, we will treat them much differently,” Fischer said. “But nurses are so busy, especially ED nurses. A lot more training needs to be done in this area.” Despite the challenges in identifying and properly assisting victims of human trafficking, organizations like the Houston Area Human Trafficking Health Care Consortium inspire Fischer.

“This collaboration has been so inspiring for me. I don’t know any other city that has done this . . . . It’s been great to have people from different facilities join together and realize that we’re in this fight together. We’re working to make things better for the community.”

Johna Stallings, chief of human trafficking and child exploitation with the Harris County District Attorney’s office, also lauds the work of the consortium and of forensic nurses, who are an integral part of the efforts to prosecute perpetrators of this crime.

“Forensic nurses are trained in the gathering of physical evidence, how long the evidence lasts and the psychology of victims and suspects,” Stallings says. “And they care. They’re passionate about helping children or adult victims in this area.”

Human trafficking touches many more lives in America than people realize. Take it from Melissa Graham, a board-certified registered nurse at Houston Methodist Hospital.

“I have a niece who was taken into human trafficking about five years ago in Indianapolis. She was 18 at the time. She was missing for about six months,” Graham says.

The FBI was able to track the young woman through her cell-phone, which her captors never took from her, and authorities rescued her in Oregon. She and the others whom the perpetrators had ensnared were about to be shipped out of the country. That event stuck with Graham and she vowed to do something about human trafficking.

She’s made good on her pledge by helping to spearhead efforts at Houston Methodist Hospital to raise awareness about human trafficking. She and her colleagues Kimberley M. DuBose, operations manager of emergency services, and Johnie Leonard, nursing director of emergency services, and others are working to enact a human-trafficking policy at Houston Methodist Health System.

“I had always said that if there is any way I could make a difference in preventing human trafficking, I would, and Houston Methodist has let me fly with it. It’s taken on a life of its own,” Graham says.

She also chairs the human-trafficking committee at Houston Methodist, and takes part in regular meetings of the Houston Area Human Trafficking Health Care Consortium along with representatives from Harris Health Ben Taub Hospital, Houston Methodist Hospital, Texas Children’s Hospital, Baylor College of Medicine, Memorial Hermann Health System and San Jose Clinic. The participating organizations share information about what each is doing to identify and respond to the needs of human-trafficking victims who present for treatment. Other groups, including the Harris County Attorney’s office and the Houston Police Department, also take part in the consortium.

“We want to make sure that [victims of exploitation] have all
the resources they need to get out of that life completely,” Graham says. “That’s why we’re making all these alliances.”

DuBose adds that it’s important to consider the psychological and social health needs of victims and to be able to connect them with resources that can assist in finding a safe place to stay or some type of employment so they can support themselves.

Just how widespread the problem of sexual exploitation is became even more apparent to Graham after Houston Methodist President and CEO Marc L. Boom, M.D., shared the story of her niece being abducted in a letter to staff to call attention to human trafficking.

“I got emails from almost every single level of the hospital sharing stories [about human trafficking]—dietary, housekeeping, doctors, nurses,” Graham says. “I think most people live in a bubble and probably think it happens to someone else, but once somebody talks about it and starts looking into it, they see that this is a really big problem in Houston.”

Her niece’s experience certainly opened Graham’s eyes to the scope of the problem in a way she never expected. And it’s also opened her mind about the difference one person can make in the fight against human trafficking.

“It’s very humbling. One person can make a very big difference. I’m a big example of that. I would never have dreamt how far this has gone in such a short time,” she says.

Speaking up for the voiceless

Rachel D. Fischer, R.N., performs many important roles as a forensic nurse on the front lines of combating sex trafficking in Houston. In addition to her work in a clinical setting, she tries to “be a voice for the voiceless.” Fischer is a survivor of commercial sexual exploitation. “I want to help the girls who are in the category I fell into of being a homeless youth needing to do whatever needs to be done to survive.”

Fischer’s early life growing up in Detroit was painful. Her mother was prostituted by a gang. She had been in the foster care system and lived in many homes growing up. She spent time on the streets learning how to survive and ended up being a victim of the sexual exploitation that many trafficked youth experience. “I saw firsthand these girls being stamped ‘property of’ and drove my mom to hotels at different points, not really understanding it all,” she says.

Fischer would fall prey to commercial sexual exploitation the way so many teenagers do. She was duped and coerced. A couple lured her in with an online ad and met her at a mall and presented an opportunity to make great money. “They told me they’d make me famous,” she says. They took exploitative photos of her, which they later used to blackmail her and lead her into unpaid work at bachelor parties and other situations. However, she survived the harrowing experience and began a long road transforming her life.

Fisher later went on to nursing school and earned a degree. “I found my identity in a greater purpose rather than as a homeless youth who was sexually exploited and full of shame and guilt,” Fischer says. In addition to her work as a nurse, Fisher volunteers once a month with groups like Elijah Rising or Rescue Houston to go to the so-called “Bissonnet Track” neighborhood in southwest Houston, an area with a brisk open-air sex trade that continues despite thousands of arrests over the past several years by the Houston Police Department. There she talks with prostitutes and pimps. “We would walk down the streets with the girls in the middle of the night and meet them where they’re at and say, ‘What are you struggling with? Is there anything we can get for you? Can we pray for you about anything?’” Fischer says.
Fischer and the other activists ask the pimps for permission to give the girls gift bags, which sometimes include a rose or a card of encouragement to let them know they’re loved and not forgotten. The packs also discretely included the Rescue America Hotline number so that when the girls are ready and in a safe place they can call to be rescued. With this delicate population, there may be an anchor baby, drug addiction or other factor that holds the victim hostage in the life, so anticipatory guidance is key.

“Rescue” is not how Fischer and others refer to it, but rather shining a light in a dark place so that the girls know that there is hope and help when they are ready.

“My personal motto is, ‘From the street, for the street.’ I really feel that what I went through as a child [prepared me for this]. It’s like my flu shot, my immunization so I can face what I’m doing now,” Fischer says.

Reflecting on her life today and the work she’s doing as a forensic nurse to serve the legal system, patients and exploitation victims, Fischer says she’s honoring her late brother, who was murdered when she was 13. “He used to be my protector at the gang level. He would make sure I was safe. He always wanted me to be a lawyer, so I could get my dad and him and everybody in the club out of trouble. But instead of getting criminals out of trouble, I’m now able to be a voice for the voiceless through forensic nursing and working with trafficking victims,” Fischer says.