FACT SHEET

HUMAN TRAFFICKING & HEALTH CARE PROVIDERS

Lessons learned from federal criminal indictments and civil trafficking cases
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Every day in the United States, sex and labor trafficking victims interact with health care providers. But these victims are rarely identified. The health care providers treating these patients may notice anomalies – unexplained bruises, long-untreated and painful medical conditions, depression, even severe tooth decay. However, fear, shame, and trauma frequently prevent disclosure. Traffickers may accompany the victim into the examination room, monitoring communications with medical staff. Even victims examined alone may be reluctant to seek help, fearing retaliation from traffickers or judgment from health care providers. For undocumented trafficking victims, the threat of deportation is an ever-present fear. And for both U.S. citizen and non-citizen trafficking victims, repercussions of disclosure may be both swift and violent.

Health care providers have an important, proactive role to play in combating human trafficking in the United States. With proper training, health care providers can play a significant part in identifying and caring for trafficking victims. Medical personnel can also document injuries, testify as expert witnesses, and provide affidavits for submission in legal cases. But in order to be able to identify trafficking cases, health care providers must be familiar with red flags and trafficking indicators.

This fact sheet highlights medical components of case studies drawn directly from federal criminal indictments and civil trafficking complaints. These case studies provide documented incidents that illustrate how human trafficking has presented in health care settings. It is hoped that these concrete examples gleaned from legal cases will assist medical professionals in recognizing red flags and risk factors.

METHODOLOGY

The Human Trafficking Legal Center (HT Legal) maintains comprehensive databases of federal civil and criminal trafficking cases. Researchers searched both databases for any reference to healthcare. Search terms included: “medical”, “emergency room”, “hospital”, “clinic”, “doctor”, “nurse”, “prescription”, “prescribe”, and “treatment”. These results were then analyzed to identify concrete cases of victim interaction with health care providers. Researchers found 40/232 civil cases (17%) and
30/1024 criminal cases (2.9%) that matched the search parameters. These figures do not capture the full picture of health care interactions with trafficking victims, as court documents do not always capture these incidents. Nevertheless, criminal and civil court documents do provide some insight into these interactions.

**TRAFFICKING VICTIMS IN EMERGENCY MEDICINE**

Trafficking victims visit emergency rooms, both accompanied by their traffickers and alone. These encounters can provide a critical opportunity for intervention.

**LESSONS LEARNED FROM EMERGENCY MEDICINE CASES WHERE TRAFFICKING SURVIVORS WENT UNIDENTIFIED**

In Ohio, a young woman with cognitive disabilities was held in domestic servitude and forced labor for two years. She suffered severe physical and sexual abuse at the hands of her traffickers. The traffickers repeatedly injured the victim in order to secure painkillers and prescriptions for additional pharmaceuticals. The defendants smashed the victim’s hand with a rock, beat her back with a wooden fence post, and kicked her in the hip with a steel-toed boot. After each injury, the traffickers took the victim to an emergency room or another medical facility. Their goal in each case was to procure opioids for their own use. They succeeded. In each instance, the traffickers accompanied the victim as she received medical care. At no point did health care providers identify the woman as a victim of trafficking. She escaped only after police arrested her for stealing a candy bar at a store. In all, the victim had at least three contacts with medical personnel.

In another case in Virginia, the defendant dropped off a trafficking victim alone at the emergency room. The young woman had come to the United States to work as a domestic worker for a World Bank employee. The victim, who had a legal visa to work in the United States, was held in domestic servitude for three years. Forced to work seven days a week without pay, she became ill. The victim was hospitalized twice. But even after her release from the hospital, the abuse continued: the defendant allegedly used the victim’s unpaid medical bills to hold the victim in debt bondage. A federal court awarded the survivor over $1 million in damages.

**LESSONS LEARNED FROM EMERGENCY MEDICINE CASES WHERE TRAFFICKING SURVIVORS WERE IDENTIFIED**

In some cases, emergency room personnel have successfully identified trafficking victims and assisted in their escape. In 2010, federal authorities in Missouri indicted six defendants for trafficking a young woman with cognitive disabilities into forced labor and forced commercial sex. The lead defendant had imprisoned the victim for six years, subjecting her to torture and sexual servitude. The defendants filmed the abuse and streamed it online. The traffickers also forced the young woman to work at a strip club and to engage in commercial sex. Medical personnel identified the woman as a victim of...
abuse when she was taken to the emergency room after suffering a cardiac arrest. The traffickers had inflicted the injuries by electrocuting her. All six defendants pled guilty to various charges and five defendants received prison sentences ranging from 5 to 20 years.

In a case prosecuted in Florida, United States v. McKinley, nurses prevented a sex trafficker from removing a victim from an emergency department. The victim, kidnapped by her trafficker from behind a laundromat, had escaped and sought help at a nearby police and fire station. An ambulance transported the victim to an emergency room to treat her bruises and broken tooth. The trafficker followed the ambulance to the hospital. Upon arrival, he attempted to discharge the victim. The nurse asked the victim to describe the friend meeting her at the hospital. The victim’s description did not match the man in the waiting room. The police were able to identify and arrest the trafficker. The defendant was convicted of kidnapping and sex trafficking.

Medical personnel may also encounter victims who are unable or unwilling to leave their trafficker. Some victims may fear violent retaliation from the trafficker. In one California case, a sex trafficking victim arrived at the emergency room after a violent assault by her trafficker. The trafficker had pounded the victim’s head into a washing machine and garage door, dragged her across the floor, and poured bleach on her. Social workers interviewed the victim and called the police, however the victim declined to disclose any information about the abuse. The victim returned to her trafficker, who was eventually arrested, convicted, and sentenced to 30 years in prison. Medical personnel who had interacted with the victim testified at trial.

TRAFFICKING VICTIMS IN ONCOLOGY, ENDOCRINOLOGY, AND PODIATRY: UNTREATED ILLNESSES, DELAYED PRESENTATIONS

Many victims are denied access to adequate medical care. Severe medical conditions, long left untreated, are sometimes a factor motivating an escape attempt. In United States v. Al Homoud, a case prosecuted in Texas, a Qatari military official and his spouse held two women in domestic servitude for eight months. One victim suffered excruciating pain, but was denied medical treatment. Eventually, she told the court, she felt that she had no choice but to run away and “beg for money for food and medicine.” This victim was later diagnosed with cancer. The two defendants pled guilty to lesser charges and were immediately removed from the country following sentencing.

In a similar oncologic case, a domestic worker alleged in a federal civil complaint that her traffickers denied her medical care despite signs of decreased appetite, frequent vomiting, and weight loss. Eventually, the victim’s pain became debilitating and “unbearable.” Following her escape, the victim was diagnosed with “an aggressive form of stomach cancer” and underwent immediate surgery. Though the victim only received medical attention after her escape, medical personnel should be alert to patients presenting similar symptoms indicating severe, untreated conditions. The case ended in a settlement.
If an untreated illness or condition impedes a victim’s ability to perform her work, traffickers may allow her to seek medical treatment. In a civil trafficking case brought in Florida, *Ramos v. Hoyle*, defendants held two Peruvian women in forced labor. Although the defendants knew that one victim suffered from diabetes, they refused her medical care. The victim eventually collapsed; only then was she taken to a doctor. The physician told the victim that she had medical issues related to diabetes and needed treatment. The victim returned to her traffickers, who forbade her from going to her follow-up appointments. A jury in the civil case ordered the defendants to pay substantial damages to the victims.

Some medical conditions may begin as minor issues, but become serious when left untreated. In a civil trafficking case brought in Washington, D.C., *Mazengo v. Mzengi*, a Tanzanian diplomat and his wife held a young woman in domestic servitude for four years, paying her nothing. During this time, the victim suffered severe ingrown toenails that went untreated for years. She was unable to wear shoes or walk without pain. Traffickers finally allowed her to see a doctor; her condition required surgery to remove the ingrown toenails. The doctor told the victim that if she had waited any longer to seek medical treatment she might have lost her toes. According to the complaint, the victim’s traffickers forced her to return to work immediately following surgery. The court awarded the victim over $1 million in damages from the defendants.

**TRAFFICKING VICTIMS IN OBSTETRICS AND GYNECOLOGY**

Health care providers also interact with trafficking victims seeking reproductive health services. In *United States v. Weston*, a case prosecuted in Pennsylvania, defendants targeted multiple adults with developmental disabilities in order to steal their Social Security Income benefits. Linda Weston and her co-defendants also forced two of the female victims into commercial sex. The defendants instructed other victims to have sex with each other for the purpose of conceiving children. The defendants then registered the children for public benefits. One victim gave birth three times. Weston accompanied the victim to the hospital for each birth and instructed the victim to register her children with false names on their birth certificates. Medical personnel interacting with this victim did not identify this as a trafficking case. Federal authorities learned of the crimes only after a landlord found victims held in a basement boiler room, one of them chained to the boiler. Two of Weston’s victims died of malnutrition. Linda Weston was sentenced to life in prison plus 80 years.

In *United States v. Lawson*, the defendant lured a minor girl from Florida to Las Vegas and forced her into commercial sex. The victim experienced severe pain during intercourse. She went to a doctor, who told her that she had vaginal tearing and bruising, and advised her not to have sexual intercourse for at least a week. The victim asked the doctor to put the restriction in writing. The case was not identified as trafficking at the time. Court documents indicate the victim returned to her trafficker, who was later arrested. The defendant pled guilty to sex trafficking and was sentenced to 17 and a half years in prison.
TRAFFICKING VICTIMS WHISKED FROM HOSPITALS, LEAVING AGAINST MEDICAL ADVICE (AMA)

A trafficker or handler may accompany a victim or follow him/her to the hospital. The presence of traffickers raises the likelihood that a victim will be prematurely removed from the hospital. In a case prosecuted in California, United States v. White, the defendant forced a minor victim of sex trafficking to perform commercial sex acts while she was menstruating, providing cosmetic pads to stuff in her vagina. As a result, the victim suffered intense vaginal pain. The defendant brought her to a hospital. When the nurse began to question the victim about her age and wanted to notify her parents, the defendant removed the victim from the hospital. The defendant continued to force the victim into commercial sex. The victim’s uncle later discovered her escort ads on Backpage.com and contacted police, who arrested the defendant during a sting operation. The defendant pled guilty to travel in aid of racketeering and was sentenced to 18 months in prison.

As in suspected domestic violence cases, it is very important to interview patients outside the presence of third parties. One-on-one conversations are an opportunity to establish trust with the patient, and may lead to disclosure.

In a labor trafficking case in South Carolina, a restaurant worker arrived at a hospital with severe hot oil burns. In his subsequently-filed civil trafficking case, the man alleged that he had been held in forced labor in a Chinese restaurant where he suffered the injury. The defendants allegedly found the victim at the hospital and, while he was still on pain medication, “checked [him] out of the facility against [his] will, against medical advice and without any authorization to do so from either the [victim] or his treating physicians.”

HEALTH CARE PERSONNEL AS TRAFFICKING VICTIMS

Healthcare professionals should be aware that fellow caregivers may also be victims of trafficking. In United States v. Kalu, the defendant recruited highly-skilled, foreign-born nurses to teach as nurse instructor supervisors at a fake “university.” When the nurses arrived in the United States with their H-1B visas, they discovered that there was no university. There were no jobs either. Some of the nurses remained unemployed; others were forced to work in nursing homes in positions below their skill level, earning far less pay than promised. Despite this, the defendant demanded that the victims pay him $800-$1,200 per month or face deportation. He also threatened victims with a $25,000 fine if they absconded. Kizzy Kalu was convicted of human trafficking and related charges and sentenced to 10 years and 8 months in prison.

In California, the operators of four elder care facilities pled guilty to conspiracy to harbor illegal aliens. The defendants recruited their victims from the Philippines to work as live-in caregivers. The victims were forced to work 24-hour shifts and received little to no compensation. Instead, their wages were credited against a purported debt. The defendants confiscated the victims’ passports.
and threatened them with arrest and deportation if they attempted to leave. The victims lived on-site and slept in closets, on sofas, and, in one case, in an attached, unheated garage. Eventually, the family members of one facility resident reported suspected abuse to the authorities.

In addition to working in nursing homes or care facilities, trafficking victims may also be forced to work as caregivers in private homes. In Paucar v. Marquez, the plaintiff alleged that she was forced to care for the defendant’s elderly mother, who had advanced Alzheimer’s. The victim lived on-site and worked an average of 126 hours a week for seven years. The defendant allegedly neglected both the victim and his mother. At times, the victim reported that she was forced to rely on neighbors for food. Traffickers allegedly threatened the victim with arrest, imprisonment, and deportation if she left. At one point, the defendants hired a night nurse to assist. Conditions were so bad that the night nurse quit after one week. The case ended with an undisclosed settlement.

MEDICAL PERSONNEL ENGAGED IN HUMAN TRAFFICKING

Health care providers may also play a role in facilitating human trafficking. In Michigan, a survivor of sex trafficking sued a psychiatrist in federal civil court for participation in a trafficking venture. The complaint alleged that, despite knowing the plaintiff was being forced into commercial sex, the defendant prescribed psychotropic medications for her, receiving payment from her trafficker. The trafficker allegedly used these drugs to sedate the victim and to force her to engage in commercial sex and forced massage services for up to a dozen men a day. The court ordered the psychiatrist to pay more than $500,000 in damages to the victim.

In United States v. Calimlim, the defendants, both physicians, forced the victim into domestic servitude in their home for nineteen years. The victim was never paid; during this time, the defendants sent only $18,000 to the victim’s family in the Philippines. In addition to forced labor in the home, the defendants also forced the victim to clean their offices and medical equipment at night. Isolated and threatened with arrest and deportation, the victim was too terrified to escape. Immigration officials found the victim in the defendants’ home during a search.
CONCLUSION

As these cases illustrate, trafficking victims can interact with medical personnel in a variety of settings, presenting a wide range of physical injuries and complaints. Health care professionals may have opportunities to speak with trafficking victims, providing them with resources and, most importantly, hope.

ADDITIONAL RESOURCES ON THE ROLE OF HEALTH CARE PROVIDERS IN COMBATING HUMAN TRAFFICKING INCLUDE:


• Dr. Susie Baldwin, Intervention in Human Trafficking Through Health Care, TEDMED2016: http://www.tedmed.com/talks/show?id=627336

• Department of Health and Human Services Office of the Administration for Children and Families’ SOAR Program®: https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training


For more on how to develop health care human trafficking protocols, see:

• HEAL Trafficking, Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings: https://healtrafficking.org/protocols-committee/


• For more information about federal trafficking cases and health care, please contact the Human Trafficking Legal Center. HT Legal maintains databases of all criminal and civil trafficking cases brought in the U.S. federal courts. Visit HT Legal at www.htlegalcenter.org. To join the public health response to trafficking, visit HEAL Trafficking, HEALtrafficking.org.
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With the criminal justice process, “victim” refers to those individuals who have been victimized by a crime. Individuals who have been trafficked are also referred to as “survivors,” in recognition of their strength in moving forward from their traumatic experiences. The terms “victim” and “survivor” are used interchangeably throughout the text.


4. See, e.g., Criminal Complaint at 4-5, United States v. Roberts, No. 1:10-cr-00013 (M.D. Tenn., Oct. 21, 2010) (The victim had multiple hospitalizations, but did not disclose to medical personnel and police out of fear of her trafficker).

5. Id. at 4-5.


14. Id. at 1-2.

15. Id. at 3.


17. Carazani Default Judgment, supra note 17, at 34.


19. Note 14, at 34. The defendants were also ordered to pay $120,000 in criminal restitution to the two victims of domestic servitude.

20. Carazani Default Judgment, supra note 17, at 34.

21. Note 14, at 34. The defendants were also ordered to pay $120,000 in criminal restitution to the two victims of domestic servitude. Id. at 41.


23. Id. at 8.


25. Id. at 1-2.
LESSONS LEARNED FROM FEDERAL CRIMINAL INDICTMENTS AND CIVIL TRAFFICKING CASES

45 Id. at 9.  
46 Id. A federal jury ruled in favor of the plaintiffs and the defendants were ordered to pay a judgment of $520,235.20. Amended Final Judgment, Ramos v. Hoyte, No. 1:08-cv-21809 (S.D. Fla. Mar. 3, 2010).  
48 Id. at 5-6.  
49 Id. at 6.  
50 Id. at 19.  
54 Id. at 8.  
55 Id. at 17-20.  
60 Id.  
64 Id.  
65 Id. at 2-3.  
70 Id. He was also ordered to pay $3.7 million in restitution to the victims. See id.  
72 Id.  
76 Id. at 11.  
77 Id. at 5.  
80 Id. at 3.  
82 Complaint at 1, Martinez v. Calimlim, No. 2:08-cv-00810 (E.D. Wis. Sept. 25, 2008).  
83 Id. at 28.  
84 Id. at 14.  
85 Id. at 17. The defendants were convicted of forced labor and originally sentenced to four years in federal prison. The 7th Circuit affirmed the convictions on appeal, but remanded for resentencing on the basis that District Court had erred in refusing to apply several sentencing enhancements. United States v. Calimlim, Nos. 07-1112, 07-1113 & 07-1281 (7th Cir. Aug. 15, 2008). Upon resentencing, the defendants were sentenced to 6 years in federal prison. Second Amended Judgment as to Jefferson N. Calimlim, United States v. Calimlim, No. 04-cr-248 (E.D. Wis. June 10, 2009); Second Amended Judgment as to Elnora M. Calimlim, United States v. Calimlim, No. 04-cr-248 (E.D. Wis. June 10, 2009).  
86 The acronym SOAR stands for Stop, Observe, Ask, and Respond.