



May 9, 2019

Katherine Chon  
Designated Federal Officer  
National Advisory Committee on Sex Trafficking of Children and Youth  
330 C Street SW, Washington, DC 20201

**RE: National Advisory Committee on the Sex Trafficking of Children and Youth in the United States Comment Letter**

Dear Ms. Chon,

The California Primary Care Association (CPCA) is a nonprofit organization representing more than 1,300 community clinics and health centers (CCHCs) in California that include Federally Qualified Health Centers and other licensed community and free clinics. CCHCs provide comprehensive quality health care services to low-income, uninsured, and underserved Californians, and are committed to improving the health and well-being of all individuals and communities. Currently, one in six Californians are served by CCHCs, translating into an annual patient base of approximately 7 million. Both CPCA and our CCHC members understand the detrimental consequences human trafficking has on the health and well-being of our communities, thus, we respectfully submit comments to the National Advisory Committee on the Sex Trafficking of Children and Youth in the United States.

CPCA recognizes human trafficking as a public health issue and believes health care providers must play a critical role in identifying and supporting victims of human trafficking. Victims of human trafficking include at-risk minorities, underserved and marginalized communities, who often have physical and mental health issues, as well as social issues including language deficiency, illiteracy, and travel restriction. To fight human trafficking, we must leverage existing community based systems and processes to focus on improving health care and removing barriers to needed social supports.

CCHCs are well positioned to identify, treat and support exploited and abused victims through short and long-term care. Often located in the heart of our communities, CCHCs have long been recognized for providing comprehensive, integrated physical and behavioral health care to our underserved, vulnerable patients. Additionally, CCHC staff is well-versed in navigating complex health care systems and are ready to provide case management and care coordination services to our patients. More importantly, in addition to clinical care, CCHCs provide non-clinical services that aim to address social determinants of health. Many health center sites have

multilingual staff and are key points of contact for the victims because they excel at cultural competency and can provide continuity of care. CCHCs also provide social services that can connect patients to non-health care resources such as medical-legal partnerships, which integrate the unique expertise of lawyers into our health care settings to help clinicians, case managers, and social workers address the problems at the root of many health inequities.

CCHCs have the capacity and necessary information to create programs that are specifically targeted at the type of human trafficking affecting their patients. There are a wide variety of programs that are implemented to address human trafficking, many of these programs focus on specific populations such as labor trafficking, domestic minor sex trafficking (DMST), commercially sexually exploited children (CSEC) and the interventions vary from prevention, to identification and after-care. For example, in 2004, Asian Health Services, one of AHCs member community health centers created a CSEC/DMST specific program, Banteay Srei. The program was created in response to a rising trend in sex trafficking and exploitation among Southeast Asian women in Oakland, California. This program provides sex positive education, community building and leadership development that fosters cultural pride and self-determination. Banteay Srei is a program that demonstrates the critical role community health centers play in addressing human trafficking.

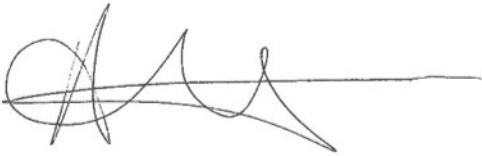
It is critical that we continue to research, create and facilitate programs in CCHCs that are geared toward preventing, identifying and treating victims of human trafficking in our most vulnerable and marginalized communities. In efforts to do so, **we are providing the following recommendations:**

1. Provide the necessary resources and funding to create comprehensive, wrap-around care teams in community health centers across the nation. Care teams would incorporate outreach workers, therapists, case managers, social workers, peer educators, interpreters, and clinical staff. Care teams are critical components of community health centers and are beneficial in providing care for victims of human trafficking.
2. Prioritize and provide the necessary funds for research that would assist in the development of specific programs that address the physical, mental health, and social harms that result from being trafficked.
3. Create and incorporate trauma informed care throughout community health centers and other health sectors. A trauma-informed approach equips providers with methods, tools and resources enabling them to effectively partner with patients and staff to achieve individual and community health and wellness.
4. Increase prioritization of victims of human trafficking by creating health care specific funding streams for comprehensive human trafficking programs in community health centers.

Due to their origins as a community-oriented primary care model, CCHCs effectively utilize a public health framework and provide services that human trafficking victims can benefit from throughout the stages of exploitation and trafficking. While, in many cases the criminal justice framework focuses on prosecution and punishment of traffickers, the public health framework focuses on the health and well-being of patients who have been victims, and on prevention and early intervention. CCHCs are a primary system of care across the county and are positioned to be the first point of contact with the health care system for many victims of trafficking. Community health centers provide a steady and often long-term care for survivors of human trafficking, making them an invaluable source to our most vulnerable populations.

Thank you for the opportunity to comment. If you have any questions or comments, please feel free to contact me at (916) 503-9130 or [apatterson@cpca.org](mailto:apatterson@cpca.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Andie', with a long horizontal line extending to the right.

Andie Martinez Patterson  
Vice President of Government Affairs  
California Primary Care Association