

**THE DEA MUSEUM LECTURE SERIES**

**DEC-TAC 5/24/11**

Catie: Welcome everybody to our third DEA Museum Lecture Series. My name is Catie Drew. I'm the Education Coordinator for the museum and the coordinator for the lecture series. Today we have two very good speakers who will speak about drug endangered children, and I'm going to let Deb Augustine from the Victim Witness Program introduce them. I would like you to please, if you can, silence your pagers and your cell phones so that we can have an uninterrupted lecture. After the two speakers, we will have questions and answers, and when that does occur, I would like you all to please step to the microphone that is in the aisle to ask your question. Thank you.

Deb: Good afternoon, everybody. I really appreciate you being here today. I'm going to talk to you for just a few moments and then you're going to hear from Sue Weber Brown, the founder of the Drug Endangered Children Movement, and Holly Dye, one of our subject matter experts. But just briefly, I want to tell you in DEA, we have identified and responded to child victims in all types of situations, marijuana indoor grows search warrants, where cocaine was in the child's room; meth in a baby's diaper, children testing positive for crack cocaine. We provide training. We report and we provide awareness. We want to make a difference here in DEA.

Yes, we're law enforcement, but we're also moms, dads, brothers, sisters, aunts, uncles, and some of us are grandparents. We are a nation of communities who need to do more to protect our children. And that's why you're here today to learn a little bit more about what you can do to help bring awareness to drug endangered children. Substance abuse is one of the top two problems exhibited by families in 81% of reported child abuse and neglect. Children of substance abusing parents are three times more likely to be abused, and four times more likely to be neglected. Every day, you pick up the paper or you get, whether it's DEA clips or whatever, you hear or you read about a child being harmed by drugs. Who is a drug endangered child?

This is a definition developed by the Inter-agency Task Force on Drug Endangered Children. A drug endangered child is a child under the age of 18 years old, who lives in or is exposed to an environment where illegal drugs are used, possessed, trafficked, diverted, and are manufactured. Again, this does include the abuse of pharmaceutical drugs. The resulting harm may be physical, sexual, emotional abuse or neglect, failure to thrive, exposure to drug paraphernalia, hazards, pornography, unfit living conditions, high-risk behavior, domestic and and/or community violence. It could be a child being cared for by a caregiver under the influence of

illegal drugs. It could be a child who is exposed to or ingests illegal drugs in the home.

A child could be used to transport illegal drugs, present during drug deals, which is a lot of what we see in our investigation, a child who is exposed to the toxic chemicals of home drug labs, primarily methamphetamine, but it could be ecstasy or some other drug that's made in a clandestine lab. Prenatal exposure to illegal drugs, these are the some of the photographs that we see, that our folks see, our agents see on a daily basis. You may have drugs hidden, if you'll see in the one photo, underneath the baby's bed. What do we do? We work with a multidisciplinary team. We reach out to Child Welfare, Child Protective Services, and ensure that child is identified, referred, and receive the resources and the attention and the services that they need.

A child can test positive for a drug as a result of the contamination through the skin, ingestion, inhalation, or even second-hand smoke. The child may also be a victim of human trafficking or even living with a parent who is a gang member. Drug Endangered children, again, are at risk of physical abuse, neglect, sexual abuse and emotional abuse. They have access to firearms and other weapons, access to pornography. The individuals who may be coming into the home may not be the best outstanding citizen if they're

coming there to buy drugs, use drugs, traffic drugs or manufacture.

A child may be exposed to hazardous or unfit living conditions. If you look in the photos, none of these - all of these situations, a child can be harmed in, whether it's through the needles, it could be a meth situation where the chemicals have been dumped into the toilet and then the plumbing has stopped. It could be a child imitating the parent, if you notice in the photo with the kitchen. The child could be imitating what the parent is doing. On a daily basis, children are identified in federal, state, and local law enforcement and drug investigations, again, that involve marijuana indoor grows, heroin, any kind of drug. One person can make a difference in a child's life.

I know that for a fact. Many years ago, I met Sue Weber Brown, a former narcotics detective, Orville, California. Sue developed the first drug endangered children response. Today, you're going to hear from Sue. Again, she's a former Butte County, California District Attorney Investigator and narcotics detective and executive director of the California National Drug Endangered Children Training and Advocacy Center and founder of the DEC movement. I want you to listen to her story. She's going to then be followed by Holly Dye, who is the Director of new DEC TAC, and a DEC subject

matter expert. Both of these individuals have made differences in the lives of children, and in the professionals who reach out to try to help these children. Sue has helped over 2300 children over her lifespan, from when she first initiated the response. Holly continues to provide training and help victims on a direct - direct assistance. So, again, following her, you're going to hear from Sue, and I want you to hear how one person can make a difference. Sue?

Sue:                   It is great to see all of you here. We were not expecting so many, actually, but just thrilled to be able to tell our story. I want to talk to you again about the Drug Endangered Children Movement and how it first became aware of, or I became aware of these children. And it was something that really thought that we were doing nationwide, that we were taking care of our kids in drug homes. So, I'm not going to spend a lot of time on it, other than to say that what affected me were the actual stories, having a job in narcotics and being assigned to a narcotics unit. And initially, I was a Reserve Officer, so I was asked as a female office in our unit or in our county, to come and assist. And for several years prior to a full-time assignment to narcotics, as a Reserve Officer, I was asked to assist in a number of entries in drug homes.

                          And upon doing those, and these were all around 1986, 1987, there was story after

story, day after day after day, of families, sometimes multiple families with a number of small children living in homes where they absolutely were filthy conditions, conditions that you wouldn't want your pet to be in, conditions that you would think would be marked uninhabitable, that would be torn down or bulldozed because they were so horrendous. So, in these homes, and this is an example, and I'll tell a few of those examples. This was a home where we had an 11-year-old, 7-year-old and 3-year old. And in the majority of these homes, the oldest child always acts as the role of parent to their younger siblings. So, in this particular occasion, this 11-year-old was providing breakfast everyday for the siblings, helping them get to school, dressing them, changing the 3-year-old's diaper and trying to actually potty-train the 3-year old. These are personal stories to me because I interview the majority of these children. I arrested the majority of their parents, and wrote the paper that ensued in order to take these through to completion. And initially, those cases weren't being done.

So, again, for me, for the first several months, when I was in these homes, I was looking them and going, "What are we doing? Why are we turning these children over to a parent or friend or relative? Why aren't we calling Child Protective Services? Where are they?" And it wasn't because they were refusing to respond, it was because we, as law enforcement, weren't

asking them to respond. We weren't developing a dialogue with them. We weren't communicating what our issues were or needs were, what these children's needs were in the home. So, this was just one sample of many, many families. You can see the pitchfork that we called it, which was something that these children made, especially this 11-year-old made to kill the rats that were in the house because she was so frightened. The electrical in this home, again, it could have been a fire waiting to happen because of the exposed wiring in the electrical outlets, and then just the filth.

This is a child's bedroom, where they had to sleep, and a constant filth, debris, and animal feces on the floors. Some of these are extremely hard for you to read. I don't expect you to read them. What I've done though, is collect these articles since 1986. And so I have them in boxes, bags, binders, you name it. I've collected every article from the most of these families because they're real people. So, this is, again, a case where a young daughter reported and told on her own mom because she was so worried about her siblings, and that happens frequently, once we start letting them know that we care.

We had a number of parents that were convicted and living in homes with their children in drug labs. So, again, back in the '80s, late '80s, early '90s, across the nation,

these children were not being addressed. Nobody was listing their name in a report, writing down their date of birth, where they went to school, or who they'd released these children to. And within 24 hours, these children would be back in the same home, in the same environment because nothing - there was no intervention done. It was at that point that I was working with a social worker named Lisa Faye. We would occasionally talk on the phone. We'd call each other sometimes crying over the cases that we would encounter and that we would see, and ask those questions about why wasn't there a systematic approach? Why weren't our bosses, why weren't our administrators more concerned about what we were seeing and what we were in, and how were we going to affect some change in these children's lives?

It was at that time that we started talking about what kind - how could we respond better? How could we respond more timely? And it was very simple in my opinion. As a cop, as a narcotics officer, I had a pager. Back then, we had a pager. WE also had cell phones, even though they were great big boxes that, you know, nobody wanted to carry around. But we did have a pager. And I couldn't understand why we weren't giving a pager - assigning a pager to a social worker. And it was with the assistance, the support of, and the idea of myself and a social worker, and then the support of the District Attorney, Mike Ramsey, who still is a District Attorney in our county, to allow us within the

task force to start this drug endangered children program. And it was really four people, myself, the social worker, the District Attorney and the Director of Social Services, sitting in a small office, in the DA's office, saying what are we going to do and how can we do this better?

And I was so persistent, that they said we will let you do what you want to do for six months, as a pilot. And if this doesn't work, if our social worker doesn't fit in with your officers, if we don't communicate better, if we really aren't saving these children's lives, we want you to go away, and to not keep talking about it. And that was the beginning of what is now known as the Drug Endangered Children Movement. Case after case, we developed better information, better tactics, better investigative skills, both with law enforcement and social services and then our courts. And again, we'd have family after family, like this family, where we weren't just talking about methamphetamine.

And once we'd started this and we were doing and removing children and identifying children in all drug homes, throughout the rest of the state, there were a lot of emphasis just on methamphetamine labs and children in drug labs because that was the sexy headline. But these children were living in homes where there were marijuana grows and cocaine and heroin and pharmaceuticals. And it really needed to be addressed nationwide to all children in all drug

homes. So, we have lots and lots of stories, again, where we began interviewing these children, finding out that they never had a voice. We would pass these children off without every interviewing them. We didn't know how long they had endured this kind of condition.

How many of these children were sick? How many of them would test positive if we began testing them? And so, again, we started a little pilot, within our own county initially, to test those children coming out of drug homes. Within just the first six months, over 40% of the children that we were testing were positive for the drug itself, whether it was methamphetamine or cocaine or marijuana, they were positive for the drug. And as we improved upon that, it increased to as many as 70 to 80% of the children that are removed test positive for the drug. So, each of these kids have stories. And as Deb Augustine said, most of these cases really encompass any kind of criminal conduct or criminal behavior you can think of.

We've had many kids arrive with the suspects at a drug deal, with our informants or with our undercover officers, where children are being used as a way to disguise what's actually occurring. A case in Fresno several years ago, and one of the first cases they had, they were doing an undercover deal. They had had surveillance cameras. There was a small child about seven years old in a Laundromat with mom.

Mom was in possession of the drugs. Mom was about to make the deal, and mother fled when she saw the law enforcement officers come in, leaving the drugs in her child's backpack, leaving her child by himself with the drugs in a backpack, and fled. Drug deals happening when children are present, when street dealers are engaged in the activity, a case where they're storing heroin in a baby's stroller, in a baby's diaper.

And that goes on across the country, when you look at the news reports and some of the investigations. Some of the cases like marijuana cultivation and marijuana is increasingly encumbering our society, the cost to our criminal justice system. And even though many states, there's this medical issue regarding whether or not we should allow medical use of marijuana, and the concerns I have are the effects it has on our children in those homes because they're still subjected to it. They're breathing in those fumes. They are present when it's being manufactured or processed. But even more so now is there's a huge number of armed home-invasion robberies because of marijuana with these children present.

I've had another - a number of suspects confront me when we've come into the door, accusing us of endangering their children because we're there, because our guns are out, because we're in full raid gear and we're frightening. And we are frightening, but we

didn't put our - we didn't do that to these children. They're parents did because of their criminal conduct. So, so many things that we're trying to do and get the message out. Kids that are smoking drugs, that are present and available for them, too, at a young age. So, when we have a 10-year-old or a 12-year-old that has ready access to marijuana or methamphetamine, that's available daily, that they see their parents use, that they mimic and imitate, and then we wonder why we have children when they're in high school, addicted to and using drugs.

Food contaminated with drugs in our refrigerators, access to weapons, loaded weapons, and you'll see a number of photographs where there are weapons accessible to their children. And again, it's because they're arming themselves, leaving their weapons where they can readily access them, in case they do have a home invasion, in case they do have to protect their drugs, or in case they are confronted by law enforcement. And then again, I said a lot of children that are testing positive for the drug, and children standing guard. A number of children, now being used as part of a gang activity, or gang lifestyle, where young children are living in a gang home and participating. So, through those years, those late '80s into the early '90s, we had parents who were using drugs, selling drugs, trafficking drugs, and then the lifestyle that they maintain every day.

And for us, for those of us who caught this DEC bug, and it wasn't just myself, it spread to a number of different counties, a number of other states who all really saw what we should be doing and should have been doing all along. And that's where we came up with the Drug Endangered Children Program. It's funny, I say this, and if my DA was here, he'd get a chuckle out of it because he wanted to call it CRUD. The initials CRUD, and it was for child rescue, and I'll have to remember the rest of it, but the DEC, the DEC term, the DEC language has stayed all of these years. We left kids in the most expedient - or dealt with the most expedient manner.

So, again, leaving them in a home that you wouldn't want to walk into, but we left them there. We'd give them to a relative that lived three doors down, that were engaged in drug activity, that had prior criminal histories, that had their own children removed, and yet, because they were an aunt or an uncle or a grandparent, we would hand those children off. And we still do that across our nation today. Although we're much, much better, we have a long way to go. Or we give them to a family friend. And we stressed and still do, and I think that's one of the biggest message in the next five years as I continue in my efforts to educate and train around the country, is we emphasize with law enforcement to seize drugs, to seize guns and money, to seize assets. We promote our new

officers based on that. We look at what they've achieved, what they've accomplished, and what our target is going to be for their next promotion. And in none of those protocols or policies or procedures or field training measures, do we have anything that gives us a measure for rescuing children. So, that's just another thing that I hope we'll look at as we continue.

So, we know and we ask ourselves when we go into each of these investigations, how is the conduct or the criminal conduct affecting the child? What are the dangers to the child? And who is the adult in charge? So, if we have two parents, a mom and dad or a mother, but we also have three other people living in the residence, and they all have caretaker role, then do they have some kind of responsibility to help take care of those children that they're helping care for, that we use them and have them protect those children. I show you this because in the beginning, way before I was halfway competent at doing Power Points, these were the little pictures that we had on the initial slideshows. The eagle was for the narcotics task force.

Of course, the badge for the District Attorney's office. The insignia for children's services, and then the little bear was used with the needle and syringe because so often, we had children's toys with drugs and needles and syringes inside of those. And at the time when we started this, although we were doing

children in all drug homes, Butte County was number one in the state per capita, for the number of meth labs that we seized. So, again, I continued to collect the articles and that was to continue to educate people. It has been extremely valuable in our small community, in our poor community, to talk about those children that we rescue, ways to educate the community, ways to help the families, the types of treatment that needs to be in place.

And we can only do that by continuing to keep it in the media. And then this was one of the cases that really caused probably me the most, I say, psychological damage, the longest amount of sorrow I had, the amount of time I would spend crying over this infant, this child, and it was one of those cases in California, along with the death of three other children, that really caused it to be in our face, as far as what was happening in our Children's Services Division and with our law enforcement. And this was a little girl that was living with her drug parents. Her parents were both incarcerated and this child was handed over to relatives, even though those relatives were unfit to parent, had lost their own children, and they tortured this child by putting her in a box, hanging her, handcuffing her, depriving her of food or water, physically beating until she died, submerging her in a bathtub of water, until the skin fell off of her.

And while that sounds like a horrendous, horrendous story, those stories are happening across our nation in the majority of the states. So, as you can see, in '96, we were continuing to do more and more. And in California, initially, once this became a model for the state, and seeing that no other counties in the State of California were doing anything like the Drug Endangered Children Program, we went to the Governor's Office, and with their assistance and their support, helped develop programs so that four counties, initially, would have pilot programs like the Drug Endangered Children Program in Butte. We established a training center at the time. We had our first conference, which we were calling the first national conference, in May of 2000 because we had 525 participants from 12 states.

And later, had another conference in 2001, attended by 375 from eight states. So, even then, we had a great momentum, and then because of grant funding, because it wasn't institutionalized, because those folks that were initially engaged in the DEC Movement were promoted, retired and left, the passionate ones, and as I said, it wasn't instilled as a behavior in each of our agencies, and so here we are today, which is why I'm thrilled to be a part of this because for really the first time in the country, after 20 years of work, I see that this is never going to go away, and it's because of Deb and DEA, and the NADEC and all the other

folks that are involved in the Drug Endangered Children Movement.

One of the first large stories that was done, was by the Sacramento Bee, and again, those DEC stories were always as a result of children dying or being injured or being maimed. We weren't telling a lot of positive stories, a lot of great stories as a result of reaching those children or those families early, of saving those kids before it got to be where they were harmed or injured. The LA Times picked up stories back in the early '90s, as well as People Magazine in 2002, so you can imagine how thrilled we were to have People Magazine come to Butte County and do this story, and it was exciting and it was thrilling, and probably equally as thrilling as being able to be here today, or the event that's going to take place on May 31st.

But it's stories like these, and there's 200, 300 more officers across our country that are doing the exact same thing that I'm doing or was doing, that are in their neighborhoods trying to rescue their babies. Some of the National DEC project and history, in addition to the seven counties that we had, we continued to do state and local and county training, and training here in Washington, D.C. over the last several years. One person led to two, led to 20, led to 50, led to 100, and many of us speak, oftentimes with one voice about what

needs to be done. But a lot of it is at the grassroots level. It's the investigators in the field.

It is extremely difficult to go out and train and talk about something if you've not worked it, if you haven't done it, if you haven't taken a case from beginning to end, so that you can help and mentor the next officer or the next social worker that needs help. So, we had a number of different news articles initially, Montel Williams, LA Times and a number of others that picked it up. But the real - the real benefit of all this was actually seeing the numbers of the children rescued. And one of the things that we hope to do in the future, is have a centralized, or some kind of data collection because even now, in the majority of the counties, in the majority of the states, we don't have any idea the amount of kids, the number of children that this is affecting, but this was just in Butte County from 1993 up until 2005.

And I'm just kind of showing you the early years because Holly Dye will be picking up where I left off. So, again, in those early years, the states that you can see in blue, up until 2001, had received training from myself and many of my partners in the State of California. And then the number of states that had DEC Teams at the time, and sometimes those DEC teams were in one small area. They might encompass a region or three or four counties, but they were there.

And then, again, we have probably a bank of 5000 photographs from the hundreds of cases that we've worked, as well as other partners have worked, and you can see how atrocious they are. These aren't the worst of the worst pictures.

The majority of the houses we're in look like this, where there's drugs and chemicals and blood-soaked sheets. I'm just going to run through this really fast because you've seen them, but it's the exposure to the totality of the circumstances in the house. It's the pipes and razors and weapons and booby-traps and dealers, the gang-like lifestyle, the drug raids by police, the drug rip-offs that we see increasing daily. So, again, I'm thrilled you're here because no child, no one's child should ever have to live in this kind of house, and yet they do, and they do here in D.C., and they do in the next town over, and they do in California and Indiana and Tennessee because we need to do more, which is why we're here.

Honey oil labs are increasing, and for those of you who haven't heard much about them, it's where they're taking marijuana, and they're taking the real concentrated marijuana sticks and stems and the leftovers, once they have taken the buds, they're packing them into a PVC pipe. They're pouring butane oil, or butane liquid, a solvent through that to capture the honey oil at the bottom, but it's extremely volatile. So, we have a number of fires, a number

of children whose lives are endangered. Lots of questions that we always ask, the care and custody of these kids, is the conduct of these kids likely to create injury? And are we properly documenting it? So, that's what this is all about, to show you what's out there and what we're trying to do to record it, to talk to our children, so that we have them and they have a voice, and that we're measuring our kids to see how they had access, just one of the little things that we do in our trainings.

These kids are physically damaged, and unless we look at them and talk to them, and take them to the hospital, to a doctor, we'll never know it. We won't know that they have horrendous diaper rashes, that they have wounds, that they have bruises, that they have restraint marks. A few more stats. And this one is the last case. This case was just done May 20th in Butte County where I live. In fact, I was in another state doing some training when I got a call on this. A little child, seven years old, detained in this filthy, filthy house. It wasn't a major grow. It wasn't a methamphetamine distribution house. It wasn't a meth lab. It wasn't a distribution of heroin. They were users. They were parents who needed a lot of help parenting, in filthy conditions, with methamphetamine residue and methamphetamine pipes accessible to their kids.

And it's a very strong felony case because of the way they were living. You can see what we're here for is to talk about what law enforcement's role is and law enforcement's action. Law enforcement is the first responder in the field. Law enforcement needs to address this critical problem. So, from agency heads, it's easy to adopt. It's something learned, just like any kind of other police function or social service function. It gives our kids a chance at a normal life, and there are victim witness monies available to help these children once we identify them. So, with that, I'm going to turn it over to Holly, and then hopefully, you'll have some questions when we're finished.

Holly: Good afternoon. Thank you for having us. Hold on one - not my computer. All right. Now we're good. Thank you for having me. I am Holly Dye. I'm the Executive Director of the National Drug Endangered Children Training and Advocacy Center. I work along with Sue, who 's on the West Coast. And as you can see, it's hard not to do anything. I've been asked before, how can you see what you see every day and do it again? And my answer to that is, the only thing worse than watching the suffering of a child is to see a capable professional do nothing about it. Hopefully, by the time we're finished today, each of you will be ready to go back to your offices, tell someone about it, and to become involved yourself. DEC is a law enforcement led response. I'm going to pause here and tell you a little bit

about how I got involved with this because I've been a foster parent myself. I worked in a group home. I worked with criminals more than I'd worked with people who didn't have a criminal record because of my work in prisons, and because of the parents that I worked with.

I was working at a university in a research capacity, and we were going into drug homes daily, to collect urine samples and basically to see - to judge the effectiveness of the Criminal Justice System. The things that I saw in the homes of the probationers made my stomach hurt. We revised our protocols to allow us to make child abuse reports because in Kentucky where I was, if you have a pulse, you are a mandated reporter. So, I was able to get that done, and I thought great, you know, we'll be doing really well now. No, because guess what, the best thing that we could offer our offenders were treatment, and they were already in treatment. And law enforcement really didn't want to charge somebody with - as somebody put it, why would I charge a murderer with a traffic violation? I've already got them on the drug crime.

So, for three more years, I continued in that position, and then I had an opportunity to work for a health education program. So, I just started talking about this. Drugs were my area. I had no limits, and I just started training. And I had a great US Attorney -

Assistant US Attorney in Lexington, who was from California, and she got it because she had prosecuted cases in Sacramento. So, having said that, DEC is a law enforcement led response because of the criminal nature of the abuse that we witness in these homes. It does involve additional documentation of the crime scene that does relate to child-endangerment.

Much of that happens with a measuring of children and the documenting of these crimes with photographs as Sue showed you previously. We need to expand this effort to state and federal law enforcement so that any situation, any drug crime that involves children takes priority. Some of these undercover operations can take months to investigate, but we want those children safe today. Law enforcement must take an active role if children are to be assured safety. It is all about the rescue. The case on the left is one of my little guys, and on the right, that's Sue holding one of her little guys. This is very personal to us because once you see that child's face, once they know your name, they're your kid. That's what we want to see happen in the US, statewide, nationwide. Once you've seen that little face, once they know you, it's hard to turn them away. Training is the key to that. When we started our official training program in 2004, that was still before I knew Sue. It would be about a year before I would meet Sue.

We began, because we believe that training materials, interactive training opportunities, online courses, and networking opportunities were critical. And I was thrilled to find out that someone else was doing something similar. So, Sue and I immediately hit it off and have been working together ever since. Here's our team now. We have Vanessa Price and David Price, who are in Oklahoma City. We have Sue Weber Brown, who you heard from, and myself. Our services are directly for first responders. That's our primary target audience because we believe it is ineffective to do a whole lot of community awareness without having a qualified prepared workforce.

We do provide multi-disciplined co-investigation guidelines and assistance for communities who want to implement a DEC program. It goes beyond a protocol, and people need to feel competent and capable of responding to these cases so that we can get successful prosecutions. We do have practice guidelines and we offer technical assistance and investigation assistance to anyone we have trained or anyone who has a question about a DEC investigation. We provide child advocacy, which does include system advocacy. It's amazing how life changing the lack of a piece of paper can be, or a piece of paper with a signature on it.

If abuse is not documented within a very tight timeline, a child may not be

provided the assistance they need, mental health services, a foster home, safety, perhaps they're even lost because they're handed to a neighbor or given to a relative who is just as drug-involved as the parents they were removed from. You can request live training, either online, at NDEC-TAC.org, or through the World Policing Institute. Our national training partners include the Department of Homeland Security, the National District Attorney's Association, the Federal Law Enforcement Training Center, and of course, the Rural Policing Institute in Glencoe, Georgia. This is one of the state cases that I was involve in. It doesn't take much to see that this is clearly not a safe situation. This was a drug trafficking home.

They were trafficking cocaine, methamphetamine and marijuana. And they were also dabbling in manufacturing. The parents did have a prior involvement in social services, and that child had been removed and returned to the parents at the time of this bust. All of the drug activity was maintained within that child's bedroom. The questions we wanted to ask ourselves and we want you to ask yourself, is where are the children? How are the children? And what can you do for the children, in your position, whether it's telling somebody about DEC, whether it's being an advocate. The photograph on the bottom is a 3-year-old also. The parents of that little girl had completed their case plan, and as part of their safety plan, they were told not to use

drugs around their child, and that they could no longer manufacture within their home. If they were going to be involved in drug activity, they needed to go elsewhere.

So, on this cold March night, it was 47 degrees, they put the child in a cage outside of their home, and they were manufacturing and using drugs inside the home. But they wanted to make sure that she didn't wander off. These are the types of situations that we are talking about. This is another example of measuring children. This is actually Sue's - one of Sue's photographs. But it's important to know the height and the reach of that child. Also, by the time the case makes it to a level of prosecution, children may grow. They may be older, so it's important to document everything as it was at the time of the arrest. Children's play reflects their life. This is a meth lab, and as you can see on the right, the children were mimicking the activity they observed. Drug pipes in with markers.

And this is a picture that a child who was left with a sex-offending grandfather after a cocaine case, she was allowed to hug her mother and tell her goodbye. And her mother whispered to her, "I hate you." And I asked her later, I said, "What did you want to say to the officers? What did you want them to ask you?" And she said, "Well, I just wanted to say help us." And this is what she drew. This is

the picture that spoke to the judge things that she couldn't find the words to say. This little girl is now in a psychiatric hospital because of the years of sexual abuse that she endured. Human trafficking, commodities trading, whatever you want to call it, her body was worth more than money to her parents who were addicted to drugs, trafficking drugs, and using this little girl and her siblings as sexual pawns in order to get the drugs. Her brother drew this. He doesn't remember a time that he wasn't asked to lie face down in his bed while anyone who wanted to, including his father, would sodomize him.

Older children, who we may see as drug-using teens, troubled teens, may not use because they want to. They may use because they don't know a day, including prenatally, that they didn't have drugs in their system. Candace Alexander, whose mother and stepfather are serving life in a Texas prison - she was forcibly injected with methamphetamine while her stepfather and her mother both sexually abused her. Her official cause of overdose - of death was overdose. Because of her history in school, she was always in trouble. She was a troubled child. That was going to be the end of that investigation. But she began to tell. When the school called her mother, they withdrew her from school and home schooled her, so she was isolated. Sometimes the most dangerous thing a child can do is to ask for help.

There is something called a conversion disorder that many of these children have. And basically what that is, is they have severe physical symptoms because of an emotional response to something that is sometimes very difficult to identify. The little girl on the left was going to have a visit with a sex-offending relative, when she had adjusted to being in a safe foster home. On the right, that photograph was taken at about 3:30 in the morning, as we were there with children from a drug home. And the little blonde girl said, "This is the best night of my life," because she got a teddy bear and because people were nice to her. The children tell us things that we need to have ears to hear. We need to ask the follow-up questions.

Rachel Parnell drew this on President's Day in her second grade classroom, when she was asked, "If you were President, what would you do?" She wrote, "If I were President, I would get a limousine." And on the back, she wrote, "And help children that have parents that do drugs, and put them in jail, and find them some new parents." And she removed her last name, wrote her first name. No one reported this and it was not age-appropriate for Rachel at the age of seven, living in a drug home, to want to save other children. But I made the promise to Rachel in 2005, that every time I speak to grownups, they would see this and they would hear her

story, and I have kept that promise. It is all about the rescue.

And in order to do that, it requires law enforcement investigation, cooperation, and co-investigation with social services, medical facilities providing the urine testing, or testing the urine that is collected by law enforcement because approximately 90% of these children will test positive for multiple substances. There should be no parental rights without responsibility. Sue mentioned the Jenny Rohas case, and it just flashed in my mind that I had - had a case a couple of weeks ago, where a mother had choked a previous - I'm sorry, bound and gagged and choked one of her children. She served three years in prison and now has a new baby that she is working to get back. Substance use has not ceased.

We need to protect these children by holding levels of accountability. We do not say, assume that the end is always X, Y, or Z. What we say is investigate. Investigation by trained, prepared professionals is the only thing that should result in the reunification - recovery, demonstrated long-term recovery before reunification. Lives can be changed, but it begins with the lifesaving jewelry that may come in the form of handcuffs. Their safety is our responsibility. Please contact us if you need any additional information. Thank you.

Deb: Thank you, Holly, and thank you, Sue, so very much. Just to wrap up things very quickly, you heard Holly and Sue both talk about and refer to multidisciplinary teams, which is basically a professional unit comprised of representatives from law enforcement, social services, medical and a health prosecutor, and even a victim advocated. These teams can vary according to the need of the community. If there's not a DEC team, which has happened sometimes in our cases because they're not consistently across the state, then we ask our agents, our law enforcement officers to measure, so that they can document the hazards and provide that information to the prosecutor.

One thing that, in DEA, we've done is in our San Diego Field Division, we have co-located a child welfare professional within the office, which basically assists with responding to the child victims identified in our investigations. She's there several times a week and works just really close with our folks and with our Victim Witness Coordinator. There's community awareness of DEC. There is some - you know, something's going out there that are good and positive for children. There's organizations or professionals to include in community awareness, like the civic organizations, parent-teacher organizations. Think about ways to reach others within your community. Some communities like this one in Arizona, have child-friendly

response trucks that help respond and provide immediate assistance to a drug endangered child.

There are resources out there like those that Holly and Sue provide, National Child Advocacy Centers, which one of the ones that we work closely within our San Diego office is the Polinsky Children's Center right there close to our office. Child Help, 1800-4A-CHILD, to report suspected child abuse and neglect. You have the National Alliance for Drug Endangered Children, which helps create DEC's state alliances. You have the Office for Victims of Crime as well, which can also link to national and state crime compensation programs. In 2010, the National Drug Control Strategy established the Inter-agency Task Force on Drug Endangered Children.

And on May 31st, the date that Sue was referring to, we're going to have an event that will - we will be talking and bringing DEC awareness more to not only the Department of Justice, but the eight federal agencies that are involved in the task force and across the country. There will be CDs available that [COPS] has developed. Many of the resources will link to the folks that you've heard from before and the ones that I've just referenced. Drug endangered children need to have support and services that every child needs to heal and survive. Federal, state and local partnerships to help children and families in need, must be renewed and

strengthened if we're going to ensure progress for all children. I've said it before and I'll say it again, a friend of mine at ANE, [Ayannah] said, "As a nation of communities, we need to do a better job of protecting our children. WE need communication, collaboration, and our communities to work together."

The DEC response, everything you heard today and what's going to be happening on May 31st, and what will continue to happen across this country, started with one person, Sue Weber Brown. She helped make a difference in the life of one child, followed by then - what did I say, 2300 children. It can continue through awareness by one person, you. I'm going to leave you with this thought. Theodore Roosevelt just said one time, "In any moment of decision the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing that you can do is nothing." With that, I'm going to turn it over to Katie. If you have any questions that you want to ask, feel free to email [Dea.vwap@usdoj.gov](mailto:Dea.vwap@usdoj.gov). And with that, I'll turn it over to Katie.

Catie:                   Actually, if you have any questions now, I'd like to invite you to come to the microphone in the aisle, and our guests will come up and answer your questions. Do we have any questions?

Female Voice: I guess my questions are related more to the advocacy work that both you ladies referred to. One, from a policy perspective, it's one thing for individuals to do something, as you were talking about these cases. Law enforcement has their specific role. However, when it comes to foster care, when it comes to placement, when it comes to even the work that's conducted by the social workers, what are you doing as it pertains to the policy development? Because otherwise, right now, what people are doing is executing old policy with a lot of new problems and many new victims, and so you can only do so much.

Sue: You can only do so much and I have a couple of answers for that. First of all, I don't believe that we've really ever had or adopted new policy to address the majority of the things we're talking about. And the clients, the children, the children that we're trying to help and save, they're not newly identified. They're not a new set of victims. These are children that are already, for the most part - probably 80% are already within our systems. They've already had multiple, multiple referrals to a particular agency or within our county and everywhere I go. And so, what we believe, one is there does need to be some policies addressed.

There does need to be a more immediate response, rather than have multiple social workers over a period of two to three years, with open and closed cases, that we

address it the first initial time or two, or third time, with law enforcement together. Where you go in and you immediately respond, we're going to save a lot of money. We're going to save a lot of lost years. We're going to address this before it gets to the point that maybe their parents are arrested if we go in on the first time, when we have an opportunity on a probation search or parole search. One of the things, and this is just a brief thing that we've done recently in California.

Hopefully, it'll continue, but one of the things that we've always suggested is, if in all of the grants that are currently - or the monies that are currently being distributed across our nation for law enforcement - for law enforcement, especially drug enforcement, had a component of drug endangered children, where in addition to the monies that you're currently getting, where it talks about you're going to arrest this, you're going to target methamphetamine or meth labs, or whatever it is, that you use a portion of those monies, a certain percentage of those monies to work closely with social services, to have those be part of your team in order to develop a DEC program and have those monies that would be contained or part of the data and the information that you're going to address, just not rating the neighborhood of crime, but also of rescuing families. So, I see a lot of policy issues that need to be addressed

and can be effectively addressed, if we just looked at it in a broader sense.

Female Voice: But also the policy that you were talking about can also apply to social work, so in every HHS Grant, where there's children involved with [unintelligible] foster care, I mean them reaching out in making an intentional effort to collaborate with law enforcement is also an opportunity, correct?

Sue: Absolutely. I can't stress that enough, the collaboration between law enforcement and social services, and it truly does go both ways. In the 30-some states I've been to, and in every county in California that I've trained in, the biggest obstacle, one of the biggest issues is law enforcement not inviting social services to the table. And sometimes it's the other way around, but for the most part, it's having the Chief of Police, the Sheriff, that agency leader, invite the Director of Social Services in your own area or in your own state, to come to the table to address all those issues, and to come to an acceptable plan to address them.

Holly: I'd like to also add that it's - the policies, in many cases, are good. It's the knowledge and background to interpret policy and to utilize that. Not that changes can't be made, but laws, for example, there are officers who don't know what laws they have to work with. There are social service workers who have been

told addiction's a disease, so you don't treat it any differently than you would cancer. One of the easiest things to change in terms of drug testing, for example, for a parent, who is on a case load, had an open case with Child Protective Services, is don't drug test them when you have a visit scheduled, or for example, they know if they have a visit every other week, that's their drug test day, right, because it's convenient. Use an outside source. If you're going to save money, do not save it on drug tests.

Make sure that social workers and the court officials know the period of time that they're testing. A urine test, you can flush your system, if you drink water within an hour and if they're not testing creatinine levels, for example, it may be a diluted or tampered sample, but you wouldn't know it. So, lack of evidence is you have to assume that they're doing what they're supposed to do. And that's unfortunate if three months into a case plan, there's not enough evidence to prove what many times social workers and everyone else will say that they are certain is continuing - the drug use, or illegal activity is continuing.

Sue: And just one last thing. Just coordinating our civil court, our juvenile court, along with our criminal court would just help hugely, immensely. And that does happen in some cases with drug court, but for the most part, if we are doing both efforts, and we're doing a

detention, but we're doing a detention with the end of mind of reunifying those families, and we have those children also - are those adults also through the criminal courts on probation, then we have to be communicating because we might sever parental rights here in juvenile court because they've already lost four children or because they're going to go prison, or for whatever the case might be.

And over here, the judge could be ordering that they follow and obey all laws and follow the reunification plan of social services, but they've never talked. They've never communicated. So, a lot of things that we can do with what we already have. We just need to do it better. Any other questions?

Catie: All right. Well, thank you very much Sue and Holly, and Deb, for this very enlightening lecture about drug endangered children. To recap the Web site, or rather the email if you have additional questions about drug endangered children, is [vwap.dea@usdoj.gov](mailto:vwap.dea@usdoj.gov) I'd like to thank you all for coming. Our next lecture will be June 7th, where Dick Bly will speak on the Tranquilandia operation, so we hope to see you there. Thank you very much.

**End of recording.**