

1 had never heard that term before. So that's new to
2 me.

3 The detective talked about the two years that
4 she's solely been investigating these kind of
5 prison crimes, that not one had come up for
6 prosecution. So I guess I look at that as when I
7 was an emergency room nurse, not that I wasn't
8 qualified, but I did not have the specialized
9 training that I have today and, no, that those
10 cases did not go forward with prosecution, and
11 those offenders, those perpetrators, are most
12 likely still out there as a result of that and
13 today, just compared to last week when there were
14 three guilty pleas as a result of my education and
15 training and working collaboratively with a team
16 to, hopefully, make a difference in someone's life.
17 Thank you.

18 THE CHAIRMAN: Before we move on to the
19 next two witnesses, could you tell us exactly what
20 you do.

21 MS. HOLLAND: I perform medical forensic
22 examinations.

1 THE CHAIRMAN: What does that entail?

2 MS. HOLLAND: Entails a whole bunch of
3 things that I have years of training to perform, so
4 I can't really explain everything, but in brief I
5 will say that just like when you go to the doctor's
6 office, I do a head to toe examination. Then I
7 also do evidence collection and a detailed genital
8 examination. So many times I am called in court to
9 explain why, for instance, in a homicide and sexual
10 assault case there may be one picture of the
11 genitalia done, where I do 20 pictures of
12 genitalia.

13 I examine the crime field like a crime scene,
14 very carefully and very technically, looking at
15 each anatomical landmark for evidence and for
16 collection of that evidence and for photography.
17 So 99 percent of my patients never see a physician.
18 I would consult a physician if something above and
19 beyond my practice, like ordering an x-ray,
20 ordering lab work.

21 Now, our clinic is just solely nurses that
22 examine the patients. We give one-on-one care for

1 hours with that patient. And we are an outpatient
2 clinic. And many of them across the country are
3 the same way. Many of the forensic nurses across
4 the country are the same way, they're outpatient
5 clinics so that they don't have to wait in the
6 emergency room for six hours and lose evidence,
7 that we can give specialized training to our
8 patients. Does that answer your question in any
9 way? Does it help some?

10 THE CHAIRMAN: It does. It does.

11 For our next two witnesses, could you just
12 tell us what you do and how you do it and how it
13 should be done correctly?

14 OFFICER KANE: I'm Officer Kane. Thank
15 you for inviting me today.

16 As an officer in charge of a case, I may get a
17 case in many different ways. First, I may get a
18 case that involves that I need to go to a scene
19 right away where I need to collect evidence.
20 Second, I may see a place to go to. I may have to
21 go to a hospital facility to talk to a complainant
22 has come into the facility and/or they just may

1 come to my office. And what I'll do is I'll treat
2 the complainant not -- I'll treat the complainant
3 as if this is the worst crime that's ever happened
4 to her besides death. The victim as to live
5 through this for life.

6 I want to make the complainant feel as
7 comfortable as I can. I want to gain that trust of
8 that victim so I can find out everything that has
9 happened to her. I want to tell the complainant
10 what to expect throughout the whole process from
11 the time she comes into my office to the time that
12 jury says guilty. I want her to know everything.
13 I want her to know that she will face her predator
14 again. If we get a conviction, she will face that
15 person again. So she knows what to expect.

16 When I get cases with no evidence, the
17 assault -- the complainant may have come in where
18 they assault may have taken place days, weeks,
19 months or maybe years, before she came in to talk
20 to me. I want to know why she came in at a certain
21 point. Why did you come in today versus when it
22 first happened? I look for her demeanor. I ask

1 her, why are you coming in now? Who have you told
2 about this? Are you seeking any type of help, and
3 search out other facts to help me.

4 In a big city like Detroit, we do get
5 complainants that come in that sometimes don't tell
6 the truth. We still treat them as they are a
7 victim until they tell us something different, but
8 we still treat them as a victim. What we look for
9 in that is we find out who the person was told and
10 what they told them, the first officers on the
11 scene, maybe an EMS crew, a forensic nurse, a
12 doctor or family and whatnot. Like I say, we treat
13 them as a victim until we find out that they're not
14 a victim.

15 When we do have a scene, we have to determine
16 if it's an indoor scene, an outdoor scene, and
17 exactly where the scene is. Once we establish a
18 scene, we have to rope it off. We have to find
19 out. If we find DNA, that's perfect evidence for a
20 conviction.

21 The first thing we do is call for our evidence
22 techs units so they can process that scene. And

1 we'll canvass the area, look for any type of
2 eyewitnesses and so forth.

3 What we do with the evidence is we have our
4 evidence techs come out, look for evidence, looking
5 for the DNA, like I said, get it as soon as
6 possible to our labs. If we are in a hospital
7 setting and we know what to look for on the victim
8 from what she describes to us, if we're there at
9 the hospital, we'll tell the nurse, the doctor or
10 the examiner -- the forensic nurse what we're
11 looking for because of what she told us. We'll
12 sometimes go with that complainant so we know for
13 sure what the evidence collection kit will contain
14 is what we want.

15 I brought a kit with me today for you to look
16 at. It's free for your disposal. You can have it,
17 look through it. It has swabs, smears, combings.
18 If a complainant has the undergarments that she
19 wore, they'll put it in that kit for our lab. When
20 we take this to the lab, our technicians can tell
21 whether or not regular nurse at the hospital did it
22 or a forensic nurse did it. When a forensic nurse

1 does one of these kits, it's much heavier than what
2 they do at the hospital.

3 They'll have swabs of vaginal, anal, mouth,
4 skin, legs, thighs and breasts. If a complainant
5 tells me that the perpetrator touched his mouth on
6 her breast, I want a sample of that because I can
7 get a conviction and I have.

8 I hope this quick testimony helps in your
9 endeavors.

10 THE CHAIRMAN: Thank you.

11 SERGEANT BABCOCK: Good afternoon. I'm
12 David Babcock with the Detroit Police. I'm a
13 sergeant. I've been asked to discuss our protocol
14 and how we respond to sexual assault crime scenes.

15 Very briefly, I looked at a crime scene of
16 this nature as at least a two-part crime scene and
17 probably three. The first part of the crime scene,
18 of course, is the victim. The second part of the
19 crime scene is the location where it occurred. And
20 the third part of this crime scene is our
21 perpetrator.

22 Preservation of the crime scene is absolutely

1 the most critical point that I would like to
2 discuss. And this comes through the first
3 responders to this scene. Within an institution,
4 if this is a, quote, fresh scene, one that has just
5 occurred, of if it's even old, that scene area must
6 be preserved and it starts with the victim. That
7 victim must be conveyed to the hospital or clinic
8 where the forensic exam can be conducted. This is
9 something that I do not do or my people do not do.

10 At the same time, that crime scene as being
11 told to the first responders from the institution
12 must be secured, that means removal of all people
13 that are in and around that area, with no
14 supervisors or other people entering that area.
15 This is done in the city of Detroit.

16 We've gone through a lot of training with our
17 officers, the importance of preservation of a crime
18 scene. Something as simple as a lock down facility
19 is really easy to do. When we have a major street
20 scene where we've got traffic and everything else,
21 it becomes of a different nature. But the
22 importance is that preservation. While the victim

1 is being conveyed, and this should be done
2 immediately, it's my opinion that the detective
3 needs to be sent immediately to start this dialogue
4 with the complainant or the victim.

5 As a crime scene technician, communications
6 that I have with the officer in charge of the case
7 is almost as important as a preservation of crime
8 scene. I have to know some type of scenario that
9 he or she is working on before I'm going to go
10 plotting into a crime scene and maybe causing more
11 compromise than good.

12 We get this dialogue started between the
13 officer, the investigator and the complainant.
14 That officer will call and contact us saying this
15 is what I have so far. As long as that
16 communication stays alive, I know my direction of
17 where to go on the crime scene. While at the
18 hospital, of course, I'm sorry to use the word rape
19 kit, but that's been for a long time in our
20 department and we'll have to get that changed
21 because that is a very bad name, but this is
22 something we would not do. But in the same token,

1 if the victim would be nude in an institution,
2 because this is a fresh rape, that victim should
3 not be allowed to take clothing or anything else
4 from his environment. There should be a -- an area
5 within the institution that they can give them
6 scrubs or a clean gown to wear while they get him
7 to the infirmary.

8 If the victim has put clothing on, what we
9 will do as crime scene response people is have that
10 clothing taken off, usually at the hospital during
11 the exam. And that will be bundled up with the kit
12 and that will later come to our crime lab where
13 analysis will be made.

14 If we get the story where the victim has been
15 assaulted and clothing have been torn and we have
16 clothing on the victim, that person is gone, yet
17 clothing at the scene, then that's where my finesse
18 will start to come in with that kind of collection.

19 If we get information that bite marks appear
20 on the victim or any other injuries, we will
21 respond to the clinic and shoot general overall
22 photos. It's been our experience that some of the

1 clinics are better equip photographically to do
2 such as Ms. Holland said and they will take a lot
3 more photographs than what we normally would, but
4 we do get communications and those photos become
5 part of our overall package that the officer in
6 charge gets.

7 The other evidence that normally would be
8 associated with this type of crime is usually
9 collected by them and not us. If this is a
10 situation where it's a homicide, then we're going
11 to do a lot of that evidence collection on the
12 scene. We still do not go into the orifices of the
13 body. If we have a situation where the person is
14 conveyed to the hospital, then to the medical
15 examiner's office, we'll respond to the medical
16 examiner's office many times to do a collection
17 along with the doctors there.

18 When we have our victim already gone and we
19 have this scene location and if it's been properly
20 protected, as I said before, I'm not going to come
21 walking into the area until I find out about where
22 we believe the scene has taken place. Once I know

1 that, I will dine on protective gear, not so much
2 to protect myself from the scene, but as been said,
3 that I, myself, do not compromise the scene.

4 First responders in an institution should be
5 very well aware through training their importance
6 of charging into a crime scene and contaminating it
7 when it does not have to be. When we get there, if
8 the scene is secure, we will enter it. We will use
9 alternative light sources first in an effort to
10 illuminate through fluorescing of seminal stains
11 and other bodily fluids that may be on site.

12 If we see this through the use of alternative
13 light sources, they're referenced. We then back
14 off and start over our photography of the site.
15 Photographs, as you heard, are worth a thousand
16 words. And we have to document this
17 photographically with the use of a sketch or
18 sketches, as well as the written word.

19 Any of the evidence that we find or we
20 visually see, we do not make the analysis
21 ourselves. If it's something we see, something
22 that appears to be out of order, something that

1 possibly could be evidence, we'll collect it. Much
2 to the dislike of many of our lab people, because
3 of the overburden of work, we'll submit a great
4 deal of evidence.

5 We do not call the shots at these crime
6 scenes. If it's there and we see something, we let
7 the officer in charge know what it is. Discussion
8 can be made between that person and our lab and the
9 significance or nonsignificance of that particular
10 piece of evidence. Because if we don't do the
11 crime scene right, we've destroyed the very essence
12 of what we as crime scene technicians stand for.

13 As I said, we draw a simple sketch. It's not
14 usually to scale. Ideally, it would be great if we
15 were all very well versed in three-dimensional
16 sketching. But a sketch on the board for
17 presentation in court is unbelievable for the
18 jurors to see. Witnesses come forward. They point
19 to where they were in the sketch overall. The
20 photographs represent that. So as crime scene
21 technicians, we just don't focus in on the
22 immediate area of the crime scene, but around it,

1 turning around looking out. Because if we have
2 witnesses that come forward and say, well, I was
3 standing over here at this table and I saw
4 something that didn't look right and then I saw the
5 assault take place, that person is crucial. I
6 can't testify in court to where that person was.
7 But if I have a sketch, I have photographs that
8 well document this site, he or she is going to
9 point on that photograph, well, this is right where
10 I was sitting and this is my view. So crime scenes
11 are approached always the same way. Some crime
12 scenes are so small, while other ones are so large,
13 that we can't put a time frame along these crime
14 scenes last for our presence.

15 But what I believe the institution needs is
16 have a lot of training for first responders so when
17 they get the heads up that there's been an assault,
18 that that scene is preserved until I respond.

19 In the city of Detroit, with our lock-up
20 facilities, we don't have a lot of sex crime events
21 and I'm thankful for that, but we do have them, and
22 protocols in place, preservation, removal of the

1 witnesses away so there's no compromising the
2 crime. They make the notification to a chain of
3 command. We are notified and we respond
4 immediately. We're a small group, but we're 24
5 hours strong. So if we have three runs come in at
6 the same time, the high priority run comes first.
7 Higher than a sex crime run in the city of Detroit
8 would be a homicide or critical assault, critical
9 jury of some sort.

10 This is looked at very seriously without the
11 location being involved. Sex crimes are very
12 violent and a very mind bending experience. We do
13 not make it a point to talk to the witnesses or the
14 complainant. That's why it's so critically
15 important. With a training package that you may be
16 thinking about, putting together that
17 communications between the officer in charge of the
18 case and their crime scene people is important.

19 This same thing goes for your first
20 responders. They need proper training in how they
21 respond to this, how they secure it, and the
22 information that they first pick up that they can

1 convey to the officer who is the investigator that
2 comes in, and include the perpetrator.

3 I'm not real aware of the rights of a
4 perpetrator in an institution being another
5 prisoner. If we need to go for search warrants, we
6 do not call those shots. If we feel that a search
7 warrant is needed, that rests on the shoulder of
8 the investigator. So we're making phone calls to
9 the prosecutor's officer at many crime scenes to
10 find out, this is where we're at, what do you think
11 we should do. The prosecutor will say, well, get
12 the search warrant started. We need the
13 information. The officer in charge will secure
14 that scene because a perpetrator has rights. And
15 if we violate those rights, we got this terrible
16 tree that sheds poison fruit, and all the work I
17 do, if it's destroyed because of my overzealousness
18 or not thinking, then where have we succeeded here?
19 And so we've got to have this communication not
20 only between the investigator and myself, but with
21 the prosecutor's office. This is quite a family
22 oriented group. Not that I know them by first

1 name, but we must have this communication line
2 always open 24 hours a day the city of Detroit has,
3 and it works very well.

4 We might get a little yet upset because we
5 have to wait 25 minutes, an hour before we get the
6 word, "search warrant has been signed and approved
7 by a judge or magistrate," and now we're going to
8 do the crime scene, but that's the way it's done
9 here. Because the rights of the perpetrator is so
10 important, if we abide by these rules, then
11 everything falls into place greatly.

12 The perpetrator then would be examined
13 physically by us if he's in custody for injuries.
14 There's many times we'll take fingernail swabbings
15 from the perpetrator. We, as evidence techs, do
16 not take a swab from the perpetrator, but that
17 would be done by an investigator. It's not that we
18 can't, but because of our issues of worrying about
19 compromising of a crime scene, we've got this tear
20 effect. So I don't call what I pick up, I call it
21 blood colored substance, I call it some kind of a
22 fluid. I don't title it bodily fluid. I can't say

1 it's semen. I do not run the tests on that.

2 I've collected it to mandates given to us by
3 our crime lab. These are followed at every crime
4 scene. There is no -- because we're in an
5 institution and we're in a church, we're in a
6 nursing home, it's done the same in the city of
7 Detroit.

8 The officer in charge then gets the evidence
9 from us. He or she then conveys it directly to the
10 lab. I do not convey it to the lab. This is one
11 of the mandates that we fall under. Again, there's
12 this issue of compromise. We've got it set up in
13 place where once we've sealed and packaged this
14 evidence, we will know if it's been broken or
15 compromised. And the officer in charge then
16 carries it directly to the lab where it's then
17 brought in to what's known as a property system.
18 All this is followed through in this proper system
19 by a computer. That doesn't have the best of
20 ability.

21 The chain of custody is absolute. I testify
22 in court that I collected it. I testify in court

1 that I delivered it. The officer in charge then
2 comes forward. He testifies that he received it,
3 then he conveyed it to the lab. Then our lab
4 people come forward and say that they received it.

5 We've locked this down through trial and error
6 and through some bad things years back, but we've
7 got a pretty good handle on this. Well, this
8 training that we've received needs to be given to
9 the institution. And it's my final conclusion, I
10 don't believe that an institution should have its
11 own crime scene unit unless it's a
12 multi-jurisdictional type thing where if it's a
13 state prison facility, it be all over the state.
14 But to have one institution with their own people,
15 and now they're going to be crime scene people too,
16 they can create issues in court uncompromised.

17 We respond to the scene. We find the
18 evidence. We don't know what direction the
19 evidence is going to go, neither does the officer
20 in charge. With the help of our lab, the lab will
21 say, you've got good evidence here, this is where
22 it's leading us, or they'll say it's insufficient.

1 We approach our crime scenes every day like this
2 with the best of intentions and in a truthful
3 manner and we've been very successful in our
4 endeavors. Thank you very much for allowing me to
5 speak.

6 MR. CHAIRMAN: Thank you. Nurse Holland,
7 you said that you don't produce a sex kit. You're
8 not saying you don't have one of these that you
9 produce, are you?

10 MS. HOLLAND: No. This evidence
11 collection kit is our state kit for Michigan and
12 the forensic nurses in our state worked with
13 Michigan State Police to develop and redo this kit
14 a few years back. It needs to be redone again.
15 Along with the instructions in this kit too, we
16 wrote for lay people for ER physicians and nurses
17 to follow. Understanding that they probably didn't
18 have advanced education and training in forensic
19 evidence, so it does need to be redone again and
20 we're not even -- we realize that, but we don't
21 have the manpower at this point to redo it. But
22 this is a kit that is used in our state. Other

1 states have similar type kits. Some of them are
2 state kits. Some people purchase theirs from
3 different agencies. And here in Michigan is the
4 Michigan Medical Forensic Examination record. I
5 used this on perpetrators, I use this on victims,
6 child abuse domestic assault, you know, different
7 kinds of victims that I may encounter.2.

8 THE CHAIRMAN: Questions? Any questions?

9 COMMISSIONER AIKEN: I have one question.
10 Please excuse me if I'm asking the question to the
11 wrong people. I tried to find a way to proper
12 venue to ask this question. Looking back
13 historically in my experiences, when a critical
14 event takes place in a prison or a confinement
15 setting, a critical event, for example, or death of
16 an inmate, that death being as a result of violent
17 activity to include murder as well as suicide.

18 And looking at those particular incidents and
19 examining those incidents, I would give an analogy
20 that it's like throwing a rock and hitting a
21 windshield of a car. It just scatters all over the
22 place. And what is that scattering? It's

1 contraband issues. It's debt owed to other inmate
2 issues. It's gang issues. It's racial issues,
3 possession of weapons, marketing prostitution
4 within a confinement setting, as well as staff
5 misconduct.

6 All of those issues begin to creep up,
7 so-to-speak, even though we have the main incident
8 being a person that is dead because of 14, 15 or 20
9 stab wounds and all we got is a body in a cell.

10 And the question that I'm getting to is this:
11 Sometimes that is the overriding issue, because of
12 death. And that's the reason why the autopsy is
13 done. And the question I'm asking, do you think
14 it's appropriate or is there standard protocols to
15 not only look at the cause of death, but to also
16 examine the inmate, the dead inmate, in
17 relationship to sexual activity when the autopsy is
18 done. That is including heterosexual and
19 homosexual activity, semen in the cells, et cetera,
20 that in order to have a complete investigation, is
21 it appropriate to have protocols in place to rule
22 out or rule in that type of activity as a possible

1 facilitating cause of the homicide or suicide?

2 MS. HOLLAND: What I can say is that with
3 sexual assault, you may or may not find evidence.
4 So lack of evidence doesn't mean it did not occur
5 or, you know, finding DNA evidence, you know, you
6 have to also explain, you know, why that is
7 deposited there. That does answer your question?

8 COMMISSIONER AIKEN: Well, the question
9 I'm really asking is as a standard procedure in a
10 confinement setting and when there is a death from
11 homicide or a death from suicide that some type of
12 examination is done in relationship to sexual
13 activity with the body.

14 MS. HOLLAND: Normally, a pathologist
15 would obtain swabs in a homicide case. That is a
16 physician that is trained in forensic science to
17 collect that evidence. I don't know,
18 unfortunately, a whole lot about death
19 investigation within the prison system itself.
20 Except for the detectives that I've talked about,
21 my death investigation experience hasn't been in
22 the prison system. I guess I had two cases where

1 they were in the jails, but a pathologist, a
2 medical examiner, would collect that evidence. If
3 it's a forensic nurse, then she, you know, of
4 course, is having training to collect that
5 evidence. So it's normal standard procedure when
6 you're examining a crime scene, a body, to collect
7 a swab. For instance, in a homicide or sexual
8 assault case even though they didn't know they
9 found this dead person with their throat cut, they
10 would still do a swab to identify whether there was
11 DNA in the genitalia area. It depends on how much
12 training that person has how comfortable and how
13 detailed that genitalia examination would be from
14 my experience.

15 COMMISSIONER AIKEN: Thank you.

16 MR. CHAIRMAN: You indicated that young
17 white males are targeted. I would assume that's
18 because they are in the minority in that setting,
19 in the prison setting?

20 MS. HOLLAND: I do have some
21 understanding of perpetrator profiles, but, you
22 know, perpetrators are going to perpetrate no

1 matter what race they are. That is what this
2 particular detective and this particular prisoner
3 both identified as being at risk.

4 And I believe other experts also identified as
5 young white males as the prime suspect, prime
6 victims in these cases that the perpetrator's
7 profile against, that the perpetrators try to
8 victimize.

9 You know, perpetrator profiles are going to
10 victimize whomever they can victimize. If you had
11 some kind of segregation in the prison system, and
12 some prison systems, my understanding, do have some
13 segregation with first offenders that are young
14 being segregated from the rest of the system,
15 there's still going to be sexual assault. There's
16 still going to be violence. You know, I've been
17 told by other experts in these prison systems that
18 it minimizes some of that, initially, but the
19 personality type of an assailant, of a perpetrator,
20 they're still going to find a victim even if it's
21 not that first, you know, young white male that is
22 just first offending and coming into the prison

1 system. That's my experience and understanding.

2 COMMISSIONER STRUCKMAN-JOHNSON: I know
3 we didn't start on time, but just really fast,
4 first of all, thank you for the education. And
5 just for a quick question, it sounds like if we're
6 making recommendations for protocol that it needs
7 to go beyond the rape kit, that really we need a
8 forensic nurse examination or, let's see, the title
9 is -- what do you call it there?

10 MS. HOLLAND: Sexual assault nurse
11 examiner?

12 COMMISSIONER STRUCKMAN-JOHNSON: Right.
13 It sounds like that would be a recommended
14 protocol, correct, to go beyond the rape kit?

15 MS. HOLLAND: Definitely. That is one of
16 the recommendations from the Department of Justice
17 in performing medical forensic examinations, that
18 it be an experienced examiner, not just a regular
19 health care provider.

20 COMMISSIONER STRUCKMAN-JOHNSON: Okay.
21 All right. Thank you. It just brought up lots of
22 points for us to consider.

1 COMMISSIONER KANEB: Ms. Swienton --

2 MR. SWIENTON: Swienton.

3 COMMISSIONER KANEB: -- and Ms. Holland,
4 both of you have testified about various what's
5 called scientific or potentially technical high
6 tech methods of determining whether a victim is a
7 victim and a perpetrator is a perpetrator in any
8 particular case.

9 We are most interested in processes,
10 inventions, equipment that can help narrow a
11 Morpheus field of accusation, complaint, failure to
12 follow up on complaints, et cetera, et cetera, that
13 is a fog in the whole matter of how many assaults
14 are really taking place, are they really processed
15 fairly and expeditiously, et cetera, et cetera, et
16 cetera.

17 And one of the great benefits of technology is
18 to act as a deterrent. Obviously, I'm not saying
19 things you know very well. For instance,
20 Ms. Swienton, you suggested that it would be a good
21 idea if everybody in any particular detention
22 facility, certainly a prison where there's people

1 staying for a reasonable period of time, have on
2 file the DNA sample. That's, I think, to any one
3 just thinking about it a reasonable deterrent,
4 quite apart from its possibility in finding
5 perpetrators.

6 What I'm going to get to is we're going to
7 look very hard at some of these procedures and
8 techniques. And what we might well like to do is
9 ask you to help us in figuring out things that may
10 not be ideal, and they have to be adaptable to
11 prison settings, but they could be a heck of a lot
12 better than what's happening now, because part of
13 our job, some would say the most important part of
14 our job, is to develop a set of standards, which to
15 me means mandates for the way prisons are run and
16 administered. And I'm just telling you that I'm
17 one commissioner. I'm going to have our staff
18 contact both of you and help us, probably this
19 fall, in getting our knowledge base built in the
20 areas in which you're obviously so expert.

21 MR. SWIENTON: Be happy to.

22 MR. CHAIRMAN: Anyone else?

1 (No response.)

2 THE CHAIRMAN: Thank you very much.

3 We'll be in touch.

4 We'll take a ten-minute break.

5 (Brief recess.)

6 MR. CHAIRMAN: We're going to reconvene
7 so we can stay on schedule and break on time. We
8 have our final panel. We've already heard from one
9 prosecutor, local prosecutor, express some of her
10 difficulties in reference to prosecuting these
11 cases, and our final panel are prosecutors who will
12 be providing testimony about the issues facing the
13 prosecutors in prison rape cases.

14 I'll first have each of you introduce
15 yourselves. I assume you'll be testifying in that
16 order, from right to left, and then I'll have you
17 take the oath and you can present your testimony.
18 Please identify yourselves.

19 MR. MILLER: Mr. Chairman, my name is
20 Gregory Miller from Tallahassee, Florida.

21 MR. DeBOTTIS: I'm Gina DeBottis with the
22 Special Prosecution Unit in Huntsville, Texas.

1 MS. LITTEN: And I'm Barbara Litten and
2 I'm the District Attorney in Forest County,
3 Pennsylvania.

4 THE CHAIRMAN: Would you please stand and
5 take the oath?

6 (Panel sworn)

7 THE CHAIRMAN: Thank you. Mr. Miller.

8 ISSUES FACED BY PROSECUTORS IN PRISON RAPE CASES

9 MR. MILLER: Thank you. Good afternoon
10 Mr. Chairman, members of the Commission. I
11 appreciate the opportunity to appear before you
12 today to discuss federal investigations and
13 prosecution of sexual assaults on confined persons.
14 I am the United States Attorney for the Northern
15 District of Florida. I have been serving in that
16 office since my confirmation by the Senate in
17 August of 2002. I have been a prosecutor for more
18 than 23 years, having served first as a Marine JAG,
19 then as an Assistant State Attorney in the state of
20 Florida, and then serving with the U.S. Attorneys
21 Offices in the Middle and Northern Districts of
22 Florida both as a line prosecutor and in the