

Testimony – Betsy Dunn, June 8, 2006



(Betsy, far left, with fellow speakers)

My name is Betsy Dunn. I am a Child Protective Services Case Manager with the State of Tennessee Department of Children Services. I have been employed in this capacity since 1989. I absolutely love what I do but I hate what I see. I began specializing in the investigations of severe child abuse in 1992. I always thought of those cases as being sexual abuse, severe physical abuse and child death cases. In late 1999, something new caught my agencies attention and that was methamphetamine. I can truly say that this is the worst form of child endangerment that I have ever seen.

When methamphetamine first exploded in our area of the Cumberland Plateau in Tennessee, the Department of Children's Services did not have an agency policy to address this situation and we would actually go into these homes because it was protocol to make a home visit in a Child Protective Service investigation. I will never forget the first time I went into a home where a methamphetamine lab was found. My co-worker that was with me began breaking out in a rash and I developed a terrible cough and an intense headaches. By the next morning, my co-worker had a rash over her entire body and went to a medical clinic and she was denied workman's compensation because no one had heard

of a methamphetamine lab. Today, we would never knowingly enter a home where a methamphetamine lab was in production.

When we first began seeing methamphetamine in our area, it seemed as though this was occurring in lower income situations. As methamphetamine became more and more common in our area, we realized that this problem does not only effect low income persons but persons in all situations. I can recall removing 3 children out of a home in a lavish neighborhood. Methamphetamine is like child abuse, it knows no boundaries.

Methamphetamine has impacted the child welfare system in many ways. As a child protective services worker, the danger to the job has increased. There is a potential for caseworkers to walk into a methamphetamine lab during a CPS investigation or on a home visit. Due to fact that methamphetamine causes extreme paranoia as well as a high potential for violence in users, basic interaction with these individuals causes potential danger.

Due to the hazardous environment that a methamphetamine lab causes, these children are placed in a hazardous environment in which they cannot continue to live. So as a result, the number of children coming into foster care has increased throughout the years.

In the year of 2004, it was estimated that approximately 700 children came into custody of the State of Tennessee Department of Children's Services due to methamphetamine related issues. I would like to tell you now how this has affected my area of Tennessee. In the year of 2002, 123 children came into custody due to methamphetamine. That number increased to 179 children in 2003, the number decreased to 114 children in 2004 and decreased even lower to 93 children in 2005. Through January 2006-May of 2006, 15 children have been placed into State's custody due to methamphetamine. This is still 15 children too many.

I do believe there is a reason behind the decrease. In Tennessee, Governor Phil Bredesen realized that methamphetamine was on the verge of taking over our State. In 2004, Governor Bredesen developed a methamphetamine Task Force to address this horrific problem. The task force developed

legislation, which was subsequently signed into law, which restricted the sell of ephedrine and pseudoephedrine. I was honored to have served on this Task Force as Department of Children's Services Commissioner Viola Miller's designee. I shutter to think where my State would be without this law. I feel that this has made a tremendous impact on the reduction of methamphetamine labs in my State. I am not a pessimist; I am a realist in this situation. I do not feel that methamphetamine is gone but is merely taking a "nap." It is only a matter of time until the methamphetamine manufactures create a new way to manufacture this horrible drug. I additionally feel that education and awareness has played a key role in the reduction of methamphetamine labs in Tennessee. In order for the reduction to continue, flexible and reliable funding is needed for continued education, awareness and prevention to be available to address any and all issues affecting the child welfare system.

At this time, I would like to tell you about a few children I have been involved with to show you how methamphetamine has impacted their lives. I will begin with telling you about my sweet Jeffery. Jeffery was a young man that I worked with several years ago. It all began on an early Saturday morning in March several years ago. I was contacted by local law enforcement and they explained that they needed my assistance on a report of a methamphetamine lab where young children were living. I met with the officers at the Sheriff's Department and then we went to the home. As I stood in the yard, I saw several people coming out of the home. I saw an infant that appeared to be about 9 months of age and then a child that appeared to be 18 months of age. I ,then, saw a young man that I couldn't tell if he was an older teenager or a young adult but what I could tell was that there was something different about this child by his over all demeanor and his gate. When I spoke with the mother of the 9 month old and 18 month old, I inquired about the young man. She said, " Oh that is my brother, Jeffery and he is retarded. " I asked where his mother was at and she pointed to another female that was seated in the yard. I approached this woman and asked her about Jeffery. She replied, " He's retarded, you know stupid." I replied, "You mean he's mentally limited?" She said, " Yeah, and he has just had a liver transplant." As I caught my breath, I contacted our Emergency Room director

and explained the situation. He assured me that everything would be fine and EMS was on their way to get the children. As the young children were being wrapped in space blankets to prepare for transport, Jeffery stood by a tree with a confused look on his face. I explained to Jeffery that everything would be fine and that we were going to play astronaut today. The officer's placed Jeffery in a "bunny suit" and all the children were transported to the local Emergency room where they were decontaminated. While being decontaminated, Jeffery told the doctor they were doing bad stuff in his house and it made him sick and that he had only eaten a hot dog the day before. Once Jeffery was placed in a hospital room, I watched him devour 4 trays of food. What I learned from this "retarded" child was that he was actually very intelligent. He was able to describe to me how the adults in the home were making methamphetamine. I also, learned that our Birthday's are on the same day. I promised Jeffery on that day that we would celebrate our birthdays together that July and we did. I have a Winnie pooh doll in my office that Jeffery gave me and it is one of cherished possessions. Jeffery never returned to his mother and there was not a suitable relative available for placement. Jeffery has since turned 18 years of age but continues to live with the same foster mother that he was placed with that evening in March several years ago and has thrived in that home.

Another situation involved little Ashley and Amber that were removed out of a methamphetamine lab; these children were placed with their maternal grandmother and maternal grandfather. The children stayed in the home of their grandparents for several years while their mother worked on getting her addiction under control. Their mother successfully completed treatment and is now drug free and has custody of her girls. This mother and her two children have been very involved in prevention and awareness throughout the United States.

There is no way for me to describe the horrific situations that these children are living in. We are dealing with a drug that is unlike anything we have ever seen before. It is the only drug I have ever seen that can make a parent walk away from their child and never look back. I have had parents say to me that they can give up their children but they just can't give up the drug. Often times, the children

are left in a situation where reunification with their parents is not a possibility. I honestly believe that children need to be with family when that family is an appropriate, nurturing environment for these children. In some instances, family is not appropriate but often times they are. In order for some families to take on the responsibility of raising relatives, they need additional support in order to do this. If there is additionally money out there to help the relatives, I think this would be able to occur more often.

In regard to treatment, at this time, there does not appear to be enough treatment out there. Outpatient treatment has not been successful when dealing with methamphetamine addiction. Inpatient treatment is needed for methamphetamine addicts. Unfortunately, this type of treatment is very limited in many rural areas and additional money would allow there to be more treatment available.