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Follow-Up Audit of Physical Evidence Recovery Kits (PERKS)

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This report documents a follow-up audit based on the original Audit of Physical Evidence Recovery Kits (PERKs) conducted under the Sexual Assault Victims' Rights Amendment Act of 2014 (SAVRAA) in August 2015, as well as the subsequent testimony of the Director of the Office of Victim Services and Justice Grants and the Director of the DC Department of Forensic Sciences before the Committee on the Judiciary of the Council of the District of Columbia at a public roundtable held February 25, 2016.

Physical Evidence Recovery Kits (PERKs), also known as forensic evidence kits or sexual assault kits consist of evidence gathered during a medical and forensic examination performed at the request of a survivor of sexual assault to gather any evidence of sexual assault, document and address injuries from the assault, and also test for and treat any sexually transmitted infections including HIV. The DC Forensic Nurse Examiner (DCFNE) program conducts these exams free of charge for any adult in the District of Columbia who requests one with or without a report to law enforcement.[1] If the survivor wishes to report to law enforcement or has already done so and wishes to continue with that process, the kit is turned over to the Metropolitan Police Department's Sexual Assault Unit (SAU) as evidence.

The SAU picks up kits in batches from DCFNE at MedStar Washington Hospital Center twice a week, and delivers them directly to the Department of Forensic Science (DFS) for processing by the Forensic Biology Unit (FBU), i.e. the DNA lab. After processing the kit, DFS issues a report of findings to MPD, and where prosecution has already begun, to the US Attorney's Office or the Office of the Attorney General for the District of Columbia. If DNA is recovered and the case meets certain legal criteria, that DNA profile is uploaded into the Combined DNA Index System (CODIS).[2] Any exams that were conducted in which drug facilitated sexual assault is suspected also may include blood and/or urine samples that are delivered to the Office of the Chief Medical Examiner (OCME) for testing in their Toxicology Unit. The results are transmitted via email to MPD and/or the USAO.

[1] Under the Violence Against Women Act of 2005 and 2013, survivors of sexual assault are entitled to a medical and forensic examination free of charge and without being required to report the assault to law enforcement. The process in place in the District of Columbia for adult survivors is compliant with this requirement. 42 U.S.C.A § 3796gg-4(d)(1)(2005).

[2] CODIS Eligibility Requirements: 1) is the profile attributed *directly* to the putative perpetrator and/or the crime scene; 2) Does the profile meet the completeness definition (results at 10 loci for National(NDIS) upload and results at 7 loci for DC state (SDIS) upload); 3) Does the profile satisfy match rarity of one in the size of the national (NDIS) database; 4) Can an inclusionary statistical weight be applied to the profile (profiles in which a stat cannot be performed shall not be offered to NDIS); 5) for sexual assaults, did the complainant have consensual intercourse within 72 hours of the assault?

Under SAVRAA, MPD must retrieve the evidence kit from DCFNE no more than seven days after a police report is made and requires that DFS and OCME process the forensic evidence kits and toxicology specimens, respectively, within 90 days of receiving them.

One of the specific tasks of the statutorily established Independent Expert Consultant was to audit the process for delivering and processing the forensic evidence kits, or Physical Evidence Recovery Kits (PERKs), to ensure that these kits were being transported and processed according to the new requirements.[3] The findings in that audit, released in August 2015, indicated significant processing delays on the part of the Department of Forensic Sciences, a backlog of 69 cases as of June 2015, as well as 72 kits that had been pulled from testing entirely, meaning that they were never tested at all and listed as closed or that they were tested partially and a report never issued.

On a systemic level, the audit found that the system of record keeping about PERKs overall, from the time the evidence is gathered by a forensic nurse at the hospital to the point where a report is issued to law enforcement or prosecutors by DFS and/or OCME, was too fragmented to adequately account for the whereabouts of each kit through the process. Additionally, the audit found staffing level issues at DFS as well as complaints from law enforcement about delays in the evidence intake process in the Central Evidence Unit, and inconsistent testing criteria and severe delays in the Forensic Biology Unit's reporting.

I. Follow-Up Audit Findings

This follow up audit found that the overwhelming majority of those issues have been or are in the process of actively being resolved. As found in the previous audit, MPD is still picking up kits at the hospital and dropping them off at the lab within the prescribed seven-day time period. Unlike the original audit, DFS' processing times for new kits (post-July 1, 2015) have been largely within the statutory 90 days. However, there are remaining issues that require attention and possibly a legislative remedy: the remaining backlog and the lab's attempts to work through outstanding cases as discussed at the Public Roundtable on February 25, 2016; the requirement that the lab obtain permission to consume from the USAO to preserve the defendant's right to confrontation; the transparency and accountability issues presented when the USAO takes custody of a kit for testing under their contract; the capacity of the OCME Toxicology Lab to maintain processing times below 90-days while keeping pace with developments in DFSA drugs; and the consistency and ease with which survivors can obtain the results of their evidence kits and toxicology testing as is their right under SAVRAA.

[3] DC Code §4-561.04.

The follow-up audit period covers kits that were delivered to the Department of Forensic Sciences beginning on July 1, 2015, when the previous audit ceased, through June 30, 2016. As stated above, the processing time required by SAVRAA for both DFS and OCME for each kit and toxicology specimen is 90 days from the time that evidence arrives at the respective agencies. Any kit or toxicology specimen that is untested beyond that processing time limit constitutes a backlog.

A. DFS

1. Processing Times

Between July 1, 2015 and June 30, 2016, the average processing time for the 287 kits processed by DFS or outsourced to other labs by DFS is 72.5 days.[4] The median is 77 days, the shortest being 23 days and the longest being 327 days. However, it should be noted that the 327-day processing time was an extreme outlier due to the need to obtain permission to consume (discussed below) and was therefore out of the control of DFS. There were 22 cases that exceeded the 90-day limit during the follow up audit period that have now been tested and a report issued.

The FBU's operations were suspended from April to November 2015, and during that time, DFS was outsourcing all incoming kits to outside labs, while also outsourcing the bulk of the previously documented backlog of 69 kits. After resuming operations in the Forensic Biology Unit in November 2015, DFS began processing cases at their own lab. From November, 2015, the FBU processed 43 (13%) of the 287 kits that were submitted during the follow-up time period. The remainder were still outsourced to various labs on 30, 60, or 90 day contracts. DFS is working to increase the number of kits they are able to process, but this capacity will increase slowly. The two new OVS-funded analysts are still being trained and it will take an additional 10-12 months to complete the process required for them to become fully operational in the lab.

2. Backlog

As of June 30, 2016, there are 15 cases still in backlog status, meaning they arrived at DFS over 90 days prior to June 30, 2016 and have not been processed to completion with a report issued. That number may also be higher because the US Attorney's Office will sometimes take control of a kit and have it tested under their contract by an outside lab. This is the case for an additional 7 cases.[5] Of the 15 cases that are in backlog status, 3 are in backlog status due to

[4] An additional 56 kits have been submitted during the follow-up time period, but those have not yet been processed and do not constitute a backlog as they were submitted after March 31, 2016.

[5] A request for information about these cases was sent to the US Attorney's Office on July 29, 2016. Admittedly, they have not had adequate time to respond to the request as of the issuing of this report. Additional information will be provided as it becomes available. The fact that DFS cannot speak to the

delays greater than 30 days in receiving permission to consume; three are currently in process with a report pending with no additional details as to the delay; and nine are still being tested because they were in process when the lab was suspended, something that created a multilayered problem for completing these particular kits.

DFS and the Office of Victim Services and Justice Grants testified on February 25, 2016 that there were 12 cases in an intermediate category were being processed when the lab shut down in April, 2015. Most of these cases were listed as having a report of some kind issued but the reality of their status was and is far more complex. As of June 30, 2016, of those 12 cases discussed at the Public Roundtable on February 25, 2016 as being in a limbo status, five have been completed and a full report issued. Needless to say, the processing times for those five cases is extensive ranging from 160 to 563 days. The remaining seven kits are being tested and re-tested and reports will be issued in the coming months. An additional two kits were found to fall into this category after the Roundtable and are being processed accordingly as well, leaving the total at nine cases outstanding in this category.

The lab's suspension and its subsequent transition to more advanced interpretation software created a complex problem related to these cases. Fourteen cases total, including the remaining nine outstanding, were cases where DFS' Forensic Biology Unit had tested and produced data but the data interpretation and reports had not been finalized. Had the FBU continued with their previous methods of data interpretation, they could have simply interpreted and issued those reports, but when the lab reopened, they began using a new method of DNA interpretation with STRMix software.[6] Due to the process of validation required by the software, it cannot be applied retroactively, i.e. to samples that were tested using standard methods of DNA interpretation. Therefore, FBU analysts were unable to interpret anything that was in process, i.e. had data already produced but not interpreted, prior to the implementation of STRMix software. DFS reached out to other labs that utilized the manual interpretation methods that the FBU was utilizing prior to its suspension, and requested that one of those labs interpret the data for them and issue a report. This solution was just arrived at in June, 2016 and the data was sent to the outside lab on a 60-day contract. Those reports will be available at the end of August.

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status of these kits, as well as the ramifications of this practice for survivors seeking information about their kits will be discussed below. Two more cases have been sent out on USAO contracts since May, but these do not constitute a backlog yet as they are not older than 90 days. Information will be requested about these kits as well.

[6] This is a very new and more advanced program being incorporated into labs across the country.

To add to this already complicated problem, the FBI informed DFS that any otherwise CODIS-eligible profiles could not be put into CODIS due to the CODIS rules, defeating one of the important purposes for which the evidence is gathered. Therefore, while the outside lab is issuing reports to close these cases out based on audit requirements using the manual interpretation method, DFS is re-working the samples using STRMix software from start to finish so that the CODIS-eligible profiles will indeed be entered, thus increasing the chances of obtaining justice for the survivors in those cases.

3. Discontinued Cases

In addition to a significant backlog, the original audit found 72 cases that had been discontinued entirely, i.e. testing halted completely at the request of various agencies involved in the criminal justice process. Upon reorganizing, DFS' new leadership had to determine how to work through these cases and similar instances in the future. There was a significant positive shift in philosophy upon DFS' reopening under the leadership of Dr. Jenifer Smith, as well as DFS' new General Counsel whose advice has been consistent with SAVRAA's letter and intent. To the extent possible, these kits were processed and reports issued. The few occurrences in which kits were not processed resulted from instances where MPD declared the case unfounded, meaning there is no longer a criminal case at all with which to associate the kit, or instances in which a plea bargain or other legal arrangement had been made in the criminal justice process without the kit results. Moving forward, the default assumption is that each and every kit will be processed, with extremely rare exception.

This policy has clearly been put into practice as there was 1 case discontinued entirely for those received between July 1, 2015 and June 30, 2016. It was unfounded by MPD due to factors other than the PERK results, and therefore testing was stopped and the case closed. There were also six cases that were officially discontinued after July 1, 2015 for kits received *prior to* June 30, 2015, but that information was not captured until the lab went through the above mentioned process of reconciliation and decision-making. Of these six cases, four were unfounded by MPD,[7] meaning that there was no investigation with which to associate the kits or way to move forward, and two were discontinued by DFS' previous General Counsel as a matter of policy because a plea deal or other legal arrangement had been arrived at in the criminal case causing the closure of that case without the DNA evidence being considered, again creating a situation in which no case presently exists. To be clear, it may or may not be the case in those cases that the DNA evidence was not dispositive of the charges brought,

[7] For the five cases unfounded by MPD, the correctness of those decisions is beyond this report and will appear in the MPD follow-up report in August.

and/or that the survivor in the case was pleased with the end result regardless. Conversely, the survivor may have been expecting results and felt shortchanged by the lack thereof. Regardless, moving forward, DFS' new director and new general counsel have committed to a policy of testing these cases to completion regardless of legal outcome as recommended by the original audit.

B. OCME

1. Processing Times

The Office of the Chief Medical Examiner's Toxicology Unit processes blood and urine taken from survivors during an exam when drug facilitated sexual assault (DFSA) is suspected. Unlike DFS, which only receives PERKs related to cases in which a police report has been filed, OCME tests specimens submitted by MPD and those from non-report cases submitted by the DC Forensic Nurse Examiners who then provide the results to the survivors. Those specimens are required by law to be tested within 90 days of receipt at the OCME lab. Since the last audit period ending June 30, 2015, OCME's Toxicology Lab experienced a self-imposed shut down between July and October 2015 to focus on and improve its training program, and this shut down, in addition to other factors dealt with in the recommendations below, had an impact on their processing times.

The average processing time for toxicology specimens sent to OCME for cases reported to MPD and for non-report cases, i.e. for all 114 submissions between July 2015 and April 2016 was 93.59 days. For cases reported to MPD, the processing time was 95.97 days, the shortest at 48 days and the longest at 201 days. For those submitted under OVS' grant funding for cases in which no police report has yet been made by the survivor, the average processing time was 93 days, the shortest being 49 days and the longest 208 days.

2. Backlog

In June 2015, the lab was already experiencing an increasing backlog of cases with 62.5% of its cases in backlog status. When the toxicology unit shut down in July 2015, all of its cases necessarily were in backlog status until they reopened in October 2015. Since then, the unit director and staff have worked diligently to reduce the backlog to zero, i.e. a completely current and timely status under the law. All cases were current as of April 2016, but it remains a struggle to stay within the legal limit.

As of this writing in July 2016, there is no backlog in the toxicology unit at OCME. However, that status is tenuous at best and the unit requires additional resources to function well and provide results within the statutory time frame consistently. Unlike DNA science, which evolves more slowly, the lab testing for drug facilitated sexual assault has to keep pace with the

production of synthetic street drugs, the ever-evolving presentation of prescription drugs and the combinations of the two that can be so effective at facilitating a sexual assault.

Recommendations

Recommendations regarding DFS are discussed in the sections below as they relate to very specific issues impacting processing times and victim notification issues. The following would increase OCME's Toxicology Unit's capacity to both process cases within the 90-day time limit and keep pace with the alarming creativity of perpetrators of drug facilitated sexual assault:

- Provide funding in OCME's budget for two additional toxicologists and an additional manager for the unit. This increased staffing could allow specimens to be processed on two shifts per day and to refine the process continually.
- Unlike DFS, which is using a database to track all aspects of its testing with the exception of the logistical portions such as processing time and the reasons for delays, OCME's toxicology unit does a tremendous amount of their work and data entry by hand, an activity that takes capacity away from processing specimens. A LIMS system is being investigated by OCME, and while it is a time-consuming process to install one, such a system would ideally remove the amount of hand work conducted in that unit to track and enter results themselves;
- Provide the Toxicology Unit with equipment to screen urine samples more quickly and with greater reactivity to the ever-evolving array of synthetic drugs such as synthetic marijuana and others that are currently and will soon be on the market and useful to those looking to commit drug facilitated sexual assault. The investment for this equipment is approximately $500,000.

Any of these resources could increase capacity in the unit and allow for a greater ability to adequately balance achieving processing times of under 90 days with the need to fully investigate the blood and urine specimens submitted for new drugs available to perpetrators.

II. PERK Issues Related to Prosecution

A. Permission to Consume

As noted above, and discussed more extensively in the "Recommended Changes to the Victims' Rights Amendment Act of 2014 Part II," submitted February 23, 2016, the legal need to obtain permission to potentially consume the entire sample provided to the lab creates delays for the Department of Forensic Sciences which is legally required to process each case

received within 90 days.[8] Since the first audit, DFS began systematically tracking the date on which permission was requested from the US Attorney's Office and the date on which it was received indicating that testing can commence. In most instances permission can be obtained within a very short period of time.

Since these dates were added to the report provided to the Independent Expert Consultant in August 2015 and June 30, 2015, the average time between a kit's arrival at DFS and permission to consume being granted is 12.5 days. This is an average time measured for 249 PERKs. Since April 2016, with one exception that took 39 days, the time between a kit's arrival at DFS and a decision given by the USAO about permission to consume has been between zero and three days. That said, the outliers are entirely beyond DFS' control and can cause DFS to exceed the legally mandated 90 day requirement. More importantly, this delay can cause the survivor seeking information about their case to feel as though nothing is happening on their behalf and to simply be told that their kit has not been processed yet.

Of the kits tested during the follow up period, 22 cases exceeded the 90-day time limit and 12 of those were due to delays in obtaining permission to consume ranging from one month to as long as eight months. Of the 249 kits for which permission to consume was documented, the delays were as follows: 22 exceeded 30 days, 10 exceeded 45 days, 8 exceeded 60 days and 4 well exceeded 90 days with a maximum delay of 244 days in one case. For some of these, DFS was able to either process the sample in their lab more quickly than usual to make up for the lost time, or to outsource it on a more expensive contract with a short turnaround time. In other words, this is a relatively rare occurrence, but the time pressure it places on DFS beyond their own control as well as the lack of information given to the victim about this delay warrants the statute being amended to take this circumstance into account as recommended in the "Recommended Changes to the Victims' Rights Amendment Act of 2014 II," submitted February 23, 2016.

Recommendations

Recommendations in that report are consistent with the findings in the follow-up audit and included the following:

- DC Code §4-561.02(b) should be amended to include an extension of the time requirement such that if permission is not received or declined within 30 days, DFS will process the kit within 75 days of receiving a determination. This step is needed to account for the possibility that the USAO, OAG, defense council or the courts are actually the cause of the kit delay.

[8] The need to obtain permission to consume the entire DNA sample and the appropriate related process is described in Standard 16-3.4 of the *ABA Standards for Criminal Justice: DNA Evidence, 3d ed. 2007,* pg. 75.

- The total number of kits in which permission to consume was requested, the number granted, and the number refused should be documented in the database and reported to Council as part of DFS' statutorily defined annual reporting requirement.
- If a survivor's kit is delayed more than 30 days due to lack of permission to consume, the victim must be notified of the delay. The existence of the delay will be far easier to see and communicate to the victim once the Kit Tracking Database is operational.[9]

B. USAO Outsourcing

Nine cases have been sent out on USAO contracts, meaning that as part of building its case, the US Attorney's Office has taken custody of kit and had it processed by a lab of their choosing on their contract. While the prosecution of a case is a primary goal of this entire process, this practice poses a particular problem for SAVRAA implementation because it removes those kits from the District's control and accountability to the 90-day processing limit, as well as the right to victim notification of the kit results. According to DFS, the USAO sometimes reports back to the lab. However, none of those reports have been noted in the tracking documents providing for accountability for those kits and therefore it has to be assumed to not have been reported. These kits may be part of the backlog if the USAO decided not to test or if they are delayed an inordinate amount of time. Further, because the report is not at DFS, the survivor also has to request information about their kit from the USAO, information the USAO has objected to providing for cases they are prosecuting.

Recommendation

If a kit is outsourced to the USAO, it should still remain the survivor's right to find out about the status of both that kit's processing as well as the results with the exception of specific DNA profiles as stated in the statute. Therefore, it should be made explicit in the DC Code that for any kit that leaves DFS custody on another agency's contract, the report should be forwarded back to DFS and to MPD just as DFS would have to do if they were issuing the report themselves. Documentation that the survivor has been notified upon request of the results of their kit, or that that request was declined by the USAO should be sent to DFS and ultimately put into the Kit Tracking Database as a metric related to that case. This provides the survivor with as much information about their kit as DFS is capable of giving them. While this sounds onerous, it should be made remarkably less labor intensive when the kit tracking database is fully operational.

[9] As recommended in the Recommended Changes to the Victims' Rights Amendment Act of 2014, the Kit Tracking Database will have permission to consume requests and decisions as two of the metrics tracked.

III. Kit Tracking Database and Its Impact on Victim Notification

A. Kit Tracking Database

The kit tracking database recommended in the original audit to ensure that all kits are picked up and processed in a timely manner and that all kits are accounted for and tracked throughout the process has been agreed to by all parties.[10] The group has met four times to clearly define terms used by all parties involved, i.e. MPD, DFS, OCME, and DCFNE, have been defined as well as the categories of information we would like tracked in the database. Currently, the Office of Victim Services and the Independent Expert Consultant are seeking bids from IT companies, including a company that just designed a customizable kit tracking database.

The need for this database was illustrated when a kit was picked up by MPD and dropped off at DFS, but DFS did not log it in or realize it was there to begin testing. The discrepancy was found in April when the detective asked about the report. To guard against this happening before the kit tracking database is operational, MPD is sending DFS weekly lists of kits that were dropped off so that they can verify receipt by hand against that list. The database will perform this function using bar codes. The kit in question has since been tested and a report issued.

In addition to a misplaced kit, there were nine non-report kits, i.e., kits belonging to survivors who did not wish to report to law enforcement, were picked up from the hospital by MPD and dropped off at DFS by mistake. Those kits should have stayed at the hospital. Again, the bar coding used by any kit tracking system put into place will catch these mistakes before the kits ever leave the hospital. These kits were returned to the hospital for storage once they were identified as non-report kits by DFS. The survivor's identity in these instances were never compromised as the kit is sealed with a hospital record number on the outside for non-report cases.

The metrics in the database will also help the SART and policy makers maintain a real-time understanding of the number of kits that result in prosecution, the adherence of the process to SAVRAA, as well as the instances in which DFS is not responsible for excessively long processing times due to permission to consume and other issues.

[10] All parties have agreed except for the USAO and the Office of the Attorney General for the District of Columbia. Email invitations were sent to both agencies on April 10, 2016, but no response was provided. Additional attempts to include these agencies will be made as the database progresses.

B. Victim Notification of Toxicology and PERK Results

Most importantly, the database will allow victims to remain more informed than they currently are about the evidence testing process. Currently, information about toxicology and evidence kit results is given to survivors haphazardly, sometimes from the Metropolitan Police Department and sometimes from advocates who obtain it from MPD. Advocates and attorneys have reported difficulty in getting testing results for their clients and, in some instances, have not been able to obtain answers about whether a kit has been processed or not. While it is challenging for advocates, victims who may not wish to have an advocate will find this even more difficult to do on their own. To be clear, many survivors who request this information do receive it. However, it is currently logistically onerous and confusing for everyone involved, including long instances of back and forth phone calls, concerns articulated regarding the existence of an open case and referrals to the US Attorney's Office entirely with no results provided if it is a case that is being prosecuted. Clarifying the statute so that it is abundantly clear who is responsible for conveying that information even in a case that has gone forward for prosecution, and having a process in which the default is to inform the survivor of the completion and results of the forensic analysis unless the survivor opts out of that information by signing a form would institutionalize the process and allow survivors to choose the path they wish to take.

Cases in which the status of the kit was unknown to survivors and advocates ranged from those that were being retested due to the lab's suspension and therefore testing was not completed or had just been completed within several days of the request, to one that had been completed for more than a year in which the detective was referring the advocate to the prosecutor for that information and the prosecutor was not communicating with the advocate.

SAVRAA requires the Metropolitan Police Department to inform survivors of the results of their toxicology testing and evidence kits, with the exception of the specific identity of DNA profiles in cases where there is an open investigation or ongoing prosecution.[11] The specific identity of a DNA profile, however, is a small piece of the information the survivor is seeking. More commonly, the survivor is seeking information as to the whereabouts and status of their kit prior to any specific information about the contents of the results, and most commonly wants to know about the presence of DNA at all, not a provide match to the accused. By not only removing the labor intensive nature of acquiring the information for both the advocate and law enforcement, the kit tracking database will allow survivors to obtain information about the status of their kit at the very least, and the actual results of testing, albeit moderated by law

[11] DC Code §23-1910(1).

enforcement and limited to that which survivors are statutorily allowed, in the most robust model we have seen demonstrated so far.

Recommendations:

To better facilitate survivor notification of the results from toxicology testing and evidence kit analysis, the following changes are strongly recommended:

- DC Code §23-1910(1) should be amended to require that survivors be informed of the status of their kit testing if the kit's testing process exceeds 90 days, including the reason for that delay, as well as the fact of the completion of the testing and analysis of the kit and/or the toxicology specimens related to their case.
- DC Code §23-1910(1) should also be amended to state that the kit results should be provided by law enforcement regardless of the existence of an open investigation or prosecution without request for permission from the prosecutor to inform the survivor.
- The existing exception in DC Code §23-1910(1) for the specific identity of DNA profiles in open cases should remain in place.
- DC Code §23-1910(1) should also be amended to provide survivors with a default right to the information unless they opt out of that right in writing. The default assumption should be that the survivor will be informed of the results of their kit, separate from and in addition to the fact of completion of the analysis thereof, unless the survivor decides to forego obtaining that information after being advised of the impact it may have on any existing or future prosecution, however small that may be in actual fact. Survivors who do not wish to be informed of their results should indicate as much by signing a form opting out.
- The fact that the information was provided should be tracked by MPD as a metric that they report every year to the Council under their SAVRAA reporting requirements. This should not be taken to meant that there is a percentage goal, or that they are expected to reach survivors who do not wish to be contacted at all.
- Either advocates, detectives, and any other individual who is in a position to provide results, distinct from the simple fact that testing is complete and a report has been issued or the status of a kit or specimen's processing, should receive training as to what the results mean and how to explain them in layman's terms, or an analyst at DFS, or a victim witness specialist at MPD, or an advocate or a crime victims' rights attorney at NVRDC should be designated to provide all of these results to survivors so that survivors can have a full understanding of what the results mean.

The right to receive results is a good one, but only if it can be provided clearly and in a way that is accessible to the survivor. Concerns regarding this information's impact on prosecution are noted and are in some cases important, but the information remains an important part of the survivor's options and decision-making process.

IV. Conclusion: Vast Systemic Improvements

In conclusion, the follow-up audit was a remarkably simpler and shorter process than the original because of the improvements made in the system by all involved. Particular note should be given to the Department of Forensic Science's Forensic Biology Unit. They inherited a tracking system that could not correctly account for the status of each kit, and replaced it not only with a tracking system that can correctly account for the whereabouts and the status of each kit, but also implemented a philosophy and practice that aggressively requires the testing of every kit that comes to the lab within 90 days. There are still issues to be resolved, particularly regarding the kits that were being processed when the lab was suspended, and the need to accommodate requests for permission to consume. With the implementation of a kit tracking database, the remaining transparency and accountability issues should be removed as should the amount of time and resources expended on manual tracking and data entry. Victim notification remains a challenge related to law enforcement and advocates, but also can be ameliorated by creating a more explicit process and the access to information provided by the database.