How A Children’s Hospital Discovered Child Pornographers In Its Midst

A leading pediatric medical center learned a number of lessons about cybercriminals who prey on children—and found an ally in the nationwide Internet Crimes Against Children Task Forces.

BY BLAIR L. SADLER

Friday, March 3, 2006, was a sunny, pleasant day in San Diego. I was beginning to wind up my time as the chief executive officer of the region’s major pediatric medical center, then called Children’s Hospital, and I was looking forward to my June retirement. But the sun-filled day turned dark when a San Diego police sergeant telephoned the director of the hospital’s child protection center.

“I need to see you, and I need to see you now,” the officer said urgently. “I’ll be there in twenty minutes—and I’m bringing four other investigators with me.”

The fact that so many investigators were coming meant that multiple state and federal jurisdictions were involved—and that in turn probably signaled that the matter involved interstate activity in child pornography—and some connection to our hospital. In the coming weeks and months, I would learn just how shocking the connection was. But I would also develop a newfound awareness of and respect for a group of entities that I had never heard of: the Internet Crimes Against Children Task Forces, which investigate people trading in child pornography over the Internet and other cybercriminals preying on children.

The Storm Clouds Gather

Within minutes of that phone call from the police, I’d gathered a small group in my office, where the law enforcement team gave us the details. There was, indeed, a criminal investigation of interstate trafficking of child pornography under way. And it centered on photos taken in our hospital.

As the story unfolded, we were stunned to hear that a longtime hospital employee, a fifty-five-year-old male respiratory therapist, had been exchanging massive amounts of child pornography through his home computer. He’d admitted that he’d used his cell phone to photograph some comatose patients in our convalescent hospital, lifting their clothing, arranging them, and then photographing them when they were partially nude. He also admitted to sexually touching (molesting) patients. The in-progress criminal investigation now needed our full cooperation.

Coupled with our sense of full-blown shock was our disbelief that something like this could happen here, of all places. Children’s Hospital (now named Rady Children’s Hospital) is the largest pediatric medical center in California. A comprehensive 400-bed hospital offering a range of specialized care, it’s also a teaching hospital that serves 80 percent of the children hospitalized in the greater San Diego area. It is the region’s sole pediatric trauma center and home to the Chadwick Center for Children and Families, the nation’s largest hospital-
based program focused on countering child abuse and neglect.

The hospital operates a fifty-nine-bed convalescent hospital on its campus to care for medically complex pediatric cases and for children who depend on technology to survive. Many of these patients can’t walk or speak. Some are comatose; some depend on ventilators to breathe. It was in this convalescent hospital that the respiratory therapist had taken the pornographic photos.

It suddenly seemed terribly ironic that for more than thirty years, our hospital had been in the forefront of the field of preventing child abuse, hosting one of the largest annual conferences in the world about child maltreatment.

**THE ENEMY WITHIN** The hospital employee being investigated was Wayne Bleyle. I can use Bleyle’s real name (pronounced Bly-lee) because it is part of the public record; he has been convicted and is serving a lengthy jail term. But on that afternoon, his name and face were unfamiliar to most of us in the room.

Among those meeting with us were law enforcement investigators from a federal Internet Crimes Against Children Task Force, a program created by Congress in 1998 that is part of the Department of Justice. They filled us in on Bleyle’s activities, what they knew about him, and what was going to happen next. Like many people charged with this type of cybercrime, Bleyle had no prior criminal record (as our screening records showed), and the local Internet Crimes Against Children Task Force needed to gather additional evidence before his arrest. Currently Bleyle was out of state and talking with investigators by phone. The police had brought a search warrant that allowed them access to certain hospital computers.

**BEYOND STUNNED** After the investigators and local police left, I looked around. Everyone was beyond stunned. Somehow we had an admitted child photographer in our employ, and, for the time being, we’d been instructed to keep that fact confidential so as not to impede the investigation. I’d assured law enforcement officials that we’d cooperate fully. There was a strong sense of urgency, too. Those of us representing the hospital had to figure out what to do, including how to handle the news when it broke.

Quickly we assembled all of the other high-level hospital leaders and briefed them. By the end of that Friday, this team—to become a formal crisis action team, chaired by me—had set the hospital’s immediate priorities: safeguard patients from any attempted return by Bleyle; actively support the efforts of law enforcement officials and keep them apprised of our plans; notify other hospital leaders; develop a trauma counseling plan for children and family members who had been or might have been affected; and prepare an honest and open response for the public.

Driving home that evening, I realized a terrible storm was about to hit the hospital, and hit us hard. Yet I also felt a sense of calm. We had a team that would approach the situation deliberately, responsibly, and well. A group of us from the hospital met for hours on both Saturday and Sunday, drinking lots of coffee and Diet Cokes, and developing a detailed plan to deal with the storm barreling down on us.

**Bracing For The Storm**

**Monday, March 6**—By Monday morning, we’d created the formal crisis action team. It would meet twice a day, focusing on the right things to do for the children, their families, our employees, the investigation, and the San Diego community.

As timing would have it, a regularly scheduled meeting of the hospital’s board of trustees was taking place that afternoon. I’d briefed the board chair by phone, and we’d agreed that the entire meeting would be spent discussing proposed actions.

Our crisis action team told the board that first we’d be notifying families whose children had been victimized. Bleyle had identified some of the children he’d photographed, and we’d identified others in his pictures. We planned to meet individually with each of the families. Next we’d meet individually with the families of the additional forty-six children currently in the convalescent hospital who might have been victimized. Following that, our goal was to locate and notify 176 other families whose children had stayed at the convalescent hospital during the twenty-six years Bleyle had worked there, so they would hear the news from us first.

Then we explained our wider communications strategy to the board. Although law enforcement officials didn’t believe that children in the main hospital had been involved, we realized that when the allegations became public, any family whose child had been hospitalized during any of the time that Bleyle had been our employee might be fearful.

To provide direct access to accurate facts and any counseling that might be needed, we’d set up a toll-free phone number and, in confidence, had begun training staff members to take calls. Also in confidence, we’d begun creating new pages for the hospital’s website that would provide information and numbers to call. The moment the police gave us permission, we were ready to activate the call line and the new sections of the website.

The board supported our communications strategies, need for risk assessment, and other plans to move forward, especially our effort to be honest and fully transparent with the community. As one trustee put it, “That’s the way we do things around here.”

**Tuesday, March 7**—The next day, in a meeting with law enforcement agencies and local and state regulatory authorities, we discovered our goals were similar, but not identical. Law enforcement officials said they needed additional time, possibly weeks, to complete their investigation. That was too long for us. Although we understood their concerns, we told them that we needed to contact the affected families and take definitive personnel action about Bleyle who, as of then, remained a hospital employee. I made it clear that we didn’t want Bleyle...
ever again to set foot on the hospital campus.

Both sides understood and respected each other’s goals, and within two hours we’d reached a compromise. The hospital would hold off contacting families and dealing with Bleyle’s employment status until he was arrested. Law enforcement officials would accelerate their investigation so that an arrest could be made within days.

The Storm Breaks

Wednesday, March 8—We held our breath and waited. Early Wednesday afternoon, we received a call from the police. Bleyle had been arrested at 1:30 p.m., and we immediately terminated his employment. A tremendous sense of relief washed over me.

Immediately, members of the crisis action team began scheduling meetings with families whose children had been molested, while another part of the team began notifying hospital staff members in an ever-widening circle. We invited families of current patients to meetings early the next day to “discuss an issue of importance.” The hospital sent out a media advisory about a news conference the next day, at noon, saying that we couldn’t yet disclose the topic. That would give us time to talk with all the involved families who were available before the news became public.

Or so we thought. Shortly after 5:00 p.m., we learned that a local TV station had got hold of the story and was going to run it on the 6:00 p.m. news, giving us less than an hour to reach all of the families that still needed to be notified. There wasn’t time.

I knew the station’s general manager well, and we’d successfully treated her child at the hospital, so I called her. I asked that the station not run the story until after the scheduled press conference. She refused. They were ahead of the other TV stations, she said—and committed to scooping them. I explained that we needed time to tell family members, pleading with her to hold off at least until the next morning. The best I could get was a delay until the 11:00 p.m. news. I hung up the phone and swore long and hard.

It was time for a change in our well-laid plans. Abandoning our original timetable for in-person meetings with the affected families, staff members began calling them all again, canceling the in-person meetings, and explaining the facts over the phone. Family members were understandably shocked, but many said they appreciated hearing it from us first. We’d barely reached all of them before the news aired.

Thursday, March 9—At noon, senior hospital staff members and the San Diego chief of police held a joint news conference at the convalescent hospital. We announced that Wayne Bleyle, a respiratory therapist and a twenty-six-year employee of Children’s Hospital, had been arrested the day before on multiple counts of child molestation and distributing child pornography.

The hospital chief of staff described the children in our care as medically fragile and vulnerable. “We are furious that these children could be victims,” she told the gathering. The director of the convalescent hospital choked up when she spoke. The event was raw and emotional, and several members of the news media and the police had tears in their eyes.

The news coverage was immediate and widespread. It was the lead story in all electronic and print media in San Diego. National and international wire services picked up the story. Throughout the day, we continued following our internal and external communication plan. Hospital leaders, accompanied by trauma counselors and child abuse intervention experts from our Chadwick Center, met with parents.

We also launched an internal review of our policies and procedures to see how best to protect children from such situations in the future, and we began talking with health care leaders around the country. They confirmed that our protection systems were at least as strong as, sometimes stronger than, theirs. But those systems hadn’t been enough.

The hospital’s chief operating officer and I led forums for employees well into the evening. Male staff members were especially worried that families might distrust them. A devastated male nurse reported that a family whose child he had long cared for had just asked that care be transferred to a female nurse.

For some on staff, the events served as frightening reminders of their own childhood abuse experiences, and they felt hurt, angry, and betrayed all over again. Bleyle’s actions had unearthed deep wells of pain. We made sure that counseling and support services were available for all hospital staff members.

It was a long and emotionally draining day.

Friday, March 10—Bleyle was arraigned, and bail was set at $5 million. The media frenzy continued. Our communitywide communication efforts accelerated. We mailed 30,000 information letters to families, friends, donors, and members of the community. We created a “frequently asked questions” section and posted news reports on our website. I did several interviews on TV.

After a few days, the interest of the news media waned. During the next few weeks, a modicum of normality returned as we focused on the typical 24/7 life of a busy hospital.

Lightning Strikes Twice

Wednesday, April 12—I was at my desk when I got a call from the San Diego police captain who’d worked with us closely on the Bleyle case. His first words: “Lightning has struck twice.” Another hospital employee was currently under investigation for child molestation and pornography. I froze.

This time, the perpetrator was a thirty-two-year-old registered nurse working in our main hospital. He’d been found to have child pornography on his home computer, and the police believed that he might have “inappropriately touched” an unconscious child in our hospital. The captain said that the police investigation of the possible molestation and an arrest might take a few days. It was minutes before I could move.

Based on our prior experience, we had clear procedures in place about how to respond. We reactivated the crisis action team. We placed the nurse on administrative leave, blocked his access to the hospital, and secured the computers in his work area. I advised the board of trustees.

Later that day, the police notified me that the nurse, Christopher Irvin, had been arrested at his home for child molestation, which had taken place in our hospital. (I can use Irvin’s real name...but guest.)
because it is part of the public record.) We terminated Irvin’s employment and notified the patient’s family about the arrest. We reactivated the toll-free phone number and updated our website’s “frequently asked questions” section. The police had found no connection between Bleyle and Irvin, and the two employees, who worked in different parts of our hospital campus, didn’t appear to know each other.

Saturday, April 15—We and the local police held another joint press conference to announce Irvin’s arrest. During it, we discussed new protective practices that we had put into place after Bleyle’s arrest, such as limiting in-hospital use of cell phones, ensuring that any treatment of a child in private had two caregivers present, and creating a red-flag alert system. (For example, we wanted staff members to tell their superior if another employee seemed to be seeking ways to spend additional time with children outside of work hours.) I shared our outrage and reiterated our hospital’s mission statement—to restore, sustain, and enhance the health and developmental potential of children. “We live these words every day,” I said. “They guide everything we do. These two incidents are profound contradictions to that mission, especially for the heroic caregivers who practice it every day.”

Sunday, April 16—The front-page headline in the local newspaper read: “Second worker in six weeks accused of molestation.”

August—After several weeks, Irvin pled guilty and was sentenced to fourteen years in prison.

The next June—More than a year after his arrest, Bleyle entered a guilty plea and was sentenced to serve forty-five years.

As time passed, the pride of the hospital’s employees began to be restored, sometimes even enhanced, when members of the community told them they appreciated the way the hospital had dealt with the crimes.

The Sun Comes Out Again

The day before my long-scheduled retirement began, the hospital held another news conference. It was yet another sunny San Diego day, and I announced that we’d received the largest philanthropic gift in our history, $60 million from Ernest Rady, a chair of the hospital’s board of trustees during the 1990s. The hospital was being renamed in his honor. A reporter asked Rady whether the recent events had shaken his confidence in the hospital. No, he replied, just the opposite. The hospital had handled the crises openly and honestly. He expressed pride in its approach.

Lessons Learned

Little is known about how often child abuse occurs in hospital settings, but the dual crises we survived at the hospital awakened us to an insidious risk from within. Any child-focused institution is at greatly increased risk of attracting pedophiles. According to the National Weather Service, the odds of being struck by lightning in a lifetime are 6,250 to 1; in contrast, the odds of sexual abuse occurring—not just once, but twice—in an organization involved with children are far higher. The sad truth is that sexual abuse of children is common in this country: One out of four girls and one out of six boys are likely to become victims.

Although it’s not the kind of story a hospital leader wants to have lived through, I hope the experiences at Rady Children’s Hospital can provide lessons to children’s hospitals and others about the need to protect patients and how organizations that depend on public trust can—and should—respond to a crisis. Today, Rady Children’s Hospital has a renewed sense of vigilance. It now provides awareness training for all existing and new employees, and it has put several new policies and procedures in place to reduce even the remote possibility of a recurrence. Now, as then, the hospital takes public relations very seriously. In fact, it received two public relations media awards for the way it promptly and transparently handled the crises.

An Undersung Hero

Looking back at the experience, I’ve realized there was an undersung hero in our hospital’s story: the Internet Crimes Against Children Task Forces, such as the one in San Diego that investigated Bleyle and Irvin. Sixty-one of these task forces operate nationwide; they are part of the Office of Juvenile Justice and Delinquency Prevention at the Justice Department. They have trained nearly 100,000 law enforcement officers, prosecutors, and other professionals across the nation and in seventeen other countries on techniques to investigate and effectively prosecute Internet crimes against children. The task forces and some 3,000 affiliated law enforcement agencies in the United States have signed formal cooperative agreements to combat Internet crimes against children. Since the task force program began, more than 17,000 cybercriminals preying on children have been arrested.

I now know firsthand that in the Internet age, these federal task forces are vital community resources. With the exponential growth of the Internet, access to images of child pornography has increased dramatically. Every day, literally thousands of invisible people online are viewing and trafficking in child pornography. Without the ability of the local Internet Crimes Against Children Task Force to break through this virtual invisibility, the two predators in our midst might never have been apprehended.

I worry, though, that as Congress and the states face severe budget crises, some policy makers won’t understand that we must maintain this program and the core state and local law enforcement infrastructure that works with it. But if we don’t, countless children will be harmed.

If the funding for the Internet Crimes Against Children Task Forces program ever is threatened, I’ll get in line to testify before Congress on its behalf and about the crucial need it fills in this nation. Call me, and I’ll be there in a heartbeat.

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