

**From:** [Carol Scully](#)  
**To:** [Carvalho, Joseph](#)  
**Subject:** Fw: DDS 5 Year Plan Testimony  
**Date:** Wednesday, January 12, 2022 2:24:08 PM

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*Carol*

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**From:** dawn oduor <dawnoduor@yahoo.com>  
**Sent:** Wednesday, January 12, 2022 12:03 PM  
**To:** Carol Scully <cscully@thearcct.org>  
**Subject:** DDS

Good morning Ms Scully,

I am a parent that has been blocked from participating in the care of my 28 year old son. He presently lives at Shore Rd in Waterford, CT. My guardianship was removed on February 3, 2021 by Marjorie O. Wakeman (DDS Attorney) and Judge Michael Brandt (East Haven Probate Court). Basically because I appropriately charged DDS' Hartford Regional Center with abuse and neglect of my son from his admission (11/18/19) to my admission of him to Yale St Raphael's Hospital Emergency Department on July 24, 2020 for neglect and abuse against DDS.

My son continues to be neglected at Shore Rd (A non ICF Community Living Arrangement). Why is this home prefaced with the term " Non-ICF?"

DDS has not acted in good faith; it is dysfunctional, and incompetent on many levels. Despite the past two years of continued negligence (which is in itself abuse) and despite Commissioner Scheff's tour of forums with talking points of a "person centered approach verses system centered approach to meeting the needs of their clientele, DDS' nursing, Managers, Directors, some case managers, and Direct Care Supervisors do not even know Agency Policy and communication within the Department is the reason for much of the dysfunction.

My son and I were "self determined" for decades until his 11/18/19 Hartford Regional Center admission. If one looked at our record of health, hospitalizations, or emergency room visits in our nearly 26 years and compared it to DDS's record of the same over the past 2.8 years, you

will clearly see that DDS lacks the medical intelligence and compassion that we enjoyed at home and is necessary.

Families of Individuals with Intellectual Disability and medical complexities are often taught by Pediatric (Specialists) Physicians (their PAs or APRNs) how to care for their child. G-tubes, Cecostomy tubes, urinary catheterizations are Necessary and parents become expert in both theory and functional clinical practice. Yes, I performed urinary catheterization of my son (who is quadriplegic) every 4 hours, I changed his G-tube every 6 weeks, I changed his Cecostomy tube every 3 months, I ran his Cecostomy irrigations every evening. I am not alone, many parents provide quality care for their child or loved one at home. Instead of embracing these type parents and collaborating with them to teach DDS LPNs and RNs, the Department becomes fearful and defensive. Never does a DDS Nursing Director take it upon themselves to train subordinate LPNs or RNs regarding clinical practice. Directors of Nursing are paper pushers only - while LPNs and RNs become less and less proficient in clinical practice and repeatedly sent residents to hospital Emergency Departments or directly to hospital admission by way of a walk-in clinic. The structure (managerial chart) is faulty and probably costs the state. These identifiable inequities can free up funds for meaningful advances in the services of our beloved IDD population.

The negligence and abuse of CT citizenry with IDD needs to be uncovered. I have seen negligence, abuse, permanent injury that resulted in furthering disability from late 1990's to today. When I needed surgery, my son would be temporarily placed until I recovered; I have no other children and I adopted my son at 5 weeks of age. He has been injured, neglected, and abused by DDS, St Vincent's Special Needs, Nancy Orsi home, and COB/Oak Hill residential providers. Instead of the Attorney General doing everything to keep things hushed, the AG's office needs to be apart of bringing this mess to an end. Governor Lamont when he bows to the demands of SEIU and others by raising their wages, needs to ask for something in return from these workers. Reciprocity is the name of the game. It will take all of us; covering it up will only perpetuate what we all know is a serious problem. In healing any wound, oxygen is needed. Forget comparisons with this state and that state: who are we, you and I?

For some, employment and socialization are a priority, and they should be. Others need access to mental health care and they should get it. And there are some who need sound productive nursing and what is in place at DDS from an organizational standpoint to a clinical acuity is grossly substandard.

Thank you for reaching out to me. I wish us all a productive 2022.

Sincerely,

Dawn Oduor

[Sent from Yahoo Mail for iPhone](#)