

Good afternoon and thank you for the opportunity to express our thoughts about the proposed legislation.

My name is Walter Paul and my wife and I are the parents and guardians of our son Walter who is a resident at the Southbury Training School. He is now 52 years old and has resided at Southbury since mid 1979.

I want to insert a little background to put our concerns into perspective,.

Walter was admitted to Letchworth Village at Thiels, NY when he was 5 years old. At the time, he suffered Gran Mal seizures several times per day, was hyperactive and intellectually had regressed to that of an infant (the only word he spoke then was Mama). Little was understood about this condition at the time and doctors at the Einstein Institute of Medicine advised he would not live beyond adolescence.

We concluded we could not provide the care he needed at home and Letchworth Village which was nearby, was available and would take him. It was a large state facility and we assumed the care he would receive would be good. We later discovered it was despicable.

My work required me to relocate often and we finally transferred to Connecticut in 1974. Through my wife's diligence over five years, we managed to have him admitted to the Southbury Training School to be closer to us. It was then that I realized he was missing teeth, had a major scar on his head along with other scars. He was locked in a room below grade without a window when I picked him up to take him to STS. He was almost 20 years old at the time.

We paid close attention to the care he received at STS and it was a departure from that of before. His seizures were controlled and he received the dental and medical care so lacking in the past. Unfortunately, he was moved from cottage to cottage several times and each time, the change was difficult. We have since heard that many of these unfortunate people also have difficulty relocating which is attributed to the loss of familiar staff, friends and environment.

In other words, they are homesick and since they can't express their feelings, violence sometimes occurs. A 190 pound man in his twenties can create a lot of trauma and we understand our son with the several moves he had shortly after his admittance did his share.

Brain injury, in his case Gran Mal seizures, can affect different functions of the brain although not necessarily all functions. Brain injury resulting from a seizure does not normally get better. If he were to walk in here at this moment, he would appear to be a normal person since his motor function is excellent. However, he is severely retarded and cannot read, cannot count, cannot recognize detrimental situations such as fire, cannot distinguish color and so on.

Hopefully this brief history illustrates why we are strongly opposed to any relocation from STS.

Our son is happy at STS where he is liked and is recognized all over the campus which he is free to roam. He has friends there who are his equivalent and not intellectually challenging. He has a caring staff who have been with him for years and who have our admiration for what they do. He has a job collecting eggs at the farm that gives him great satisfaction and a sense of responsibility and so on. He is comfortable and we are so very thankful he is content.

We see little reason to want him to undergo a relocation to a new environment with its consequences. He has experienced more than enough grief in his life and we would be remiss to want him to endure more.

Some additional facts which should be noted with these recommendations:

- 1: All residents at Southbury are over 21 years of age and therefore must have a guardian to speak for them.
- 2: The majority of residents at Southbury are assessed to be severely or profoundly retarded.
- 3: About one third of the residents at Southbury are non-ambulatory.

With my son's history in mind, we cannot support some Key Points Recommendations prepared by the PRI Staff dated December 20, 2011 beginning on page v.

General: The underlying theme of these recommendations is to move STS residents to community homes. In part, it reflects the current DDS Commissioner who announced his intent to close STS as he was taking office. Recommendations justifying a preconceived conclusion has nothing to do with the needs of the residents or the responsibilities of the State.

1.a. Advocates under the guise of compassion have pressed for the closure of STS for a long time claiming community homes are a more meaningful alternative. This is unacceptable and not necessarily candid. Why would someone who has never met or even heard of my son insist that a community home would be better for him as happened again two days ago.

Advocates for closing STS are well organized and financed which a departure from the guardians at Southbury. Advocates pursue their objectives supposedly in the interest of compassion with the inference STS is inadequate which is clearly not reality.

A deplorable example of the consequences of this is that of one family who have been very active in affairs of the retarded. They recently agreed to move their son to a community home. Their reasoning is, STS will close sometime in the future and with that, their son would then be relocated to whatever is available at the time and they want to avoid two moves for him.

In this instance, the State of Connecticut has failed in its responsibilities for the welfare of its citizens.

1. b. The clause recommending an annual reevaluation and presentation is commendable as long as it is not a tool to wear down the guardian's judgment. In practice, the interdisciplinary teams have been coercing guardians to agree to community placements. Guardians who are also parents are aging and their ability to respond to this diminishes. The teams may deny this and you probably will hear more about this about today

2.b. An act was legislated prohibiting DDS from accepting additional residents starting in 1987 and modified several times. The most recent iteration per the DDS was 2009 in Connecticut General Statute Sec. 17a-218a and DDS has been in compliance.

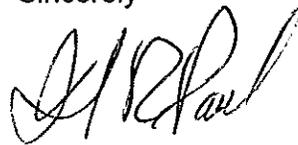
Southbury was erected by the Federal Government (the WPA) at no cost to Connecticut. It was intended to accommodate 1,600 patients but is now down to 416 residents as of two weeks ago in compliance with the legislative acts. The average age now is 62 to 63 years old with the lack of new patients.

Meanwhile, there is a waiting list of over 500 potential clients which may be understated since the state's population has grown since 1987. It is difficult to understand why this could be when citizens of Connecticut are in need of help.

In the Legislative Commission hearings last spring, the Senator who introduced the original bill limiting admissions was now opposed to closing STS. Her constituents were complaining that local tax assessments are not applied to community homes which places an added burden on them; effectively, it is an additional tax. It was noted that here constituents do not want community homes in their community.

This could continue on but I think it will suffice for now. My wife and I appreciate the opportunity to speak to you and we would certainly be available to answer any questions.

Sincerely

A handwritten signature in black ink, appearing to read "J. R. Paul". The signature is written in a cursive style with a large, stylized initial "J" and "P".