



# Public Integrity Unit

**Case # 14-072**

Interview of:

**Dr. Patricia Kennedy**

**Jefferson Animal Hospital**



LOUISVILLE METRO POLICE DEPARTMENT  
PUBLIC INTEGRITY UNIT  
OFFICIAL STATEMENT

CASE NUMBER: 14-072

Today's date is October 30, 2014 The time is 1737 hours.

This is an interview with Dr. Patricia Kennedy Arrington (R/S)

This interview is being conducted at:

☐ Public Integrity Unit, 810 Barret Avenue, Louisville, KY 40204

☒ Other Location: 4504 Outter Loop Lev. Ky 40219

Present during this interview is;

Mrs. Patricia Kennedy Arrington  
(Title) (Name)

- Q1 ☒ Are you aware this interview is being audio and/or video recorded?  
Q2 ☒ Has anyone threatened you in order to obtain this interview?  
Q3 ☒ Are you giving this interview of your own free will?  
Q4 ☒ Please, state your full name, and spell your last name. What is your date of birth?  
Q5 ☒ State your home address including the zip code.  
Q6 ☒ Is this the same as your mailing address? (If no) Mailing address?  
Q7 ☒ State your home telephone number with the area code.  
Q8 ☒ State your mobile and an alternate phone number with area codes.  
Q9 ☒ Are you employed?  
Q10 ☒ State your employer and the position you hold there.  
Q11 ☒ What is your work telephone number?  
Q12 ☒ Are you aware the following interview will be a sworn statement?

PLEASE RAISE YOUR RIGHT HAND

Do you, \_\_\_\_\_, solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth, so help you God?

I UNDERSTAND THE ABOVE OATH THAT I HAVE TAKEN.

[Signature] 10/30/14 1739  
Signature Date Time  
[Signature] 10/30/2014 1740  
Witness signature Date Time

Subscribed and sworn to me by

This 30 day of October, 2014

[Signature]  
Notary Public, State at Large

Notary Public, State of Kentucky  
My Commission Expires Mar 7, 2017

My Commission Expires



# LOUISVILLE METRO POLICE DEPARTMENT

Special Investigations Division

Public Integrity Unit

## INVESTIGATIVE REPORT



<b>Type of Investigation</b> Animal Cruelty/Neglect	<b>File No.</b> 14-072	<b>Date of Report:</b> October 30, 2014
<b>Activity:</b> Interview with Dr. Patricia Kennedy Arrington Jefferson Animal Hospital	<b>Submitted By</b> Sergeant Chad Kessinger	
	<b>Lead Investigator:</b> Sergeant Chad Kessinger	

### INTERVIEW WITH DR. PATRICIA KENNEDY ARRINGTON

On October 30, 2014, at approximately 1737 hours an interview was conducted with Dr. Patricia Kennedy Arrington. Mrs. Arrington is more specifically identified as:

Patricia Kennedy Arrington



The interview was conducted at Jefferson Animal Hospital located at 4504 Outer Loop. Also present during the interview was Sergeant Marcus Laytham. Mrs. Kennedy Arrington is the owner and director of Jefferson Animal Hospital. Mrs. Kennedy Arrington's interview was taken in the form of a sworn statement and the following are the key aspects of the interview:

- Dr. Patricia Kennedy Arrington has an agreement with Louisville Metro Animal Services to access and examine strays and injured animals.
- Sadie was brought in to Jefferson Animal Hospital on February 3, 2013, and examined by Dr. Sarah Cheever. Dr. Cheever x-rayed the leg and did not find any fractures or joint luxation. In the report Dr. Cheever's documented the leg was non weight bearing, knuckling and unable to raise the foot to walk in a normal position. The dog had a dropped shoulder, which means the whole leg was limp. Also, Sadie had mild abrasions, mild bruising, and no pain or palpation of the limb.
- The probable diagnosis documented by Dr. Cheever, is that Sadie has a Brachial Plexus Avulsion, meaning the nerves of the leg are not functional. Dr. Kennedy said this type of injury is not painful, and there is no feeling in the leg. The only suffering is the animal can't feel the leg, so they tend to chew and mutilate the leg.
- Dr. Kennedy Arrington stated Dr. Cheever documented suspect neuropathy....Brachial Plexus Avulsion. She recommended cage confinement, observation, and may require amputation if permanent deficits, especially if self-traumatizing.
- Sometimes the nerve can regenerate, which could take up to a year or more. But most of them do not.
- Brachial Plexus Avulsion is a manageable problem, and not a life-threatening injury if treated properly.

Investigator's Signature:	<i>Sgt. Chad Kessinger</i>
Supervisor's Signature:	<i>LT. KELLY</i> 11/11/2014

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LMPD # 05-0002 10/05.

October 30, 2014

This is Sgt. Chad Kessinger, with Louisville Metro Police Department's Public Integrity Unit. This is gonna be an official statement in regards to Case #14-072. Today's date's October 30th, 2014. The time now is 1737 hours. And this interview is gonna be with Dr. Patish...Patricia Kennedy Arrington. This interview is gonna be conducted at 4504 Outer Loop, here in Louisville, KY, and present during this interview is myself, Sgt. Chad Kessinger, and also Sgt. Marcus Laytham.

Kessinger	Miss Patricia Arrington, are you aware this interview is being audio-recorded?
Arrington	Yes.
Kessinger	Has anyone threatened you in order to obtain this interview?
Arrington	No.
Kessinger	Are you giving this interview of your own free will?
Arrington	Yes.
Kessinger	Please state your full name and spell your last name.
Arrington	Dr. Patricia Kennedy Arrington...A-R-R-I-N-

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G-T-O-N.

Kessinger

And what is your date of birth, please?

Arrington

Kessinger

And please state your home address, including the zip code.

Arrington

Kessinger

Is this the same as your mailing address?

Arrington

It could be.

Kessinger

State your home telephone number with the area code.

Arrington

The office or home?

Kessinger

The home number if, if...or you, the office, either one.

Arrington

Yeah, 'cause normally my mailing address would be the office.

Kessinger

Okay.

Arrington

'Cause you asked for home.

Kessinger

Okay.

Arrington

Uh, so I'm not sure which one you want.

Kessinger

Go ahead and give me your home number, if you don't mind.

Arrington

Okay. Do you have a mobile or alternate, alternate phone number?

\_\_\_\_\_

And are you employed?

Yes.

And state the employer and the position you hold there.

I am the owner and hospital director of Jefferson Animal Hospital, in which (inaudible).

And what is your work telephone number?

\_\_\_\_\_

And are you aware the following interview will be a sworn statement?

Yes.

If you would please raise your right hand. Do you, Patricia Arrington, solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth, so help you God?

Yes.

If you would please sign right there next to the X. (She writes.) Thank you. And let's see, I'll write the date and time in there...today's date October 30th of '14, the time is 1739 hours. And if you would, Miss Arrington, can I...can

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you tell me about the first time that your facility came in to contact with Sadie?

Arrington

Uh, we have an agreement with Metro Animal Services to assess and examine their strays and injured uhm, pets. Uh, Dr. Sarah Cheever saw this pet on February 3rd, 2013. It was brought in after uh, ostensibly being hit by a car and was limping on its right front leg. And we authorized X-ray, the leg, and called uh, Janet at Metro to tell them what we found.

Kessinger

Okay. And what was y'all's findings on February 3rd?

Arrington

Uh, Dr. Cheever x-rayed it, there were no fractures or lux...joint luxations, uhm...and uh, the leg was uhm, non-weight-bearing on the right front, knuckling, uh, unable to raise the uh, foot to walk in a normal position. Uh, dropped shoulder, uh, which means the whole leg was limp; uh, mild abrasions, mild bruising, no pain on palpation of the limb.

Kessinger

Okay. And in your findings with, with the injuries that the dog had sustained, would you recommend euthanasia?

Arrington

Uh, the probable diagnosis was a Brachial Plexus Avulsion, which usually means that the nerves of the leg are not functional. Uh, the choices are uh, confinement and time, to see if the nerve would regenerate and enable the dog to eventually use the leg...or amputation. Or potentially euthanasia.

Kessinger

Okay. And in your opinion...and again, this is just your opinion...the, the injured leg or

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euthanasia, you could pick either one, I guess, as an option for this dog? Is that correct?

Arrington

Yeah, it's a...it's a young dog, so it was a fixable situation. uh, it was not...euthanasia would only be if there was such financial constraints, uh, or they, somebody couldn't afford to do it, but in most cases we would have recommended amputation to, on a young dog uh, because it would have been uh, treatable.

Kessinger

Okay. And with this type of injury, would the dog be suffering uh, with this type of injury?

Arrington

Uh, they are not painful...these Brachial Plexus Avulsions. They just have no feeling in the leg.

Kessinger

Okay.

Arrington

The only suffering is that uh, because they can't feel the leg they tend to chew on them and...mutilate them, and that kind of thing.

Kessinger

Okay.

Arrington

But uh, do you mean uh, if we amputated the leg would the dog suffer?

Kessinger

No, with the dog, when it was brought in to you, with, with the injury to the leg, does it, does it, the dog...is he in pain, or she in pain from this type of injury?

Arrington

Probably not. Now the dog was panting a little bit, according to Dr. Cheever's notes. Uh, so it may have had some discomfort. I don't know



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how long prior to this it had had the blunt trauma, so it may have had some uh, lateral bruising of the chest or the adjacent shoulder muscles, but that would be the only thing that would cause pain, probably, at this point.

Kessinger

Okay. But...

Arrington

Was the pet suffering? Is that what you were trying to get at?

Kessinger

Yes.

Arrington

Uh, I wouldn't say extensively at this point.

Kessinger

Okay. So over time it could possibly, the injury could heal itself over time if properly cared for?

Arrington

They don't usually heal but rarely you'll get one that the nerve will regenerate, but generally they do, they require amputation.

Kessinger

Okay. Sgt. Laytham...

Laytham

Just to be clear, Brachial Plexus Avulsion is not a life-threatening injury if treated appropriately.

Arrington

Right.

Laytham

Correct...okay. Okay.

Arrington

It's a manageable problem.

Laytham

Manageable by either...

Arrington

Yeah, and I gave you that paper that talked

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about uhm, the options.

Laytham

Sub-generational and some...

Kessinger

Okay. And, and finally we're lookin' at a, uh...some paper uh, that are x-rays of the dog's legs. Correct?

Arrington

They're digital x-rays that we just made a copy of for you.

Kessinger

Okay. And I have...

Arrington

(Inaudible).

Kessinger

And I have 1...2...3...4 copies of the digital x-rays...

Arrington

...Um-hmm...(inaudible).

Kessinger

Okay. And then you gave me uh, some information regarding the Brachial Plexus Avulsion.

Arrington

Right. Uh, and basically, according to this uh, technical journal that uhm, there's no specific treatment, outcome depends upon the initial damage, amputation of the limb is usually advisable.

Kessinger

Now if the dog went back to the owner, uh, would you recommend a collar for the dog to keep from chewing its leg? Or could the dog run without a collar? Or the cone?

Arrington

The collar would...the collar or the cone would help prevent self-mutilation but they also drag the leg. That causes its own level of self-

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amputation, and uh, a lot of times you have to bandage them up to keep them from dragging that leg. Uhm, what usually happens is if it keeps dragging the leg that's one reason they start chewing on it, is 'cause you've got these raw, you know, appendages. So a lot of times you can put a sling uh, on the leg to hold it up until something can be done or some time can pass.

Kessinger

Okay. And in the, and in your records here, uh, at the hospital, you all treated Sadie just once on February 3rd, is that correct?

Arrington

We, we had her...that's what we normally do on the Metro cases. We assess them initially, and then we give our advice and what we recommend uh, should be done for any treatment or so forth, and then if we get pets that are really severely injured...broken backs uh, we'll recommend euthanasia, and they usually will allow us to do that.

Kessinger

Okay.

Arrington

This was not one that we would have recommended euthanasia at the time.

Kessinger

Okay. And is the recommendations from you all's review, is that here at the bottom of this document?...

Arrington

...Uh-huh. Yeah.

Kessinger

Okay.

Arrington

Yeah, Dr. Cheever wrote down uh, suspect neuropathy...Brachial Plexus Avulsion...uh,

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recommend cage confinement, observation, may require amputation if permanent deficits, especially self-traumatizing.

Kessinger

Okay.

Arrington

We didn't recommend euthanasia.

Kessinger

Okay.

Laytham

Okay, now in some...sometimes this nerve injury will regenerate.

Arrington

Rarely, but yeah, it can.

Laytham

Rarely?

Arrington

Um-hmm.

Laytham

And what kind o' timeframe is this regeneration gonna...

Arrington

It can take a year. It can take a year or more.

Laytham

It can take up to a year for it?

Arrington

It's just like somebody was paralyzed.

Laytham

Okay.

Arrington

You know, sometimes they come back and sometimes they don't. And you can do...if you're really doing a lot you can do physical therapy and 'cause the muscles are gonna atrophy and...you know, you can be really aggressive on physical therapy and things like that, you know, to try to keep the muscles current, just like in people.

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Laytham	Okay. So it could take up a year for this.
Arrington	Or more.
Laytham	Okay.
Arrington	Or, or not. Most of 'em don't regenerate.
Laytham	Okay.
Arrington	Uh...you have to have a, a pet owner or client who's willing to work with you and really uh, we didn't have the opportunity to talk to anybody who really was the pet owner.
Laytham	Correct.
Arrington	So...
Kessinger	Okay. Is there anything you'd like to state for the record before we end?
Arrington	Only what questions you think would be helpful. Uh...
Kessinger	Yeah, I believe you answered a lot of our questions that we had for you today, and...and my biggest concern is when, when Sadie came in, what you all's findings were...
Arrington	Yeah. This is yours.
Kessinger	And you provided the documents and you actually gave me some x-rays here that you all have taken of Sadie...
Arrington	Um-hmm.

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Kessinger	So uh, my questions have been answered.
Arrington	Okay.
Kessinger	Sgt. Laytham?
Laytham	I don't have any more questions.
Kessinger	Okay. Is everything you told me the truth, to the best of your knowledge?
Arrington	Uhm, yes. And I, I might add one other thing.
Kessinger	Yes, ma'am.
Arrington	We have dealt a lot with uh, Metro Animal Services, and uh, I have always found them to be very compassionate and caring, uh, the people...the, the officers that bring the pets in.
Kessinger	Um-hmm.
Arrington	I don't know about uh, management and so forth, but the officers that bring these pets in are always extremely compassionate and gentle and good with these animals. And they've always treated them with respect and uh, and care. So...I've never had any problems. None of us has ever had any problems with any of Metro's officers that are bringin' the pets in.
Kessinger	Okay. Alright. We will now conclude this statement. The time now is 1748 hours.
Arrington	Would you like me to get you a clean copy without my coffee cup...

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Statement: Dr. Patricia Kennedy Arrington / Case #PIU14-072  
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END OF STATEMENT

File #PIU14-072-kessinger-kennedy-arrington-  
ks

# Jefferson Animal Hospital and Emergency Center

4504 Outer Loop \* Louisville, KY 40219 \* (502) 966-4104

**DATE:** 2/3/2013

**DIAGNOSTIC / EMERGENCY EXAM**

**CLIENT#** 51047

**PATIENT #** 71086

**RDVM:** Jefferson Animal Hospital

**Metro Animal Services Metro**

**Pit Bull HBC**

**Dr. Patricia L. Kennedy**

**Animal Services**

3705 Manslick Rd 40215

Pit Bull Female

Phone: (502) 966-4104

(502) 574-5524

Blue 1 Yrs. 6 Mos.

Fax: (502) 966-3904

Email:

Microchip:

**Doctor:**

**Time:**

**Appt:**

**Rec:**

**Tech:**

**Weight:**

**Temp:**

Cheever

c/a

ses

52#2oz

## PRESENTING SIGNS:

HBC limping right front leg ok to Xray then call Janet at 797-3518

## CURRENT MEDICATIONS / DIET / HISTORY: (DS 0-4, BCS 1-9, Pain Score P0-P6)

Updated: 2/3/2013, CURRENT and PRIOR MEDICAL HX: HBC limping RFL, CURRENT MEDS: none,

OHW/ FLEA MEDS: , VACCINES/TESTINGS: , DIET: , APPETITE: , OWNED SINCE: , HABITAT

EXPOSURE:

## DOCTOR EXAM COMMENTS:

BAR-mm pink. N mentation.

Normal sinus rhythm- Clear lungs/panting

Good body condition score and normal hydration

Normal abdominal palpation, mild nipple development.

LN's WNL

Nonweight bearing lameness R FL, knuckling foot. Dropped carriage of leg at the shoulder. Mild abrasion injury lateral aspect of elbow. Mild bruising noted R axillary region. No pain with palpation of limb. No crepitus or obvious fx.

## DIAGNOSTICS / LAB / RADS: RESULTS:

X-ray: AP distal FL's, R lat R FL No obvious fx or luxations. Increased opacity mid R radius, possible nutrient foramen vs healed fx. No shoulder views.

**DDX:** R FL lameness, neuro deficits R/O brachial plexus avulsion, traumatic IVDD, open

### Medications Administered:

**Amount**

**Rt**


### Medications Dispensed:

**#**

**Dose**

None		

## CLIENT RECOMMENDATIONS / PLAN:

**HOSPITALIZED : NO**

LMM w/ Janet at MAS #797-3518: relayed no fxs, susp neuropathy likely secondary to brachial plexus avulsion. Possible old injury, mid R radius, ie healing hairline fx vs normal anatomy. Rec cage confinement and observation. May require amputation if permanent deficits especially if self traumatizing from trying to walk on foot incorrectly. Dr. Cheever

Sent dog with copy of radiographs. Transported back to MAS by Metro officer.

File typed by: sc



# Misc 1

**Patient:** 71086

**Pit Bull HBC**

**Species:** Canine

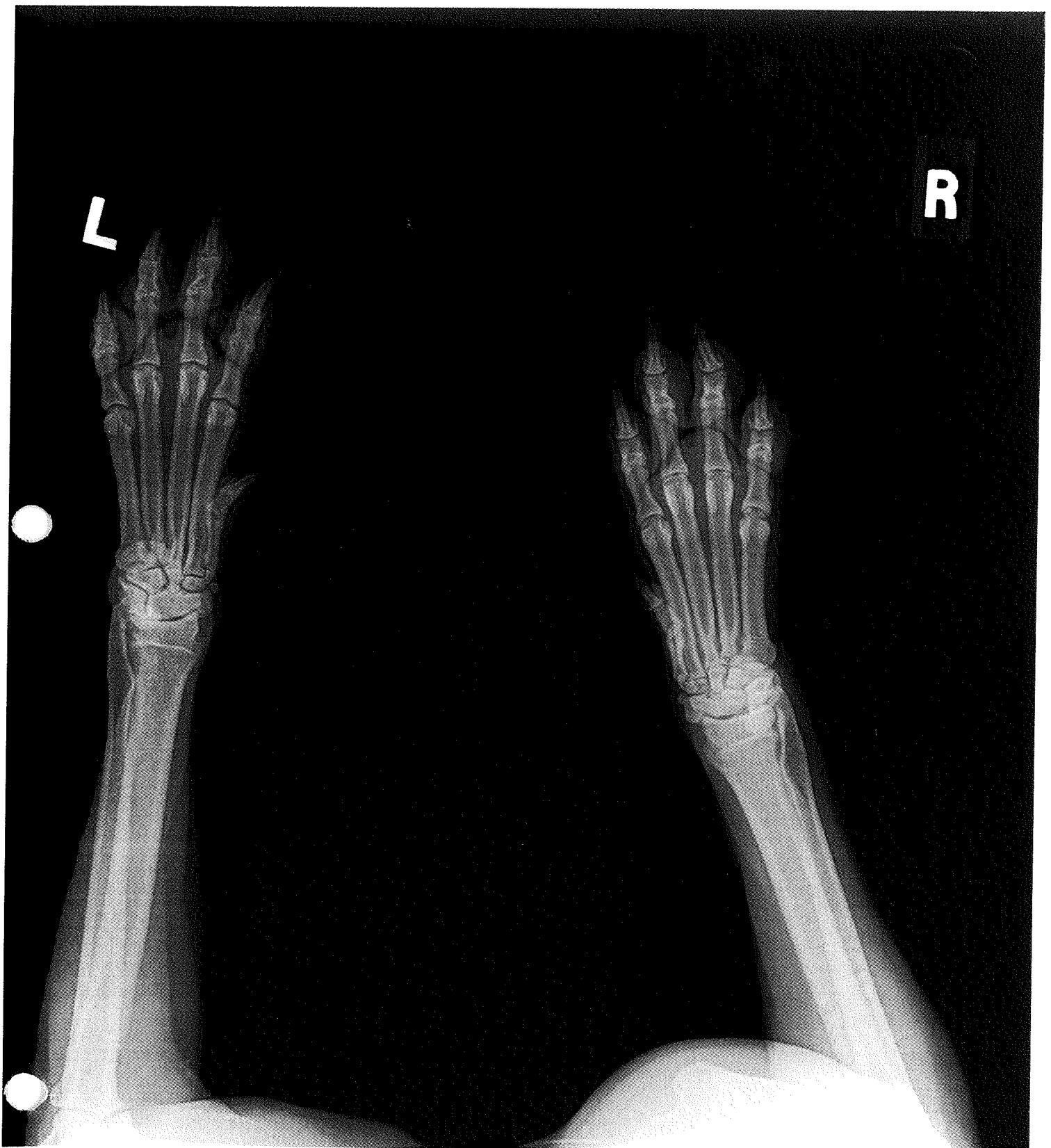
**Breed:** Pit Bull

**Client:** 51047

**Metro Animal**

**DOB:** 8/3/11

**Gender:** Female



# EXT - Radius/Ulna R Lat (Retake)

**Patient:** 71086

Pit Bull HBC

**Species:** Canine

**Breed:** Pit Bull

**Client:** 51047

Metro Animal

**DOB:** 8/3/11

**Gender:** Female



# EXT - Radius/Ulna R Lat

**Patient:** 71086

Pit Bull HBC

**Species:** Canine

**Breed:** Pit Bull

**Client:** 51047

Metro Animal

**DOB:** 8/3/11

**Gender:** Female

---



# EXT - Radius/Ulna R CC

**Patient:** 71086

Pit Bull HBC

**Species:** Canine

**Breed:** Pit Bull

**Client:** 51047

Metro Animal

**DOB:** 8/3/11

**Gender:** Female



## BRACHIAL PLEXUS AVULSION

## BASICS

## DEFINITION

Trauma with traction and/or abduction of the forelimb causes avulsion of nerve rootlets from their spinal cord attachment. • Ventral roots are more susceptible than are dorsal (sensory) roots. • Rule out nerve root avulsion in traumatized animals not able to weight on a forelimb, especially before surgical repair of orthopedic injuries.

## EPIDEMIOLOGY

Dogs and cats  
Age, sex, or breed predilection

## DIAGNOSIS

Depend on the extent and distribution of nerve damage • Motor signs—weakness to paralysis (ventral root avulsion)  
Sensory signs—decreased to absent pain sensation (dorsal root avulsion)  
Muscle atrophy—begins within a week of injury • Complete avulsion—spinal nerves C5 to T2; most common; combines cranial and caudal avulsion deficits  
Cranial avulsion—spinal nerves C5 to C7; causes loss of shoulder movements, elbow flexion (dropped elbow), and analgesia of the scapular, acromioclavicular, and medial forearm; if C6 preserved: weight-bearing remains almost normal; hemiplegia of the diaphragm may be seen by fluoroscopy  
Caudal avulsion—spinal nerves C7 to T2; causes inability to bear weight, with buckling over dorsum of paw; if C5 to C7 avulsed: limb held in a flexed position and analgesia distal to the elbow (except for a small area on medial aspect of forearm); T1 to T2 involvement: causes an ipsilateral partial Horner syndrome (anisocoria only) and lack of ipsilateral contraction of the cutaneous trunci reflex (contraction present contralaterally)  
Unilateral—rarely encountered after a significant fall with sternal landing

## CAUSES &amp; RISK FACTORS

Trauma—road accident; hung by foot; fall

## DIAGNOSIS

## DIFFERENTIAL DIAGNOSIS

Brachial plexus trauma without avulsion—transient, temporary deficit owing to root compression • Brachial plexus tumor—usually chronic onset • Brachial plexus neuritis—rare, bilateral deficits. Acute onset but no trauma • Polyneuropathies • Embolic myelopathy—sudden onset of the ipsilateral and contralateral hindlimbs and mild deficits of contralateral forelimb

• Pure radial nerve paralysis caused by fracture of the humerus or first rib—no nerve root sign

## CBC/BIOCHEMISTRY/URINALYSIS

Usually normal

## OTHER LABORATORY TESTS

N/A

## IMAGING

High-definition CT or MRI scan—visualize lesion; rarely needed for diagnosis

## DIAGNOSTIC PROCEDURES

- Clinical—history of trauma with sudden onset of typical neurologic deficits
- Define involved spinal nerve roots—map motor and sensory deficits; note signs of Horner syndrome; determine cutaneous trunci reflex
- Electrophysiology (EMG)—shows denervation in affected muscles 5–7 days post-injury; with nerve conduction studies, may help further define deficits and detect signs of recovery

## PATHOLOGIC FINDINGS

- Ventral and dorsal root avulsions—intradurally at the level of root–spinal cord junction (most fragile area, because it lacks protective perineurium)
- Neuroma formation—on the pial surface of the spinal cord



## TREATMENT

## APPROPRIATE HEALTH CARE

- No specific treatment
- Outcome depends on initial damage.
- Amputation of limb—advisable for patients showing complications and no improvement
- Carpal fusion (arthrodesis) and transposition of the biceps muscle tendon—consider only with adequate function of the triceps muscle and musculoskeletal

## NURSING CARE

- Use protective wrapping or boot when patient walks on rough surfaces, because of increased skin fragility and lack of protective reflexes in the affected limb.
- Physical therapy—crucial for keeping joints and muscles mobile during recovery of reversible injuries
- Monitor uncomplicated cases for 4–6 months before considering amputation.



## MEDICATIONS

## DRUG(S)

Prednisolone (prednisone)—initial anti-inflammatory course for 1 week; may decrease edema and favor healing of reversible components of injury

## CONTRAINDICATIONS/POSSIBLE INTERACTIONS

N/A



## FOLLOW-UP

## PATIENT MONITORING

Serial clinical and electrophysiologic monitoring—assess improvement

## PREVENTION/AVOIDANCE

Avoid free roaming.

## POSSIBLE COMPLICATIONS

- Skin excoriation with secondary infection of the digit(s)—from rubbing the paw on the ground • Trophic ulcers—on thin, traumatized skin, especially over arthrodosis sites • Self-mutilation—often devastating; result of paresthesia

## EXPECTED COURSE AND PROGNOSIS

- Preserved pain sensation (dorsal roots intact)—suggests less severe injury to the ventral nerve roots • Cranial avulsion—better prognosis because sensation to the distal limb and ability to bear weight are spared
- Complete avulsion—poor prognosis for recovery, amputation likely • Rarely, mild cases may resolve after 2–3 months.



## MISCELLANEOUS

## SEE ALSO

Peripheral Neuropathies (Polyneuropathies)

## ABBREVIATIONS

- CT = computed tomography
- EMG = electromyography
- MRI = magnetic resonance imaging

## Suggested Reading

Bailey CS. Patterns of cutaneous anesthesia associated with brachial plexus avulsions in the dog. *J Am Vet Med Assoc* 1984; 185:889–899.

Cuddon PA, Delauche AJ, Hutchison JM. Assessment of dorsal nerve root and spinal cord dorsal horn function in clinically normal dogs by determination of cord dorsum potentials. *Am J Vet Res* 1999;60(2): 222–226.

Moissonnier P, Duchosoy Y, Lavielle S, Horvat JC. Lateral approach of the dog brachial plexus for ventral root reimplantation. *Spinal Cord* 1998;36(6):391–398.

Platt SR, Graham J, Chrisman CL, et al. Magnetic resonance imaging and ultrasonography in the diagnosis of a malignant peripheral nerve sheath tumor in a dog. *Vet Radiol Ultrasound* 1999;40(4):367–371.

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